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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/28/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0173
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Beachwood North
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$33,249.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Beachwood North 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/15/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/28/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $33,249

Organization	Type	Type	Sub-Award Amount
Housing Hope	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$33,249

2A. Project Subrecipients Detail

a. Organization Name: Housing Hope

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 94-3060709

	*** d. Organizational DUNS:**	603631730	**PLUS 4**	

e. Physical Address

Street 1: 5830 Evergreen Way

Street 2:

City: Everett

State: Washington

Zip Code: 98203

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $33,249

j. Contact Person

Prefix: Ms.

First Name: Elizabeth

Middle Name:

Last Name: Kohl

Suffix:	
Title:	Director of Social Services
E-mail Address:	elizabethkohl@housinghope.org
Confirm E-mail Address:	elizabethkohl@housinghope.org
Phone Number:	425-347-6556
Extension:	299
Fax Number:	425-353-5546

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0173
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Beachwood North
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

Beachwood North is a Permanent Supportive Housing project at two (2) locations: Beachwood at 1027 Beach Avenue in Marysville, WA 98270 and Arlington Triplex at 106 North Dunham in Arlington, WA 98223. This project serves chronically homeless families with children who require long-term housing with supportive services in order to maintain permanent housing and stable income.

Most of the homeless family households served by Housing Hope earn less than $10,000 annually, primarily from TANF. Family sizes range from 2 to 7. Housing Hope data indicates that 70% of households are headed by single mothers, 61% of whom are 30 years old or younger. 50% of the children are under the age of 5, making affordable childcare a need for most families. Parents face multiple obstacles to self-sufficiency, including chronic substance abuse, mental health issues, permanent disability and chronic health issues, no GED/high school completion, limited or no employment experience and inadequate support systems.

Services include moderate to intensive case management services, employment and training services, adult education, parent education, life skills training, connections to community resources, support to increase social support networks, child development services, assistance with transportation, drug and alcohol treatment and additional interventions as needed. With these support services, the projected outcomes are to increase the percentage of participants who remain in or exit to permanent housing and to increase the percentage of adults who increase their total income during the operating period.

Housing Hope creates collaborations that provide a comprehensive approach to assisting households to maintain permanent housing, family stability and increased levels of self-sufficiency. Housing Hope initiated the WRAPS Project, co-occurring disorder recovery project. Housing Hope also operates College of Hope, an adult life skills training program, and Tomorrow's Hope Child Development Center, both of which provide services to partner housing and service agencies.

Housing Hope partners with providers to achieve outcomes for our shared participants: DSHS CSO (provides internet access to DSHS benefit system for residents and regularly meets with staff); DCFS (agreement in place for specialized services for families with histories of chronic neglect); WDC/WorkSource (offering job search services at Housing Hope housing sites); and Community Colleges (offering vocational certification programs targeted for homeless individuals). Housing Hope has partnerships established for the purpose of service coordination: Compass Health, Community Health Services, Sea Mar, Service Alternatives, Snohomish Legal Services, Northwest Justice Project, Cocoon House/Project Safe, Marysville school districts, Snohomish County Head Start and Snohomish County ECEAP.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	Quarterly
Assistance with Moving Costs		Partner	As needed
Case Management		Subrecipient	Weekly
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Subrecipient	Weekly
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	Monthly
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation		Non-Partner	As needed
Utility Deposits		Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 7

Total Beds: 35

Total Dedicated CH Beds: 35

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	5	26
Clustered apartments	---	2	9

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 5

b. Beds: 26

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 26

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 1027 Beach Avenue

Street 2:

City: Marysville

State: Washington

ZIP Code: 98207

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530906 Marysville, 539061 Snohomish County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 2

b. Beds: 9

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 9

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 106 N Dunham

Street 2:

City: Arlington

State: Washington

ZIP Code: 98223

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7			7

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	6			6
Adults ages 18-24	3			3
Accompanied Children under age 18	26			26
Unaccompanied Children under age 18				0
Total Persons	35	0	0	35

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	6			2		2	1			
Adults ages 18-24	3			1		1	1			
Children under age 18							7			19
Total Persons	9	0	0	3	0	3	9	0	0	19

Click Save to automatically calculate totals

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

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	0

Describe the unlisted subpopulations referred to above:

The non-disabled children are the children of disabled adults though they have no conditions themselves.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

75%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. 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:	$8,313
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$8,313

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	Private	Housing Hope Gene...	08/15/2018	$8,313

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Housing Hope General Funds
5. Date of Written Commitment:	08/15/2018
6. Value of Written Commitment:	$8,313

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$12,556
4. Operating	$18,705
5. HMIS	$0
6. Sub-total Costs Requested	$31,261
7. Admin (Up to 10%)	$1,988
8. Total Assistance plus Admin Requested	$33,249
9. Cash Match	$8,313
10. In-Kind Match	$0
11. Total Match	$8,313
12. Total Budget	$41,562

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Housing Hope Nonp...	10/07/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Housing Hope Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/28/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	X
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Subrecipient award updated.
3C. of 3B. updated to show housing first model.
5B. Answer corrected due to earlier clerical error.
6D. Match amount updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/15/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018

1E. SF-424 Compliance	08/08/2018
1F. SF-424 Declaration	08/15/2018
1G. HUD-2880	08/15/2018
1H. HUD-50070	08/15/2018
1I. Cert. Lobbying	08/15/2018
1J. SF-LLL	08/15/2018
Recipient Performance	08/15/2018
Renewal Grant Consolidation	08/15/2018
2A. Subrecipients	08/15/2018
3A. Project Detail	08/15/2018
3B. Description	08/15/2018
3C. Dedicated Plus	08/08/2018
4A. Services	08/08/2018
4B. Housing Type	08/08/2018
5A. Households	08/08/2018
5B. Subpopulations	08/15/2018
5C. Outreach	08/08/2018
6A. Funding Request	08/08/2018
6D. Match	08/15/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/08/2018
7B. Certification	08/15/2018
Submission Without Changes	08/15/2018

RECEIVED DEC 1 4 1992

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: DEC 0 8 1992

Employer Identification Number:
94-3060709
Contact Person:
NORMA JULES
Contact Telephone Number:
(213) 725-7063

Our Letter Dated:
April 30, 1988
Addendum Applies:
No

HOUSING HOPE
P O BOX 7823
EVERETT, WA 98201

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Michael J. Quinn
District Director

Letter 1050(DO/CG)

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0225
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Home Connection
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$443,804.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Home Connection 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

The subrecipient experienced staff turnover resulting in this project not fully expending funds. The recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $443,804

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$443,804

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $443,804

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:	
Title:	Regional Chief of Operations
E-mail Address:	willr@ccsww.org
Confirm E-mail Address:	willr@ccsww.org
Phone Number:	425-257-2111
Extension:	
Fax Number:	425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0225

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS Home Connection

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

This project provides tenant-based rental assistance to a minimum of 38 scattered site units for chronically homeless individuals in a low barrier, housing first approach coupled with supportive services. The goals of this project include increasing residential stability by placing eligible homeless individuals into permanent housing and providing supportive services to assist clients in stabilizing so they can maintain their housing; increasing skills and income by assisting clients in accessing mainstream resources or other financial resources as appropriate; and achieving greater self-determination through the development of a client-centered action/service plan that assists clients in achieving their goals toward greater self-sufficiency. The project sponsor collaborates with other service providers and provides case management; mental health; substance abuse services; life skills; basic needs; health care; transportation and other supportive services based on assessed needs.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 38

Total Beds: 38

Total Dedicated CH Beds: 38

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	38	38

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: 38

b. Beds: 38

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 38

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		38		38

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		38		38
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	38	0	38

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	37	1		16		27	25	17		
Adults ages 18-24										
Total Persons	37	1	0	16	0	27	25	17	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$359,328
Total Units:	38

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	38	$359,328

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$787	x			=	$0
0 Bedroom		x	$1,093	$1,049	x			=	$0
1 Bedroom	38	x	$1,249	$788	x			=	$359,328
2 Bedrooms		x	$1,544	$1,523	x			=	$0
3 Bedrooms		x	$2,240	$2,220	x			=	$0
4 Bedrooms		x	$2,654	$2,617	x			=	$0
5 Bedrooms		x	$3,052	$3,010	x			=	$0
6 Bedrooms		x	$3,450	$3,402	x			=	$0
7 Bedrooms		x	$3,848	$3,795	x			=	$0
8 Bedrooms		x	$4,246	$4,187	x			=	$0
9 Bedrooms		x	$4,645	$4,580	x			=	$0
Total Units and Annual Assistance Requested	38								$359,328
Grant Term									1 Year
Total Request for Grant Term									$359,328

Click the 'Save' button to automatically calculate totals.

6D. 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:	$80,671
Total Value of In-Kind Commitments:	$30,280
Total Value of All Commitments:	$110,951

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	CCS - Associated ...	08/01/2018	$58,450
Yes	Cash	Government	Snohomish County ...	08/01/2018	$20,271
Yes	Cash	Government	Snohomish County BHN	08/01/2018	$1,950
Yes	In-Kind	Private	Catholic Communit...	08/01/2018	$30,280

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CCS - Associated Organization Dollars
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$58,450

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County - Ending Homelessness Program
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$20,271

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: (Be as specific as possible and include the	Snohomish County BHN

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $1,950

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services CCS Recovery Center

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $30,280

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$359,328
3. Supportive Services	$59,032
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$418,360
7. Admin (Up to 10%)	$25,444
8. Total Assistance plus Admin Requested	$443,804
9. Cash Match	$80,671
10. In-Kind Match	$30,280
11. Total Match	$110,951
12. Total Budget	$554,755

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	10/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Updated the total expected award amount.
3C of 3B. Checked box for Any other activity not covered in lease agreement typically found for unassisted persons in the projects geographic area.
6C. Raised the amount of rental assistance provided.
6D. Updated match amounts and sources.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/15/2018
Submission Without Changes	08/15/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0251
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Homeless Families, Home at Last
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$208,759.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Homeless Families, Home at Last 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

The subrecipient experienced staff turnover resulting in this project not fully expending funds. The recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $208,759

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$208,759

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett Ave

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $208,759

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:
Title: Regional Chief of Operations
E-mail Address: willr@ccsww.org
Confirm E-mail Address: willr@ccsww.org
Phone Number: 425-257-2111
Extension:
Fax Number: 425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0251
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	CCS Homeless Families, Home at Last
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

The project provides tenant-based rental assistance to a minimum of 10 scattered site units for families with children, where the head of household meets the federal definition of chronic homelessness, in a low-barrier, housing first approach. The goal of this project is to assist families in obtaining and retaining permanent housing and enhancing their abilities to the maximum extent possible with various supportive services. Persons served will receive case management services, mental health or other treatment services, life skills, and other supports necessary for stable long-term housing. In addition, clients will receive assistance with health care, dental care, subsistence for basic needs, applying for entitlement benefits, transportation and assistance with employment or education preparation activities. Clients will receive ongoing assessments and updated service planning that is tailored to the families' individual needs. This population suffers from a host of conditions such as alcohol and drug abuse, unemployment, lack of transportation and many types of chronic health conditions. We will concentrate on those homeless families who have service-access difficulties in addition to those barriers previously mentioned. As an organization we are aware of the variety of challenging issues, specific needs, barriers and characteristics of this population and have been a vanguard in the pursuit of housing development and case management services for this population. CCS utilizes a well-developed, goal-oriented, individualized case management process to ensure housing retention and self-sufficiency growth.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	

Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 25

Total Dedicated CH Beds: 25

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	25

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: 25

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 25

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 7211 Rainier Drive

Street 2:

City: Everett

State: Washington

ZIP Code: 98203

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10			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	11			11
Adults ages 18-24	2			2
Accompanied Children under age 18	16			16
Unaccompanied Children under age 18				0
Total Persons	29	0	0	29

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	9	2		7	1	7	10	5		
Adults ages 18-24	2			1		1	1			
Children under age 18								5		11
Total Persons	11	2	0	8	1	8	11	10	0	11

Click Save to automatically calculate totals

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

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	0

Describe the unlisted subpopulations referred to above:

The children under age 18 who are listed as "Persons not represented by listed subpopulations," are children that accompany adults with one or more of the listed characteristics.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	**Directly from the street or other locations not meant for human habitation.**
20%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$161,772
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	10	$161,772

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$787	x			=	$0
0 Bedroom		x	$1,093	$1,049	x			=	$0
1 Bedroom		x	$1,249	$1,225	x			=	$0
2 Bedrooms	9	x	$1,544	$1,348	x			=	$145,584
3 Bedrooms	1	x	$2,240	$1,349	x			=	$16,188
4 Bedrooms		x	$2,654	$2,617	x			=	$0
5 Bedrooms		x	$3,052	$3,010	x			=	$0
6 Bedrooms		x	$3,450	$3,402	x			=	$0
7 Bedrooms		x	$3,848	$3,795	x			=	$0
8 Bedrooms		x	$4,246	$4,187	x			=	$0
9 Bedrooms		x	$4,645	$4,580	x			=	$0
Total Units and Annual Assistance Requested	10								$161,772
Grant Term									1 Year
Total Request for Grant Term									$161,772

Click the 'Save' button to automatically calculate totals.

6D. 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:	$47,070
Total Value of In-Kind Commitments:	$5,120
Total Value of All Commitments:	$52,190

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Snohomish County BHN	08/01/2018	$1,300
Yes	Cash	Government	Snohomish County ...	08/01/2018	$13,502
Yes	Cash	Private	CCS - Associated ...	08/01/2018	$32,268
Yes	In-Kind	Private	Catholic Communit...	08/01/2018	$5,120

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County BHN
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$1,300

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County - Ending Homelessness Program
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$13,502

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the	CCS - Associated Organization Dollars

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $32,268

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services CCS Recovery Center

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $5,120

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$161,772
3. Supportive Services	$34,878
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$196,650
7. Admin (Up to 10%)	$12,109
8. Total Assistance plus Admin Requested	$208,759
9. Cash Match	$47,070
10. In-Kind Match	$5,120
11. Total Match	$52,190
12. Total Budget	$260,949

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	01/16/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Expected award amount updated.
3C of 3B. Information updated to reflect being Housing First.
6C. Amount of rental assistance budget updated.
6D. Match sources and totals updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	08/14/2018
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/14/2018
Submission Without Changes	08/14/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0271
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Journey Home
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$327,701.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Journey Home 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

The subrecipient experienced staff turnover resulting in this project not fully expending funds. The recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $327,701

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$327,701

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $327,701

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:	
Title:	Regional Chief of Operations
E-mail Address:	willr@ccsww.org
Confirm E-mail Address:	willr@ccsww.org
Phone Number:	425-257-2111
Extension:	
Fax Number:	425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0271
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	CCS Journey Home
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project provides tenant-based rental assistance to a minimum of 20 scattered site units for chronically homeless individuals, with a priority for chronically homeless veterans, in a low barrier, housing first approach with supportive services. Some of the project goals include increasing residential stability by placing eligible homeless individuals in permanent housing and providing supportive services to assist clients in stabilizing so they can maintain their housing; and, increasing skills and income by assisting clients in achieving their goals toward greater self-sufficiency. The project sponsor collaborates with other service providers and provides case management, mental health, substance abuse services, life skills, basic needs, health care, transportation; and other services.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 20

Total Beds: 20

Total Dedicated CH Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	20

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: 20

b. Beds: 20

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 20

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		20		20

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		20		20
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	20	0	20

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	16	4		12	1	12	10	6		
Adults ages 18-24										
Total Persons	16	4	0	12	1	12	10	6	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$264,480
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	20	$264,480

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$787	x			=	$0
0 Bedroom		x	$1,093	$1,049	x			=	$0
1 Bedroom	20	x	$1,249	$1,102	x			=	$264,480
2 Bedrooms		x	$1,544	$1,523	x			=	$0
3 Bedrooms		x	$2,240	$2,220	x			=	$0
4 Bedrooms		x	$2,654	$2,617	x			=	$0
5 Bedrooms		x	$3,052	$3,010	x			=	$0
6 Bedrooms		x	$3,450	$3,402	x			=	$0
7 Bedrooms		x	$3,848	$3,795	x			=	$0
8 Bedrooms		x	$4,246	$4,187	x			=	$0
9 Bedrooms		x	$4,645	$4,580	x			=	$0
Total Units and Annual Assistance Requested	20								$264,480
Grant Term									1 Year
Total Request for Grant Term									$264,480

Click the 'Save' button to automatically calculate totals.

6D. 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:	$38,114
Total Value of In-Kind Commitments:	$43,812
Total Value of All Commitments:	$81,926

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Snohomish County ...	08/01/2018	$16,814
Yes	Cash	Private	CCS - Associated ...	08/01/2018	$20,000
Yes	Cash	Government	Snohomish County BHN	08/01/2018	$1,300
Yes	In-Kind	Private	Catholic Communit...	08/01/2018	$43,812

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County - Ending Homelessness Program
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$16,814

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CCS - Associated Organization Dollars
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$20,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the	Snohomish County BHN

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $1,300

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services CCS Recovery Center

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $43,812

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$264,480
3. Supportive Services	$44,047
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$308,527
7. Admin (Up to 10%)	$19,174
8. Total Assistance plus Admin Requested	$327,701
9. Cash Match	$38,114
10. In-Kind Match	$43,812
11. Total Match	$81,926
12. Total Budget	$409,627

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	10/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Subrecipient award updated.
3C of 3B. Updated information to show that project is a housing first model.
6C. Updated rent amounts.
6D. Sources and amounts of Match updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/15/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/15/2018
Submission Without Changes	08/15/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0211
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Meadowdale
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$188,013.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Meadowdale 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

The subrecipient experienced staff turnover resulting in this project not fully expending funds. The recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $188,013

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$188,013

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett Ave

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $188,013

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:	
Title:	Regional Chief of Operations
E-mail Address:	willr@ccsww.org
Confirm E-mail Address:	willr@ccsww.org
Phone Number:	425-257-2111
Extension:	
Fax Number:	425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0211
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	CCS Meadowdale
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

The project provides tenant-based rental assistance to a minimum of 14 scattered site units for chronically homeless individuals in a low barrier, housing first approach coupled with supportive services. The project goals include increasing residential stability by placing eligible homeless individuals in permanent housing and providing supportive services to assist clients in stabilizing so they can maintain their housing; increasing skills and income by assisting clients in accessing mainstream resources or other financial resources as appropriate; and achieving greater self-determination through client-centered action/service plans that assist clients in achieving their own goals to lead to greater self-sufficiency. The project sponsor collaborates with other service providers and provides case management; mental health; substance abuse services; life skills; basic needs (food, furnishing, etc); health care; transportation and other supportive services based on need.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 14

Total Beds: 14

Total Dedicated CH Beds: 14

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	14	14

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: 14

b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 14

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 5011 168th Street SW

Street 2:

City: Lynnwood

State: Washington

ZIP Code: 98037

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		14		14

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		14		14
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	14	0	14

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	12	2		11		11	6	12		
Adults ages 18-24										
Total Persons	12	2	0	11	0	11	6	12	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$152,712
Total Units:	14

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	14	$152,712

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$787	x			=	$0
0 Bedroom		x	$1,093	$1,049	x			=	$0
1 Bedroom	14	x	$1,249	$909	x			=	$152,712
2 Bedrooms		x	$1,544	$1,523	x			=	$0
3 Bedrooms		x	$2,240	$2,220	x			=	$0
4 Bedrooms		x	$2,654	$2,617	x			=	$0
5 Bedrooms		x	$3,052	$3,010	x			=	$0
6 Bedrooms		x	$3,450	$3,402	x			=	$0
7 Bedrooms		x	$3,848	$3,795	x			=	$0
8 Bedrooms		x	$4,246	$4,187	x			=	$0
9 Bedrooms		x	$4,645	$4,580	x			=	$0
Total Units and Annual Assistance Requested	14								$152,712
Grant Term									1 Year
Total Request for Grant Term									$152,712

Click the 'Save' button to automatically calculate totals.

6D. 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:	$35,664
Total Value of In-Kind Commitments:	$11,340
Total Value of All Commitments:	$47,004

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Snohomish County ...	08/01/2018	$13,302
Yes	Cash	Private	CCS - Associated ...	08/01/2018	$20,802
Yes	Cash	Government	Snohomish County BHN	08/01/2018	$1,560
Yes	In-Kind	Private	Catholic Communit...	08/01/2018	$11,340

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County - Ending Homelessness Program
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$13,302

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CCS - Associated Organization Dollars
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$20,802

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: (Be as specific as possible and include the	Snohomish County BHN

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $1,560

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services CCS Recovery Center

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $11,340

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$152,712
3. Supportive Services	$24,433
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$177,145
7. Admin (Up to 10%)	$10,868
8. Total Assistance plus Admin Requested	$188,013
9. Cash Match	$35,664
10. In-Kind Match	$11,340
11. Total Match	$47,004
12. Total Budget	$235,017

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	01/16/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Total expected sub-award updated.
3C. of 3B. Updated to reflect project being a housing first model.
6C. Rental assistance amount updated.
6D. Match amounts and sources updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
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Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/15/2018
Submission Without Changes	08/14/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0292
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS The Road Home
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$295,080.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS The Road Home 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

The subrecipient experienced staff turnover resulting in this project not fully expending funds. The recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $295,080

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$295,080

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $295,080

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:	
Title:	Regional Chief of Operations
E-mail Address:	willr@ccsww.org
Confirm E-mail Address:	willr@ccsww.org
Phone Number:	425-257-2111
Extension:	
Fax Number:	425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0292
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	CCS The Road Home
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

The project will provide tenant-based rental assistance to a minimum of 17 scattered site units for chronically homeless individuals in a low barrier, housing first approach coupled with supportive services. The project goals include increasing residential stability by placing eligible homeless individuals in permanent housing and providing supportive services to assist clients in stabilizing and maintaining their housing; increasing skills and income by accessing mainstream resources or other financial resources as appropriate; and, achieving greater self-determination by developing client-centered action/service plans that assist clients in achieving their goals toward greater self-sufficiency. The sponsor collaborates with other service providers and provides case management, mental health, substance abuse services, life skills, basic needs (food, furnishing, etc.), health care, transportation, and other supportive services.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care			
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 17

Total Beds: 17

Total Dedicated CH Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	17	17

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: 17

b. Beds: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 17

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		17		17

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		17		17
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	17	0	17

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	17			9		8	5	6		
Adults ages 18-24										
Total Persons	17	0	0	9	0	8	5	6	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$238,068
Total Units:	17

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	17	$238,068

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$787	x			=	$0
0 Bedroom		x	$1,093	$1,049	x			=	$0
1 Bedroom	17	x	$1,249	$1,167	x			=	$238,068
2 Bedrooms		x	$1,544	$1,523	x			=	$0
3 Bedrooms		x	$2,240	$2,220	x			=	$0
4 Bedrooms		x	$2,654	$2,617	x			=	$0
5 Bedrooms		x	$3,052	$3,010	x			=	$0
6 Bedrooms		x	$3,450	$3,402	x			=	$0
7 Bedrooms		x	$3,848	$3,795	x			=	$0
8 Bedrooms		x	$4,246	$4,187	x			=	$0
9 Bedrooms		x	$4,645	$4,580	x			=	$0
Total Units and Annual Assistance Requested	17								$238,068
Grant Term									1 Year
Total Request for Grant Term									$238,068

Click the 'Save' button to automatically calculate totals.

6D. 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:	$51,357
Total Value of In-Kind Commitments:	$22,413
Total Value of All Commitments:	$73,770

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Snohomish County ...	08/01/2018	$19,797
Yes	Cash	Private	CCS - Associated ...	08/01/2018	$30,000
Yes	Cash	Government	Snohomish County BHN	08/01/2018	$1,560
Yes	In-Kind	Private	Catholic Communit...	08/01/2018	$22,413

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County - Ending Homelessness Program
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$19,797

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CCS - Associated Organization Dollars
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$30,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the	Snohomish County BHN

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $1,560

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services CCS Recovery Center

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $22,413

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$238,068
3. Supportive Services	$39,905
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$277,973
7. Admin (Up to 10%)	$17,107
8. Total Assistance plus Admin Requested	$295,080
9. Cash Match	$51,357
10. In-Kind Match	$22,413
11. Total Match	$73,770
12. Total Budget	$368,850

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	10/24/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Full amount of expected award updated.
3C. of 3B. Updated to reflect being a housing first model.
6C. Amount of rental assistance updated.
6D. Match amounts and sources updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/15/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/15/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/17/2018
Submission Without Changes	08/15/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0233
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Veterans Permanent Housing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$101,448.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Veterans Permanent Housing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/15/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

The subrecipient experienced staff turnover resulting in this project not fully expending funds. The recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $101,448

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	$101,448

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $101,448

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:	
Title:	Regional Chief of Operations
E-mail Address:	willr@ccsww.org
Confirm E-mail Address:	willr@ccsww.org
Phone Number:	425-257-2111
Extension:	
Fax Number:	425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0233
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	CCS Veterans Permanent Housing
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project will provide tenant-based rental assistance to a minimum of 8 scattered site units for chronically homeless veterans, in a low-barrier, housing first approach coupled with supportive services based on an individualized assessment of participant needs. All participants come from the streets or emergency shelters and have suffered from long-term homelessness. The project sponsor coordinates with other agencies on the Veteran's Homeless Committee for outreach and coordination of services. Some of the project goals include residential stability by providing supportive services to assist veterans in stabilizing so they can maintain their housing, increase skills and income by assisting veterans in accessing mainstream resources or other financial resources as appropriate, and greater self-determination as they develop client-centered action/service plans and assist veterans in achieving their goals toward optimal self-sufficiency. The sponsor collaborates with other providers and provides case management, mental health, substance abuse services, life skills, basic needs, health care, transportation, and other supportive services as needed.

The projected outcome for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 8

Total Beds: 8

Total Dedicated CH Beds: 8

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	8	8

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: 8

b. Beds: 8

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 8

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 1918 Everett Avenue

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		8		8

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		8		8
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	8	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		8				6		2		
Adults ages 18-24										
Total Persons	0	8	0	0	0	6	0	2	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	**Directly from the street or other locations not meant for human habitation.**
20%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$78,816
Total Units:	8

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	8	$78,816

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$787	x			=	$0
0 Bedroom		x	$1,093	$1,049	x			=	$0
1 Bedroom	8	x	$1,249	$821	x			=	$78,816
2 Bedrooms		x	$1,544	$1,523	x			=	$0
3 Bedrooms		x	$2,240	$2,220	x			=	$0
4 Bedrooms		x	$2,654	$2,617	x			=	$0
5 Bedrooms		x	$3,052	$3,010	x			=	$0
6 Bedrooms		x	$3,450	$3,402	x			=	$0
7 Bedrooms		x	$3,848	$3,795	x			=	$0
8 Bedrooms		x	$4,246	$4,187	x			=	$0
9 Bedrooms		x	$4,645	$4,580	x			=	$0
Total Units and Annual Assistance Requested	8								$78,816
Grant Term									1 Year
Total Request for Grant Term									$78,816

Click the 'Save' button to automatically calculate totals.

6D. 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:	$25,362
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$25,362

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	Snohomish County ...	08/01/2018	$8,656
Yes	Cash	Private	CCS - Associated ...	08/01/2018	$12,110
Yes	Cash	Government	City of Everett C...	08/01/2018	$4,596

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County - Ending Homelessness Program
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$8,656

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CCS - Associated Organization Dollars
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$12,110

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: (Be as specific as possible and include the	City of Everett CHART

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2018

6. Value of Written Commitment: $4,596

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$78,816
3. Supportive Services	$16,772
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$95,588
7. Admin (Up to 10%)	$5,860
8. Total Assistance plus Admin Requested	$101,448
9. Cash Match	$25,362
10. In-Kind Match	$0
11. Total Match	$25,362
12. Total Budget	$126,810

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	10/06/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Amount of award updated.
3C. of 3B. Updated to show Housing First model.
6C. Rental assistance amounts updated.
6D. Match amounts and sources updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/15/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/15/2018
1E. SF-424 Compliance	08/15/2018
1F. SF-424 Declaration	08/15/2018
1G. HUD-2880	08/15/2018
1H. HUD-50070	08/15/2018
1I. Cert. Lobbying	08/15/2018
1J. SF-LLL	08/15/2018
Recipient Performance	08/15/2018
Renewal Grant Consolidation	08/15/2018
2A. Subrecipients	08/15/2018
3A. Project Detail	08/15/2018
3B. Description	08/15/2018
3C. Dedicated Plus	08/15/2018
4A. Services	08/15/2018
4B. Housing Type	08/15/2018
5A. Households	08/15/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/15/2018
6A. Funding Request	08/15/2018
6C. Rental Assistance	08/15/2018
6D. Match	08/15/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2018
7B. Certification	08/15/2018
Submission Without Changes	08/15/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0376
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Coordinated Entry
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$136,855.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Coordinated Entry 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Admin funds were recaptured for the most recently expired grant term. As the UFA, the County tracks spend down no less than monthly. The recipient expects to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Project Identification Number (PIN) of expiring grant:	WA0376

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Coordinated Entry
4. Project Status:	Standard
5. Component Type:	SSO
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

The Coordinated Entry (CE) system incorporates uniform screening & assessment, prioritization & program matching, and connections to mainstream services to help those seeking housing/services access appropriate programs more efficiently. It promotes a community wide commitment to the goal of ending homelessness; promotes access to and effective utilization of mainstream programs; and optimizes homeless individuals' & families' self-sufficiency. The CE system provides multiple points for access and appropriate assessment for homeless individuals & families, while maintaining standardized processes and tools, as detailed in the CE Policy.

The standardized Intake Assessment is administered by 9 sites (throughout the County in rural and urban areas) and is the first-step assessment; it gathers basic household characteristics and determines next-step referral needs. CE sites tasked with serving a pathway population (veterans, unaccompanied youth, DV victims) were selected for their experience & expertise in serving the specific population. Homeless households are referred to a housing navigator. Navigation sites are managed by the County and partners: Arlington Community Resource Center, Catholic Community Services, Cocoon House, Domestic Violence Services, North Counties' Family Services, Volunteers of America, and YWCA.

A standardized Housing Assessment determines eligibility for RRH, TH, PSH, and prioritization for placement. Chronically homeless households with longest lengths of homelessness, severe service needs/highest vulnerabilities are prioritized; high service needs include medical fragility, high utilization of crisis/emergency services, tri-morbidity, other vulnerability factors (threat of victimization, unsheltered children, pregnancy).

The CE system includes specialty navigators, including employment navigators for mainstream employment services, navigators in middle/high schools, & behavioral health navigators who provide outreach and culturally competent services to homeless individuals and families who are struggling with mental illness and/or co-occurring mental illness and chemical dependency.

CoC funds will increase and expand: the engagement of persons for the purpose of providing immediate support and intervention; the identification of potential participants; the provision of information for & referrals to needed housing/services; and program matching & coordination of services. CoC funds

will help ensure that the system is implemented in accordance with a low-barrier and housing first approach and that it is easily accessible to those least likely to have access. The County will leverage local funds in operating the CE system. In addition, private and state funds will be leveraged for CE planning, implementation, and operations.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Homeless individuals and households without children who are not included in the subpopulations listed above

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	
None of the above	

3d. Does the project follow a "Housing First" approach? No

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

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

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

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

-Snohomish County's Coordinated Entry webpage provides information on accessing CE through 2-1-1 and contact information for each CE site
-North Sound 2-1-1 provides information and referral
-CE assessments are conducted at 9 sites throughout Snohomish County; these sites are accessible to persons with disabilities and are accessible via public transportation.
-Project Homeless Connect is a one-day event designed to provide immediate services to homeless individuals and families; CE assessments are completed onsite to connect homeless individuals and families to housing and services
-Embedded social workers accompany the Everett Police Community Outreach and Enforcement Team; assistance is provided to homeless individuals and families on the streets to connect them to housing systems and other needed resources
-Embedded social workers work with the Snohomish County Sheriff in the Homeless Outreach team, which works to identify, locate, and connect with homeless and vulnerable populations in the County. The embedded social worker provides an alternative to law enforcement response to communities who have frequent social service needs.
-Point in Time Count: Progress has been made in coordinating response to and tracking locations of homeless encampments; CE assessments are completed during the PIT count
-Family Resource Centers provide rural navigation, which includes a combination of housing-focused case management, referrals coordination and services to homeless individuals and families referred by CE sites; rural navigation is specifically targeted to rural areas within Snohomish County that have more limited access to public transportation to ensure that these individuals and families have equal access to the CE system.

-Behavioral health navigators conduct outreach to encampments, sites & communities throughout Snohomish County to assist with enrollment in CE of individuals and families who are struggling with mental illness and/or cooccurring mental illness and chemical dependency. The navigators will provide
direct assistance to homeless individuals and families including: engagement and outreach, assistance with enrollment in CE, navigator assistance for those enrolled in CE, and facilitating enrollment into mental health and/or chemical dependency services as needed. The navigators will also be responsible for providing mental health and chemical dependency capacity building and training to CE navigators, landlords, and housing agencies so that they are better informed about how to support these individuals.
-HHS' Projects for Assistance in Transition to Homelessness (PATH) program staff assist individuals who are homeless and have serious mental illnesses connect to the CE system.
-The CE Training & Services Supervisor presents CE information to local community groups, including mainstream services.

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

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

The CE system makes referrals to all of the region's homeless housing/services resources, including to all of CoC-funded permanent supportive housing and CoC- and ESG-funded rapid rehousing; ESG emergency shelters participate in the CE system by ensuring that participants are entered in CE. The CoC does not have any CoC- or ESG-funded transitional housing. Every CE site offers information and referral services to any household seeking housing services and refers homeless households to navigators, either on-site or off-site, who provide a range of rehousing services. To ensure consistency of services across sites and fidelity to best practice, CE intake and navigation staff are required to conform to service delivery policies and procedures outlined in the CE Policy.

The CE system is person-centered. Homeless individuals and families who are assisted through the CE system have the choice to accept referrals to housing and/or services. The CE system operates using a Housing First and Low-Barrier approach; while services are offered, they are not mandated. Households may turn down housing and/or services for any reason. Households, to the extent possible, are given the choice of where to live.

A standardized Intake Assessment is administered by 10 sites and is the first step assessment; it gathers basic household characteristics and determines next-step referral needs. CE sites are located throughout the region so that individuals & families have multiple locations from which they can access housing and services. CE sites tasked with serving a pathway population (veterans, unaccompanied youth, DV victims) were selected for their experience and expertise in serving the specific population. Homeless housing navigators and emergency shelter staff throughout the system utilize a standardized Housing Assessment to determine the appropriate response to a homeless individual or family's particular housing crisis. Housing navigators work together

with homeless households to also address their immediate barriers to housing stability by providing direct referrals to tailored services by CE partners, including landlord dispute resolution and family mediation, civil legal assistance, mental health and chemical dependency services and a range of employment and job training programs. The assessment determines eligibility for Snohomish County's rapid rehousing, transitional housing, and permanent supportive housing, and determines prioritization for program placement. Housing navigators enter households' eligibility and prioritization assessment information in the CE HMIS so that individuals and families can be referred directly to program openings. Eligible households are referred to openings in the adopted order of prioritization. The housing eligibility assessment, prioritization and referral process are built into the County's HMIS to promote transparency and accuracy of referrals and services across sites. Chronically homeless households with longest lengths of homelessness, severe service needs/highest vulnerabilities are prioritized; high service needs include medical fragility, high utilization of crisis/emergency services, tri-morbidity, other vulnerability factors (threat of victimization, unsheltered children, pregnancy).

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?	Yes

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Structures	
Supportive Services	X
HMIS	

6D. Sources of Match

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$34,214
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$34,214

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	Snohomish County ...	08/31/2017	$34,214

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Human Services Department
5. Date of Written Commitment:	08/31/2017
6. Value of Written Commitment:	$34,214

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$124,415
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$124,415
7. Admin (Up to 10%)	$12,440
8. Total Assistance plus Admin Requested	$136,855
9. Cash Match	$34,214
10. In-Kind Match	$0
11. Total Match	$34,214
12. Total Budget	$171,069

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Submit without changes

The applicant has selected "Submit without changes" to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select "Make changes" above and update the relevant project information.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018

1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
6A. Funding Request	08/14/2018
6D. Match	08/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	08/14/2018
Submission Without Changes	08/14/2018

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/06/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4:**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Domestic Violence Rapid Rehousing Non-CoC Expansion
16. Congressional District(s):	
a. Applicant:	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/06/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $249,465.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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

Part III Interested Parties

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/23/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate. ☐

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

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/06/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/06/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/06/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: $249,465

Organization	Type	Sub-Award Amount
Domestic Violence Services of Snohomish County	M. Nonprofit with 501C3 IRS Status	$249,465

2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Services of Snohomish County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 91-0982722

	*** d. Organizational DUNS:**	624877945	**PLUS 4:**	

e. Physical Address

Street 1: P.O. Box 7

Street 2:

City: Everett

State: Washington

Zip Code: 98206

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $249,465

j. Contact Person

Prefix: Ms.

First Name: Vicci

Middle Name:

Last Name: Hilty
Suffix:
Title: Executive Director
E-mail Address: vicci@dvs-snoco.org
Confirm E-mail Address: vicci@dvs-snoco.org
Phone Number: 425-259-2827
Extension:
Fax Number: 425-258-5976

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.

Snohomish County has been the recipient of multiple sources of federal funding for several years. The County is currently the UFA for the Everett/Snohomish County Continuum of Care (CoC) grants. The County has a history of successful implementation of various program types.

Domestic Violence Services of Snohomish County (DVS), the subrecipient, has been providing safe, confidential housing, with a continuum of supportive services, to victims of domestic violence, and their children for over 40 years. Beginning as a small group of women providing services out of their homes, DVS has grown to a multi-program organization with a staff of 39 employees plus relief staff and volunteers. Current DVS services include a 24-hour support line, emergency shelter, transitional housing, rapid rehousing, other permanent housing, children's services, support groups, legal advocacy, community advocacy, outreach, education, and professional training.

DVS has over 20 years of experience in managing federal funds, including a previously funded HUD Supportive Housing Program grant that supported the agency's transitional housing for victims of domestic violence, a current HUD CoC grant for Rapid Rehousing and other federal funds including Violence Against Women Act funds, Community Development Block Grant funds, ESG funds, and STOP Grant funds.

DVS has experience in developing and implementing new projects to address community needs. DVS opened a new 52-bed shelter over 5 years ago and opened 20 units of permanent housing in collaboration with the Everett Housing Authority over 3 years ago which expanded shelter, housing, and services for victims of domestic violence. The HUD CoC Rapid Rehousing project was first implemented over four years ago, and recently started its fifth year of implementation. In addition, DVS implemented a second Rapid Rehousing project over 2 years ago with State and local funds. DVS now has over four years of experience with the Rapid Rehousing program model through implementation of these two Rapid Rehousing projects. The proposed application would allow DVS to build on this experience and to expand its locally-funded Rapid Rehousing project to serve additional households/units.

DVS has several years of experience with meeting federal requirements under the HUD CoC program to ensure compliance with HUD's performance standards. DVS has a consistent record of spending out federal grants funds close to or up to the grant award amount and has consistently met requirements for reporting match and other resources.

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

Snohomish County has several years of experience managing Federal, State, and local funds. As the Collaborative Application for the CoC and as a UFA, the County is well position to leverage other resources for both this project and other CoC and ESG projects.

DVS receives a range of state, local, and private sector funds that provide leverage in all DVS programs that are supported with Federal funds. These include Washington State DSHS Emergency Domestic Violence Shelter Grant and OCVA Domestic Violence Legal Advocacy Grant, City of Everett Legal Advocacy Grant, United Way of Snohomish County Program Grant, and Snohomish County filing fees. DVS also leverages funds from other agencies in Snohomish County through collaborations and partnerships that provide a range of services to the agency's clients.

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.

The Continuum of Care (CoC) Grant and Program Specialists, from the Office of Community and Homeless Services (OCHS) within the Snohomish County Human Services Department (HSD), manage subrecipient grants, including conducting annual monitoring and providing training and technical assistance, to ensure compliance with the CoC interim rule. The OCHS Supervisor is responsible for overall project management and oversight of the Continuum of Care (CoC) program. Regular OCHS staff meetings, including meetings specific to CoC grant oversight, and Supervisor review, ensure that work is completed in a timeline manner and consistent with the CoC requirements and the HUD grant agreement.

The Department maintains effective financial internal control via segregation of duties and multiple levels of review. Separate revenue accounts are set up in the County's financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the CoC Grant and Program Specialists to resolve identified issues. The Financial Compliance Officer completes subrecipient monitoring and eLOCCS draw, after final review of monthly program close-out by the Administrative services Division Manager.

DVS's basic organization and management structure is as follows: DVS is an independent non-profit 501(c)(3) corporation. A volunteer Board of Directors is responsible for determining agency policy, long-term planning, fundraising, and has ultimate fiduciary responsibility for the agency. The Board of Directors hires and supervises the Agency's Executive Director, who is responsible for ensuring implementation of the agency's mission and goals. The Deputy Director of Programs supervises the Housing Director, Legal Advocacy Director, Development Director, Finance Director, and Grants/Contract Manager. DVS has written policies and procedures for its financial/accounting, personnel, and program operations and a Management Plan for its HUD CoC project.

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:	WA-504 - Everett/Snohomish County CoC
1b. CoC Collaborative Applicant Name:	Snohomish, County of
2. Project Name:	Domestic Violence Rapid Rehousing Non-CoC Expansion
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

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

This proposed project will expand DVS's current non-CoC Rapid Rehousing project which was initiated in 2015 with state/local funding. This expansion will increase the rapid re-housing capacity for survivors of domestic violence, helping to meet more of the need in our community. The funds will be dedicated specifically to serving survivors of domestic violence as defined in paragraph 24 CFR 578.3. DVS has been providing a continuum of services to victims of domestic violence for over 40 year, including shelter, housing, legal advocacy, support groups, children's programs, and community education and prevention. The project will provide an intervention designed to help survivors of domestic violence and their children, who are homeless, fleeing or attempting to flee dangerous and often life-threatening conditions and have no other residence or support networks, to exit homelessness and return to safety and permanent housing as quickly as possible. Participants will receive safety planning combined with housing location and stabilization case management services from DVS. Assistance will be provided using the Housing First approach, and service delivery will incorporate Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care techniques. Safety planning is incorporated throughout service delivery and DVS staff are trained and experienced in providing supportive services to victims of domestic violence and their children and in assisting participants in overcoming the unique needs victims of domestic violence often face in obtaining housing. An initial assessment of strengths, needs, and barriers is completed at entry and clients are assisted in creating a safety plan and addressing immediate safety needs. Clients are also assisted in creating a housing search plan and provide support in finding a housing unit that meets their needs. Once housed, participants are evaluated for housing stability and assisted in creating a Housing Stability Plan with the goal of retaining housing once the assistances ends. Assistance is offered in accessing mainstream benefits, employment, and educational resources with the goal of increasing income, and in accessing other support services such as legal advocacy, child care, mental health and chemical dependency treatment services. Projected project outcomes to reduce average Days to Move-In to 20 days, increase adults increasing total income to at least 16%, and at least 80% exiting to permanent housing.

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?	60			
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?	240			
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	☐	Domestic Violence	X
Veterans	☐	Substance Abuse	☐
Youth (under 25)	☐	Mental Illness	☐
Families	☐	HIV/AIDS	☐
		Other (Click 'Save' to update)	☐

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	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	Yes
2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	No
3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.	Increase the number of homeless persons served

Increase number of homeless persons served

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

Current level of effort	
# of persons served at a point-in-time	17
# of units	7
# of beds	17
New effort	
# of additional persons served at a point in time that this project will provide	24
# of additional units this project will provide	10
# of additional beds this project will provide	24

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.

Participants will receive safety planning, financial assistance, and housing location and stability case management services from DVS. Services are provided by staff trained in trauma-informed care and experienced in working with survivors using a victim-centered approach and addressing the unique safety, trauma, and practical needs of survivors fleeing an abusive relationship. The initial focus is on addressing safety planning and assisting survivors to obtain housing and may involve protection orders, landlord and creditor advocacy, resolving lost access to documents due to fleeing, LEP services, and finding new schools or childcare arrangements. Once housed, housing stability focuses on increasing income, achievable employment goals and access to various support services to help survivors remain in permanent housing. Victim-centered approach takes into account power and control dynamics of domestic violence and impact on survivor in achieving housing stability and independence.

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

As part of the Housing Stability Plan services offered, DVS will work with survivors in identifying achievable, client-centered goals, offer assistance in completing a budget, which includes household income and expenses, and offer assistance in identifying ways for the household to increase income through employment or mainstream benefits and connecting survivors to these supports. DVS will review progress and update the Housing Stability Plan with

participants at least once every three months. Housing stability case management services will address particular needs of survivors who may have never been financially independent, may have little or no employment experience, no independent credit record, have been isolated from any personal support system, and may have health, mental health, and chemical dependency issues that have not been addressed.

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		Subrecipient	Monthly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food			
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training			
Mental Health Services		Partner	As needed
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	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 Yes

partner agency?	
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 24

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	24

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: 24

3. 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: P.O. Box 7

Street 2:

City: Everett

State: Washington

ZIP Code: 98206

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

539061 Snohomish County, 530480 Everett

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	9	1		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	9	1		10
Adults ages 18-24				0
Accompanied Children under age 18	14			14
Unaccompanied Children under age 18				0
Total Persons	23	1	0	24

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							9			
Adults ages 18-24										
Children under age 18							14			
Total Persons	0	0	0	0	0	0	23	0	0	0

Click Save to automatically calculate totals

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

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

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

All project vacancies will be filled exclusively through the Coordinated Entry system. DVS shall comply with the Coordinated Entry Policies & Procedures.

Through its long-history of providing services to victims of domestic violence in Snohomish County and its ongoing expansion of services, DVS has built strong relationships with community stakeholders and receives a large number of referrals from the court system, local police, and other human services providers. Outreach efforts include wide-spread distribution of brochures and other informational materials to various locations throughout the county including other human service providers, health care offices, libraries, colleges, and other sites, and participation in the Housing Consortium of Everett and Snohomish County, ensuring that these individuals have access to needed housing and/or services through the CoC's Coordinated Entry System.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	DV Bonus

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

3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$174,660
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	10	$174,660

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: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	x	12		=	$0
0 Bedroom		x	$1,093	x	12		=	$0
1 Bedroom	3	x	$1,249	x	12		=	$44,964

2 Bedrooms	7	x	$1,544	x	12	=	$129,696
3 Bedrooms		x	$2,240	x	12	=	$0
4 Bedrooms		x	$2,654	x	12	=	$0
5 Bedrooms		x	$3,052	x	12	=	$0
6 Bedrooms		x	$3,450	x	12	=	$0
7 Bedrooms		x	$3,848	x	12	=	$0
8 Bedrooms		x	$4,246	x	12	=	$0
9 Bedrooms		x	$4,645	x	12	=	$0
Total Units and Annual Assistance Requested	10						$174,660
Grant Term							1 Year
Total Request for Grant Term							$174,660

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Rapid Rehousing Case Manager	$52,805
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$52,805
Grant Term		1 Year
Total Request for Grant Term		$52,805

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$62,367
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$62,367

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	Snohomish County ...	08/09/2018	$12,541
Yes	Cash	Government	Snohomish County ...	08/09/2018	$8,000
Yes	Cash	Government	WA State DSHS Dom...	08/09/2018	$9,672
Yes	Cash	Government	WA State Domestic...	08/09/2018	$5,783
Yes	Cash	Private	United Way of Sno...	08/09/2018	$11,200
Yes	Cash	Private	DVS Fundraising /...	08/09/2018	$15,171

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Human Services Department - Ending Homelessness Program
5. Date of Written Commitment:	08/09/2018
6. Value of Written Commitment:	$12,541

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Filing Fees
5. Date of Written Commitment:	08/09/2018
6. Value of Written Commitment:	$8,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the	WA State DSHS Domestic Violence Services Grant

office or grant program as applicable)

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: $9,672

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: (Be as specific as possible and include the office or grant program as applicable) WA State Domestic Violence Legal Advocacy Grant

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: $5,783

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

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

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: $11,200

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	DVS Fundraising / Grants
5. Date of Written Commitment:	08/09/2018
6. Value of Written Commitment:	$15,171

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	$174,660	1 Year	$174,660
4. Supportive Services	$52,805	1 Year	$52,805
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$227,465
8. Admin (Up to 10%)			$22,000
9. Total Assistance Plus Admin Requested			$249,465
10. Cash Match			$62,367
11. In-Kind Match			$0
12. Total Match			$62,367
13. Total Budget			$311,832

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DVS IRS 501(c)(3)...	08/17/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: DVS IRS 501(c)(3) Letter

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: Mary Jane Brell Vujovic

Date: 09/06/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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, ficticious, or fraudulent X

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

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2018
1E. SF-424 Compliance	08/17/2018
1F. SF-424 Declaration	08/17/2018
1G. HUD 2880	08/17/2018
1H. HUD 50070	08/17/2018
1I. Cert. Lobbying	08/17/2018
1J. SF-LLL	08/17/2018
2A. Subrecipients	08/17/2018
2B. Experience	09/06/2018
3A. Project Detail	08/17/2018
3B. Description	09/06/2018
3C. Expansion	08/17/2018
4A. Services	08/17/2018
4B. Housing Type	08/17/2018
5A. Households	08/17/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/17/2018
6A. Funding Request	08/17/2018
6E. Rental Assistance	08/17/2018
6F. Supp Srvcs Budget	08/17/2018
6I. Match	08/17/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/17/2018
7D. Certification	08/17/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248459780
Nov. 04, 2008 LTR 4168C E0
91-0982722 000000 00 000
00019644
BODC: TE

DOMESTIC VIOLENCE SERVICES OF
SNOHOMISH COUNTY
PO BOX 7
EVERETT WA 98206-0007071

13577

Employer Identification Number: 91-0982722
Person to Contact: MR. PILLIS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Oct. 24, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in OCTOBER 1976, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0278
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Domestic Violence Rapid Rehousing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$141,967.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Domestic Violence Rapid Rehousing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

Low vacancy rates for private market rentals continue to pose a challenge for projects that use a scattered site model. Low vacancy rates makes it difficult to locate and obtain safe and affordable housing in the private market. The UFA continues its landlord engagement efforts. The project works with participants and landlords to overcome other barriers to obtaining housing. The recipient expects to fully expend funds for the current operating period.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $141,967

Organization	Type	Type	Sub-Award Amount
Domestic Violence Services of Snohomish County	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$141,967

2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Services of Snohomish County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0982722

	*** d. Organizational DUNS:**	624877945	**PLUS 4**	

e. Physical Address

Street 1: P.O. Box 7

Street 2:

City: Everett

State: Washington

Zip Code: 98206

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $141,967

j. Contact Person

Prefix: Ms.

First Name: Vicci

Middle Name:

Last Name: Hilty

Suffix:
Title: Executive Director
E-mail Address: vicci@dvs-snoco.org
Confirm E-mail Address: vicci@dvs-snoco.org
Phone Number: 425-259-2827
Extension:
Fax Number: 425-258-5976

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0278
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Domestic Violence Rapid Rehousing
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project provides short- to medium-term tenant-based rental assistance to a minimum of 6 units at any given point in time. Assistance is provided to victims of domestic violence and their children at scattered-site units throughout Snohomish County.

DVS' services are designed to address victims' unique needs for safety and confidentiality and to assist in enhancing self-sufficiency and obtaining and maintaining permanent housing. Barriers often include: a significant decrease in household income, loss of housing and/or employment, lost access to social support networks, having to find new schooling or childcare arrangements, and for non- nglish speakers, a language barrier in navigating the legal system and accessing other community resources. Victims must navigate the legal system to ensure their longer-term safety through a Protection Order or other legal means.

Participants have an opportunity to develop a housing stability plan and safety plan. The housing stability plan uses a Self-Sufficiency Matrix to delineate specific steps to achieving self-sufficiency. Safety planning, which addresses the participant's specific circumstances in relation to the abusive relationship she has experienced, is a first priority activity that includes: being prepared with essential documents and a place to go if the abuser finds her; taking measures to stay safe on-line with email and social media; safeguarding financial information and resources; addressing whether the abuser could have access to the participant's place of employment or children's school; and enrollment in the Address Confidentiality Program (ACP) if needed to ensure the participant's safety.

Participants meet with a DVS case manager at a minimum of once per month to review the housing stability plan and to monitor progress. In order to achieve self-sufficiency, participants have access to support services provided by DVS and its community partners that provide employment readiness training, public benefits, childcare vouchers and subsidies, and legal assistance. DVS' services include legal advocacy, community-based support groups, and children's advocacy to ensure that the children are enrolled in school and receive educational services.

With 6 units assisted at any given point in time, DVS estimates that it will serve 24 households throughout the operating period. The projected outcomes for this project are to decrease the average number of days for participants to obtain permanent housing, increase the percentage of participants who exit to permanent housing, and increase the percentage of adults who increase their total income during the operating period.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	Monthly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food			
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training			
Mental Health Services		Partner	As needed
Outpatient Health Services			
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 6

Total Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	6	17

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: 6

b. Beds: 17

3. 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: P.O. Box 7

Street 2:

City: Everett

State: Washington

ZIP Code: 98206

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6			6

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	5			5
Adults ages 18-24	1			1
Accompanied Children under age 18	11			11
Unaccompanied Children under age 18				0
Total Persons	17	0	0	17

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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							5	1		
Adults ages 18-24							1			
Children under age 18							11		1	
Total Persons	0	0	0	0	0	0	17	1	1	0

Click Save to automatically calculate totals

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

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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$107,628
Total Units:	6

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	6	$107,628

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$820	x			=	$0
0 Bedroom		x	$1,093	$1,093	x			=	$0
1 Bedroom	1	x	$1,249	$1,249	x			=	$14,988
2 Bedrooms	5	x	$1,544	$1,544	x			=	$92,640
3 Bedrooms		x	$2,240	$2,240	x			=	$0
4 Bedrooms		x	$2,654	$2,654	x			=	$0
5 Bedrooms		x	$3,052	$3,052	x			=	$0
6 Bedrooms		x	$3,450	$3,450	x			=	$0
7 Bedrooms		x	$3,848	$3,848	x			=	$0
8 Bedrooms		x	$4,246	$4,246	x			=	$0
9 Bedrooms		x	$4,645	$4,645	x			=	$0
Total Units and Annual Assistance Requested	6								$107,628
Grant Term									1 Year
Total Request for Grant Term									$107,628

Click the 'Save' button to automatically calculate totals.

6D. 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:	$35,492
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$35,492

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	Private	Domestic Violence...	08/09/2018	$8,544
Yes	Cash	Private	Domestic Violence...	08/09/2018	$5,981
Yes	Cash	Government	Washington State ...	08/09/2018	$4,264
Yes	Cash	Government	Washington State ...	08/08/2018	$3,227
Yes	Cash	Government	Snohomish County ...	08/09/2018	$9,476
Yes	Cash	Government	Snohomish County ...	08/08/2018	$4,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Domestic Violence Services of Snohomish County - United Way of Snohomish County
5. Date of Written Commitment:	08/09/2018
6. Value of Written Commitment:	$8,544

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Domestic Violence Services of Snohomish County - fundraising
5. Date of Written Commitment:	08/09/2018
6. Value of Written Commitment:	$5,981

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: (Be as specific as possible and include the	Washington State Domestic Violence Legal Advocacy grant

office or grant program as applicable)

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: $4,264

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: (Be as specific as possible and include the office or grant program as applicable) Washington State DSHS Domestic Violence Services grant

5. Date of Written Commitment: 08/08/2018

6. Value of Written Commitment: $3,227

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: (Be as specific as possible and include the office or grant program as applicable) Snohomish County Human Services Department - Ending Homelessness Program

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: $9,476

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Filing Fees
5. Date of Written Commitment:	08/08/2018
6. Value of Written Commitment:	$4,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$107,628
3. Supportive Services	$27,055
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$134,683
7. Admin (Up to 10%)	$7,284
8. Total Assistance plus Admin Requested	$141,967
9. Cash Match	$35,492
10. In-Kind Match	$0
11. Total Match	$35,492
12. Total Budget	$177,459

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DVS Nonprofit Doc...	10/01/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: DVS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Amount of funds requested corrected.
3B. Error in imported housing first information corrected.
6D. Match information updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018

1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/17/2018
3B. Description	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7B. Certification	08/17/2018
Submission Without Changes	08/14/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248459780
Nov. 04, 2008 LTR 4168C E0
91-0982722 000000 00 000
00019644
BODC: TE

DOMESTIC VIOLENCE SERVICES OF
SNOHOMISH COUNTY
PO BOX 7
EVERETT WA 98206-0007071

13577

Employer Identification Number: 91-0982722
Person to Contact: MR. PILLIS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Oct. 24, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in OCTOBER 1976, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/14/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0400
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	CCS Everett Safe Streets Supportive Housing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	01/01/2020
b. End Date:	12/31/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$439,072.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CCS Everett Safe Streets Supportive Housing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

First time renewal and grant term has not yet expired.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

First time renewal and the first quarter has not been completed yet.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $439,072

Organization	Type	Type	Sub-Award Amount
Catholic Community Services	M. Nonprofit with 501C3 IRS Status		$439,072

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1585652

	*** d. Organizational DUNS:**	799006341	**PLUS 4**	

e. Physical Address

Street 1: 1918 Everett

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $439,072

j. Contact Person

Prefix: Mr.

First Name: Will

Middle Name:

Last Name: Rice

Suffix:	
Title:	Regional Chief of Operations
E-mail Address:	willr@ccsww.org
Confirm E-mail Address:	willr@ccsww.org
Phone Number:	425-257-2111
Extension:	
Fax Number:	425-257-2120

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0400
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	CCS Everett Safe Streets Supportive Housing
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

Everett Safe Streets Supportive Housing (ESSSH) project addresses the need for interventions that serve the rising chronically homeless population in Snohomish County. Many of the chronically homeless households identified during the Point In Time County had multiple barriers. Of the chronically homeless households identified, 46% had one disabling condition and 54% had more than one disabling condition. The ESSSH project target population are the most vulnerable chronically homeless households (50 units), homeless youth ages 18-24 (10 units) and chronically homeless veterans (5 units). However, the eligibility criteria is not limited to single adults and does not automatically exclude households with children. Referral decisions will be made through the coordinated entry process in accordance with the CoCs CE policies and prioritization. ESSSH is a single site permanent supportive housing program that uses the evidence based housing first model. On site services include case management and residential counselors, who provide 24/7 services that are flexible and focused on housing stability. Residential counselors work as part of a multi-disciplinary team to address mental health, substance abuse, life skill, and health needs. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. To achieve these goals, Catholic Community Services partners with Catholic Housing Services to provide property management, and Veterans Administration and Cocoon House to provide specialized case management for veterans, and youth, respectively. The program has a health care treatment room which allows health care providers to treat participants on site, and reduce barriers to receiving care. CCS also leverages several “in house” programs including recovery services, volunteer chore, and long term care. CoC funding is essential to meet the needs of the most vulnerable chronically homeless population that ESSSH is designed to serve. Case management and residential counselors create housing stability by addressing the multiple barriers affecting vulnerable chronically homeless individuals.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	

Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. DedicatedPLUS

4A. Supportive Services for Participants

1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 65

Total Beds: 65

Total Dedicated CH Beds: 55

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	65	65

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 65

b. Beds: 65

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 55

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 6107 Berkshire Drive

Street 2:

City: Everett

State: Washington

ZIP Code: 98203

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		65		65

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		55		55
Adults ages 18-24		10		10
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	65	0	65

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	50	5		26		28		10		
Adults ages 18-24	10			5		5				
Total Persons	60	5	0	31	0	33	0	10	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	0

5C. Outreach for Participants

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

80%	**Directly from the street or other locations not meant for human habitation.**
20%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

6D. 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:	$109,768
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$109,768

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	Snohomish County ...	07/01/2019	$14,040
Yes	Cash	Private	CCS Associated Or...	07/01/2019	$95,728

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County 1/10th of 1% Sales Tax
5. Date of Written Commitment:	07/01/2019
6. Value of Written Commitment:	$14,040

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CCS Associated Organization Dollars
5. Date of Written Commitment:	07/01/2019
6. Value of Written Commitment:	$95,728

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$399,157
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$399,157
7. Admin (Up to 10%)	$39,915
8. Total Assistance plus Admin Requested	$439,072
9. Cash Match	$109,768
10. In-Kind Match	$0
11. Total Match	$109,768
12. Total Budget	$548,840

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	09/14/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 09/14/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

CCS was added as a subrecipient; information had not carried forward from 2017 Application.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/13/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2018

1E. SF-424 Compliance	09/13/2018
1F. SF-424 Declaration	09/13/2018
1G. HUD-2880	09/13/2018
1H. HUD-50070	09/13/2018
1I. Cert. Lobbying	09/13/2018
1J. SF-LLL	09/13/2018
Recipient Performance	09/13/2018
Renewal Grant Consolidation	09/13/2018
2A. Subrecipients	09/13/2018
3A. Project Detail	09/13/2018
3B. Description	09/13/2018
3C. Dedicated Plus	09/13/2018
4A. Services	09/13/2018
4B. Housing Type	09/14/2018
5A. Households	09/13/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/13/2018
6A. Funding Request	09/13/2018
6D. Match	09/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2018
7B. Certification	09/13/2018
Submission Without Changes	09/13/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0338
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	HMIS Lead
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$212,216.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HMIS Lead 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term because staffing costs were slightly less than anticipated and that we didn't have any additional HMIS related costs during this period. Negotiations with the HMIS vendor for some additional functionality were not completed by the end of the grant. The recipient expects to fully expend grant funds for the current operating period.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0338

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: HMIS Lead

4. Project Status: Standard

5. Component Type: HMIS

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

There is profound utility for an HMIS when the CoC is to be able to use the data to drive decision making and inform planning activities. The CoC's current HMIS functionality is limited by staff capacity to perform the necessary scope of work. The CoC Board recognizes the need for greater focus on data management and the capacity to report data in various formats with accompanying analytics to drive decision-making and strategic planning activities.

The CoC HMIS Project Application supports HMIS eligible activities to operate and administrate a high functioning HMIS, which includes expansion, customization, and increased functionality:

-Technical assistance and training for users;
-Operations and administration;
-Customizing and enhancing HMIS;
-Reporting to the CoC and HUD;
-Completing data analysis, and presenting the CoC Board, provider groups, other stakeholders and interested parties in our community;
-Monitoring and reviewing data quality to ensuring high data quality for analytics and reporting;
-Minimizing the need for participation fees as a means to encourage broad provider/program participation;
-Staff time to work with vendor or perform activities to repair data and address workflow issues;
-Integrate and support the PATH, RHY and VASH programs into HMIS for reporting and analytics;
-Ensuring compliance with HUD HMIS standards;
-Produce unduplicated counts of persons experiencing or at-risk of homelessness;
-Comprehensive evaluation and analytics that describes the extent and nature of homelessness with the CoC;
-Identify patterns of services;
-Project evaluation and providing data for project review, rating and selection;
-Measure program and homeless system effectiveness, including HEARTH measures; and
-Develop and update HMIS policies, HMIS Governance Charter, provider HMIS agreements, confidentiality, privacy plan, security protocols, HIPPA & electronic records requirements.

Data management and analytics are critical to the CoC efforts to achieve goals to end homelessness. The CoC goals are aligned with the Federal Strategic Plan. The HMIS Team have received increasing requests for data, analytics, reports and presentations, as the Board, community and jurisdictions are seeking positive lasting solutions to end homelessness. The CoC funding will help ensure that we have broad rich data sets to work with and that will support decision making and planning throughout our CoC's geographic area.

2. Does your project have a specific population focus? No

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards?	Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).	Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?	Yes

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?	Yes
5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?	Yes
6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?	No

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?	Yes
8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)	Yes
a. How long does it take to remove access rights to former HMIS users?	Within 24 hours

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
HMIS	X

6D. Sources of Match

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$53,054
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$53,054

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	Ending Homelessne...	08/31/2017	$53,054

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: (Be as specific as possible and include the office or grant program as applicable)	Ending Homelessness Program
5. Date of Written Commitment:	08/31/2017
6. Value of Written Commitment:	$53,054

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$202,216
6. Sub-total Costs Requested	$202,216
7. Admin (Up to 10%)	$10,000
8. Total Assistance plus Admin Requested	$212,216
9. Cash Match	$53,054
10. In-Kind Match	$0
11. Total Match	$53,054
12. Total Budget	$265,270

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	X
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	☐
6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The Questions "Can the HMIS currently provide the CoC with an unduplicated

count of clients receiving services in the CoC?" was not completed.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018

1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/17/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
4A. HMIS Standards	08/17/2018
6A. Funding Request	08/14/2018
6D. Match	08/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	08/14/2018
Submission Without Changes	08/17/2018

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/05/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0339
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Homeless Youth Rapid Rehousing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$104,989.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Homeless Youth Rapid Rehousing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $104,989

Organization	Type	Type	Sub-Award Amount
Cocoon House	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	$104,989

2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1497667

	*** d. Organizational DUNS:**	803301167	**PLUS 4**	

e. Physical Address

Street 1: 2929 Pine Street

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $104,989

j. Contact Person

Prefix: Mr.

First Name: Joseph

Middle Name:

Last Name: Alonzo

Suffix:
Title: Director of Programs
E-mail Address: joseph.alonzo@cocoonhouse.org
Confirm E-mail Address: joseph.alonzo@cocoonhouse.org
Phone Number: 425-259-5802
Extension: 205
Fax Number: 425-317-9632

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0339
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Homeless Youth Rapid Rehousing
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

Cocoon House will provide short- to medium-term tenant-based rental assistance to a minimum of 4 scattered site units at any given point in time. This project will fill a community need by serving unaccompanied homeless youth. CoC Program funds are needed to help end youth homelessness within the Everett/Snohomish County Continuum of Care. Specific housing locations will be based on client needs and preferences within the available rental market. Client-driven case management will be provided with a focus on building self-sufficiency and gaining permanent housing.

Cocoon House's Case Manager will assist clients in obtaining and maintaining safe and desirable housing. Cocoon House will provide rental subsidies and other support to be adjusted as the client reaches higher levels of independence. Case Management will include landlord liaison services to support youth and property owners. Other areas of focus will include navigating systems, accessing mainstream benefits, establishing or strengthening connections to employment and education, and the fostering of beneficial life skills.

Cocoon House will serve young adults, ages 18 to 24, with program admission facilitated through the County's Coordinated Entry System. Without critical services, youth are at risk of getting caught in a cycle that perpetuates poverty and homelessness. Homelessness creates a constant risk of victimization, physical and/or sexual assault, involvement in gangs, risk of sexual exploitation, and crimes of desperation as efforts to meet basic needs. Lack of physical health, mental health, and chemical dependency services can lead to serious conditions if left untreated. Homelessness also creates educational, training, and employment obstacles that easily compound and contribute to the likelihood of chronic homelessness throughout adulthood.

With a minimum of four units assisted at any given point in time, it is estimated that Cocoon House will serve six (6) youth per year. The projected outcomes are to increase the percentage of adults who increase their total income, to decrease the average number of days for participants to obtain permanent housing, and to increase the percentage of participants who exit to permanent housing during the operating period. An additional outcome is to increase the percentage of participants who increase their money management skills.

Relying on resources within the agency and community, Cocoon House will assist clients in developing internal and external supports to success in achieving and maintaining permanent housing. Cocoon House has relationships with many agencies within the County, including partnerships with Workforce Development Council, Catholic Community Services, and Compass Health. Cocoon staff are skilled at navigating both adult and youth systems within the county to assist participants in getting their needs met.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care			
Education Services		Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 4

Total Beds: 4

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	4	4

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: 4

b. Beds: 4

3. 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: 2929 Pine Street

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		4		4

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24				0
Adults ages 18-24		4		4
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	4	0	4

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24	2									2
Total Persons	2	0	0	0	0	0	0	0	0	2

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	0

Describe the unlisted subpopulations referred to above:

Two of the persons not represented by the listed subpopulations will have other barriers not listed here, such as Adverse Childhood Experiences (ACE) including abuse and other trauma, and other physical and mental health issues.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

75%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
DHHS/Cost Allocation Services	17%	1771491.0

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$56,208
Total Units:	4

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	4	$56,208

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$820	$820	x		=	$0
0 Bedroom	2	x	$1,093	$1,093	x		=	$26,232
1 Bedroom	2	x	$1,249	$1,249	x		=	$29,976
2 Bedrooms		x	$1,544	$1,544	x		=	$0
3 Bedrooms		x	$2,240	$2,240	x		=	$0
4 Bedrooms		x	$2,654	$2,654	x		=	$0
5 Bedrooms		x	$3,052	$3,052	x		=	$0
6 Bedrooms		x	$3,450	$3,450	x		=	$0
7 Bedrooms		x	$3,848	$3,848	x		=	$0
8 Bedrooms		x	$4,246	$4,246	x		=	$0
9 Bedrooms		x	$4,645	$4,645	x		=	$0
Total Units and Annual Assistance Requested	4							$56,208
Grant Term								1 Year
Total Request for Grant Term								$56,208

Click the 'Save' button to automatically calculate totals.

6D. 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:	$26,248
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$26,248

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	Private	Cocoon House Fund...	08/13/2018	$26,248

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Cocoon House Fundraising
5. Date of Written Commitment:	08/13/2018
6. Value of Written Commitment:	$26,248

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$56,208
3. Supportive Services	$40,485
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$96,693
7. Admin (Up to 10%)	$8,296
8. Total Assistance plus Admin Requested	$104,989
9. Cash Match	$26,248
10. In-Kind Match	$0
11. Total Match	$26,248
12. Total Budget	$131,237

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	07/26/2016
2) Other Attachmenbt	No	Approved Indirect...	09/11/2017
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Approved Indirect Cost Rate

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 09/05/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Funding amount requested corrected.
3B. Error in imported housing first information corrected.
6D. Match information updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018

1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	08/14/2018
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7B. Certification	08/14/2018
Submission Without Changes	08/14/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248162350
July 08, 2013 LTR 4168C 0
91-1497667 000000 00
00020775
BODC: TE

COCOON HOUSE
2929 PINE ST
EVERETT WA 98201

032714

Employer Identification Number: 91-1497667
Person to Contact: Mr Edwards
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 25, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

90 7th Street, Suite 4-600
San Francisco, CA 94103-6705
PHONE: (415) 437-7820
FAX: (415) 437-7823
EMAIL: CAS-SF@psc.hhs.gov

March 28, 2016

Max Sanchez, Director of Finance
Cocoon House
2929 Pine Street
Everett, WA 98201

Dear Mr. Sanchez:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be returned to me by email while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/19, is due in our office by 12/3119. Please submit your next proposal electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,

Arif M. Karim -S

Digitally signed by Arif M. Karim -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, cn=Arif M. Karim -S, 0.9.2342.19200300.100.1.1=2000212895
Date: 2016.03.30 09:33:48 -05'00'

Arif Karim, Director
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL

NONPROFIT RATE AGREEMENT

EIN: 911497667

ORGANIZATION:
Cocoon House
2929 Pine Street
Everett, WA 98201

DATE:03/28/2016

FILING REF.: The preceding agreement was dated 04/20/2015

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

	EFFECTIVE PERIOD				
TYPE	**FROM**	**TO**	**RATE(%)**	**LOCATION**	**APPLICABLE TO**
FINAL	07/01/2014	06/30/2015	16.90	All	All Programs
PRED.	07/01/2015	06/30/2018	16.90	All	All Programs
PROV.	07/01/2018	06/30/2020	16.90	All	All Programs

*BASE

Direct salaries and wages including all fringe benefits.

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

The following fringe benefits are treated as direct costs:
FICA, Worker's Compensation, Unemployment, and Health Insurance.

The four-year extension of the indirect cost rate was granted in accordance with 2 CFR 200.414(g).

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/19.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

ORGANIZATION: Cocoon House

AGREEMENT DATE: 3/28/2016

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Cocoon House

(INSTITUTION)

(SIGNATURE)

Maximilian Sanchez

(NAME)

Director of Finance

(TITLE)

03/31/16

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, cn=Arif M. Karim -S, 0.9.2342.19200300.100.1.1=2000212895
Date: 2016.03.30 09:32:54 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

3/28/2016

(DATE) 9552

HHS REPRESENTATIVE: Robert Lee

Telephone: (415) 437-7820

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/05/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0357
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Housing Hope Village (PSH)
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$134,623.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Housing Hope Village (PSH) 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/15/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/05/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $134,623

Organization	Type	Type	Sub-Award Amount
Housing Hope	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	$134,623

2A. Project Subrecipients Detail

a. Organization Name: Housing Hope

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 94-3060709

	*** d. Organizational DUNS:**	603631730	**PLUS 4**	

e. Physical Address

Street 1: 5830 Evergreen Way

Street 2:

City: Everett

State: Washington

Zip Code: 98203

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $134,623

j. Contact Person

Prefix: Ms.

First Name: Elizabeth

Middle Name:

Last Name: Kohl

Suffix:
Title: Director of Social Services
E-mail Address: elizabethkohl@housinghope.org
Confirm E-mail Address: elizabethkohl@housinghope.org
Phone Number: 425-347-6556
Extension:
Fax Number: 425-353-5546

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0357
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Housing Hope Village (PSH)
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project will provide 13 units of Permanent Supportive Housing for chronically homeless families with children who have multiple, complex challenges, and who require long-term housing with supportive services in order to maintain permanent housing and stable incomes. Housing Hope has provided housing and tailored services to homeless and low-income families for 28 years. Housing Hope Village, formerly a HUD-funded Transitional Housing project, opened in 1997 and has served hundreds of homeless and low-income families in its over 20 years of operation.

Housing Hope data indicates that among its client base, 70% of households are headed by single mothers, most of whom are under the age of 30. 60% of the children served are under the age of 5, making affordable childcare a significant need for most families. Participants often struggle with alcohol or drug abuse, chronic health conditions, developmental disabilities, physical disabilities, and/or mental illnesses.

Services provided by this project will include moderate to intensive case management, employment and training services, adult education, parent education, adult life skills training, connections to community resources, support to increase social support networks, child development services, assistance with transportation, drug and alcohol treatment and additional interventions as needed. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period.

Housing Hope collaborates with dozens of community organizations, housing agencies, service providers, schools, colleges and employers to create a comprehensive web of services to assist families to maintain permanent housing and achieve increased levels of self-sufficiency. Housing Hope initiated the WRAPS Project, which provides group and 1:1 support for individuals recovering from alcohol or drug abuse. Housing Hope also operates the College of Hope adult life skills training academy and Tomorrow's Hope Child Development Center, both of which provide services to partner housing and service agencies and are open to the general public. Other partner agencies and organizations include DSHS CSO, DCFS, WDC/WorkSource, local school districts and Community Colleges, Compass Health, Community Health Services, Sea Mar, Service Alternatives, Snohomish Legal Services, Northwest Justice Project, Cocoon House, Snohomish County Head Start, Snohomish County ECEAP and ChildStrive.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" Yes

approach?

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	Quarterly
Assistance with Moving Costs		Partner	As needed
Case Management		Subrecipient	Weekly
Child Care		Subrecipient	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Subrecipient	Weekly
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	Monthly
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services			
Substance Abuse Treatment Services		Partner	As needed
Transportation		Non-Partner	As needed
Utility Deposits		Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 13

Total Beds: 50

Total Dedicated CH Beds: 50

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	13	50

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 13

b. Beds: 50

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 50

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 5830 Evergreen Way

Street 2:

City: Everett

State: Washington

ZIP Code: 98203

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	13			13

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	14			14
Adults ages 18-24	5			5
Accompanied Children under age 18	31			31
Unaccompanied Children under age 18				0
Total Persons	50	0	0	50

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	14			8		5	9	3	5	
Adults ages 18-24	5									
Children under age 18										31
Total Persons	19	0	0	8	0	5	9	3	5	31

Click Save to automatically calculate totals

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

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	0

Describe the unlisted subpopulations referred to above:

The children under age 18 who are listed as "Persons not represented by listed subpopulations," are children that accompany adults with one or more of the listed characteristics.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

75%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. 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:	$33,656
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$33,656

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	Private	Housing Hope Gene...	08/15/2018	$33,656

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Housing Hope General Funds
5. Date of Written Commitment:	08/15/2018
6. Value of Written Commitment:	$33,656

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$70,355
4. Operating	$52,427
5. HMIS	$0
6. Sub-total Costs Requested	$122,782
7. Admin (Up to 10%)	$11,841
8. Total Assistance plus Admin Requested	$134,623
9. Cash Match	$33,656
10. In-Kind Match	$0
11. Total Match	$33,656
12. Total Budget	$168,279

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	07/26/2016
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 09/05/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Subrecipient award amount updated.
3C. of 3B. updated to reflect housing first model.
6D. Match amount updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/15/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018

1E. SF-424 Compliance	08/15/2018
1F. SF-424 Declaration	08/15/2018
1G. HUD-2880	08/15/2018
1H. HUD-50070	08/15/2018
1I. Cert. Lobbying	08/15/2018
1J. SF-LLL	08/15/2018
Recipient Performance	08/15/2018
Renewal Grant Consolidation	08/15/2018
2A. Subrecipients	08/15/2018
3A. Project Detail	08/15/2018
3B. Description	08/15/2018
3C. Dedicated Plus	08/15/2018
4A. Services	08/15/2018
4B. Housing Type	08/15/2018
5A. Households	08/15/2018
5B. Subpopulations	08/15/2018
5C. Outreach	08/15/2018
6A. Funding Request	08/15/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2018
7B. Certification	08/15/2018
Submission Without Changes	08/15/2018

RECEIVED DEC 1 4 1992

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: DEC 0 8 1992

Employer Identification Number:
94-3060709
Contact Person:
NORMA JULES
Contact Telephone Number:
(213) 725-7063

Our Letter Dated:
April 30, 1988
Addendum Applies:
No

HOUSING HOPE
P O BOX 7823
EVERETT, WA 98201

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Michael J. Quinn
District Director

Letter 1050(DO/CG)

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4:**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Washington

15. Descriptive Title of Applicant's Project: Interfaith Rapid Rehousing

16. Congressional District(s):

a. Applicant: WA-001, WA-002

b. Project: WA-001, WA-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $244,127.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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

Part III Interested Parties

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/15/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate. ☐

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

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: $244,127

Organization	Type	Sub-Award Amount
Interfaith	M. Nonprofit with 501C3 IRS Status	$244,127

2A. Project Subrecipients Detail

a. Organization Name: Interfaith

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 91-1340220

	*** d. Organizational DUNS:**	803300599	**PLUS 4:**	

e. Physical Address
Street 1: PO Box 12824
Street 2:
City: Everett
State: Washington
Zip Code: 98206

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $244,127

j. Contact Person
Prefix: Mr.
First Name: James
Middle Name:

Last Name:	Dean
Suffix:	
Title:	Executive Director
E-mail Address:	jdean@interfaithwa.org
Confirm E-mail Address:	jdean@interfaithwa.org
Phone Number:	425-252-6672
Extension:	
Fax Number:	

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.

Snohomish County has been the recipient of multiple federal funding for several years. The County is currently the UFA for the Everett/Snohomish County Continuum of Care and the recipient if 16 HUD Continuum of Care (CoC) grants. The County has a history of successful implementation of various program types.

The Family Shelter and Interfaith Association have successfully implemented and operated a Rapid Rehousing program for just over two years. In that time Interfaith has been very successful in both finding housing and having clients maintain their housing after the Rapid Rehousing support ends. With this proposed application, Interfaith would build on this experience and expand this project to serve additional households/units.
As an agency, Interfaith has the capacity to meet the requirements of federally funded grants. Through partnerships with the community and community organizations they have adequate donations and foundation grants to meet the match requirements of this grant.

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

Snohomish County has several years of experience managing Federal, State, and local funds. As the Collaborative Applicant for the CoC and as a UFA, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

Interfaith Association has a successful history of leveraging funds from a number of different government and private fund sources. This next year Interfaith expects to receive $106,000 from individual donations, $134,000 from foundations and over $400,000 in government funding that can be used to leverage this grant.

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.

The Continuum of Care (COC) Grant and Program Specialists, from the Office of Community and Homelessness Services (OCHS) within the Snohomish County Human Services Department (HSD), manage the subrecipient grants, including conducting annual monitoring and providing training and technical assistance, to ensure compliance with the CoC interim rule. The OCHS

Supervisor is responsible for overall project management and oversight of the Continuum of Care (CoC) program. Regular OCHS staff meetings, including meetings specific to CoC oversight, and Supervisor review, ensure that work is completed in a timely manner and consistent with CoC requirements and the HUD grant agreement.

The department maintains effective financial internal control via segregation of duties and multiple levels of review. Separate revenue accounts are set up within the County's financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the CoC Grant and Program Specialists to resolve identified issues. The Financial Compliance Officer completes subrecipient financial monitoring and eLOCCS draws, after final review of monthly program close-out by the Administrative Services Division Manager.

The Interfaith Association of Northwest Washington is led by a nine member Board of Directors. The Board is the fiduciary agent for the association. Interfaith has excellent financial systems in place to monitor all funds and currently utilizes 501 Commons for all bookkeeping and accounting needs. Interfaith has an independent financial review each year and have a well trained staff working in the accounting department that is current on reporting requirements to all funding sources.

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:	WA-504 - Everett/Snohomish County CoC
1b. CoC Collaborative Applicant Name:	Snohomish, County of
2. Project Name:	Interfaith Rapid Rehousing
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

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

This project would significantly expand the already successful rapid rehousing program that is operated by Interfaith Association of Northwest Washington. The Interfaith agency has a mission to help families with children experiencing homelessness and meet the community need for more short to medium term rental assistance along with case management to rapidly rehouse homeless families and individuals living on the street or in shelters and assist in developing stronger self-sufficiency. Currently, 10 families are being housed with up to 13 participating in the past year through this program. When expanded, this program would work with families directly from the Coordinated Entry system. The program would require the employment of a full time housing case manager and would help up to 10 families at a time with case management and rental assistance. The case management that Interfaith provides is designed to meet every client with services specific to their individual barriers and goals. This closely approximates Interfaith's experience with the current Rapid Rehousing program. This work would almost double the number of families that would be served with case management and short to medium term rental assistance in the community.

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?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
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		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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.

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

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

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

Increase number of homeless persons served

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

Current level of effort	
# of persons served at a point-in-time	19
# of units	10
# of beds	19
New effort	
# of additional persons served at a point in time that this project will provide	19
# of additional units this project will provide	10
# of additional beds this project will provide	19

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase number of and/or expand variety of supportive services provided

Describe the reason for the supportive service increase indicated above.

1 FTE in case management staff is added to provide services to the additional households.

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.

This project's focus is to move homeless families into housing and minimizing barriers of families identified at intake including rental history, evictions, employment, low education level, substance abuse and mental health issues. After obtaining permanent housing clients will work with a case manager on a stability plan to connect with services and supports around chemical dependency, mental health, childcare, lifeskills, health, education job training and parenting.
RRH cm's will work with landlords on the needs of clients and show them the value of housing families working with quality case management. Cm's will inspect housing ensuring it meets all federal guidelines. Interfaith also will be working with the landlord engagement efforts with the YWCA to assist landlords in working with RRH.

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

Interfaith works with clients on goals including budget work around income and expenses and identifying ways to increase household income including accessing mainstream benefits and employment or improving current employment. Interfaith works in collaboration with other homeless service providers to help clients access the Rapid Reemployment Partnership. This has led to good paying jobs for clients who are homeless or in Rapid Rehousing. Interfaith has a case manager who is currently training in the SOAR program to assist eligible clients served in this grant to obtain SSI and SSDI services.

The education of many clients has increased through certificate programs at EVCC and College of Hope, and degree programs at EVCC and EDCC. All of these programs include resources for parents with children. The RRH case manager will assist in identifying and enrolling the clients in these types of programs.
The goal of this RRH program is to help people move from homelessness to independence with the assistance case management and rent support. The goal is that over a 6-12 month period the client would gradually take over the total amount of their new homes rent and utilities. This program allows for them to be supported through rental assistance and case management as they reach that independence.

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		Subrecipient	Weekly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	Daily
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Partner	As needed
Mental Health Services		Partner	Weekly
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Non-Partner	As needed
Utility Deposits		Subrecipient	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? No

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: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	20

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: 20

3. 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: PO Box 12824

Street 2:

City: Everett

State: Washington

ZIP Code: 98206

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

539061 Snohomish County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	10			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	7			7
Adults ages 18-24	3			3
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	20	0	0	20

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	4			2		1	1			
Adults ages 18-24	1			1		1				
Children under age 18	5									5
Total Persons	10	0	0	3	0	2	1	0	0	5

Click Save to automatically calculate totals

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

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

Describe the unlisted subpopulations referred to above:

Some participants will not have a listed disability or barrier. Some might present with chronic health problems or learning, criminal, or legal barriers.

5C. Outreach for Participants

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

70%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
	Directly from safe havens.
5%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

Openings within the program paid for by this grant will be filled using the Coordinated Entry (CE) system, in compliance with the Coordinated Entry Policies & Procedures. Most will be either housed in unacceptable conditions or will go directly from the streets into permanent housing with supportive services and rental assistance. Interfaith will receive referrals for clients through the Coordinated Entry system of Snohomish County as soon as funding is awarded. Interfaith is focused on working to end family homelessness and referrals that will come from local family shelters without a Rapid Rehousing program and will work with the navigator within the Coordinated Entry (CE) system to be referred into the rapid rehousing program.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$191,364
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	10	$191,364

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: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	x	12		=	$0
0 Bedroom		x	$1,093	x	12		=	$0
1 Bedroom	3	x	$1,249	x	12		=	$44,964

2 Bedrooms	5	x	$1,544	x	12	=	$92,640
3 Bedrooms	2	x	$2,240	x	12	=	$53,760
4 Bedrooms		x	$2,654	x	12	=	$0
5 Bedrooms		x	$3,052	x	12	=	$0
6 Bedrooms		x	$3,450	x	12	=	$0
7 Bedrooms		x	$3,848	x	12	=	$0
8 Bedrooms		x	$4,246	x	12	=	$0
9 Bedrooms		x	$4,645	x	12	=	$0
Total Units and Annual Assistance Requested	10						$191,364
Grant Term							1 Year
Total Request for Grant Term							$191,364

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Housing Case Manager	$48,419
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	Deposit for new utility accounts for clients	$800
17. Operating Costs	Supplies needed for Case Management Staff	$500
Total Annual Assistance Requested		$49,719
Grant Term		1 Year
Total Request for Grant Term		$49,719

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$61,032
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$61,032

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	Private	Interfaith of Nor...	08/01/2018	$61,032

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Interfaith of Northwest Washington
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$61,032

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	$191,364	1 Year	$191,364
4. Supportive Services	$49,719	1 Year	$49,719
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$241,083
8. Admin (Up to 10%)			$3,044
9. Total Assistance Plus Admin Requested			$244,127
10. Cash Match			$61,032
11. In-Kind Match			$0
12. Total Match			$61,032
13. Total Budget			$305,159

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/16/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

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: Mary Jane Brell Vujovic

Date: 09/13/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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, ficticious, or fraudulent X

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

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/05/2018
1E. SF-424 Compliance	08/16/2018
1F. SF-424 Declaration	08/16/2018
1G. HUD 2880	08/16/2018
1H. HUD 50070	08/16/2018
1I. Cert. Lobbying	08/16/2018
1J. SF-LLL	08/16/2018
2A. Subrecipients	08/28/2018
2B. Experience	08/27/2018
3A. Project Detail	08/16/2018
3B. Description	08/28/2018
3C. Expansion	08/27/2018
4A. Services	08/27/2018
4B. Housing Type	09/05/2018
5A. Households	08/27/2018
5B. Subpopulations	09/13/2018
5C. Outreach	09/11/2018
6A. Funding Request	08/17/2018
6E. Rental Assistance	08/17/2018
6F. Supp Srvcs Budget	08/28/2018
6I. Match	08/28/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/16/2018
7D. Certification	08/17/2018

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0046

In reply refer to: 0424156105
July 26, 2006 LTR 252C EO
91-1340220 000000 00 000
03535
BODC: TE

INTERFAITH ASSOCIATION OF NORTHWEST
WASHINGTON
PO BOX 12824
EVERETT WA 98206-2824243

017795

Taxpayer Identification Number: 91-1340220

Dear Taxpayer:

Thank you for the inquiry dated June 20, 2006.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____

Sincerely yours,

Marilyn Jordan

Marilyn Jordan
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter

Internal Revenue Service
District Director

Department of the Treasury

Date:

OCT 20 1986

EP/EO-II(KW)
Employer Identification Number:
91-1340220
Accounting Period Ending:
June 30
Form 990 Required: ☐ Yes ☒ No

The North Snohomish County
Association of Churches
P.O. Box 7107
Everett, WA 98201

Person to Contact:
EO Desk Officer
Contact Telephone Number:
(206) 442-5106

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act(social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

(over)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

DOCNO:05270:jc

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0210
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Long Term Leasing for the Chronically Homeless Disabled
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$295,320.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Long Term Leasing for the Chronically Homeless Disabled 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

Low vacancy rates for private market rentals continue to pose a challenge for projects that use a scattered site model. Low vacancy rates makes it difficult to locate and obtain safe and affordable housing in the private market. The UFA continues its landlord engagement efforts. The YWCA intends to increase staff that assists participants to locate and obtain housing. The recipient expects to fully expend funds for the current operating period.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $295,320

Organization	Type	Type	Sub-Award Amount
YWCA of Seattle-King-Snohomish County	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$295,320

2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King-Snohomish County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0482890

	*** d. Organizational DUNS:**	071846208	**PLUS 4**	

e. Physical Address

Street 1: 3301 Broadway

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $295,320

j. Contact Person

Prefix: Ms.

First Name: Mary Anne

Middle Name:

Last Name: Dillon

Suffix:
Title: Executive Director
E-mail Address: mdillon@ywcaworks.org
Confirm E-mail Address: mdillon@ywcaworks.org
Phone Number: 425-258-2766
Extension: 225
Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0210
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Long Term Leasing for the Chronically Homeless Disabled
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

The project provides long-term tenant-based rental assistance to a minimum of 18 units of Permanent Supportive Housing for chronically homeless adult individuals with disabilities. Four partner agencies collaborate in the provision of case management and supportive services: the YWCA Seattle | King | Snohomish (project sponsor), Catholic Community Services, Bridgeways and Compass Health. This is a challenging population to serve, with barriers that include mental illnesses, substance abuse, domestic violence, HIV/AIDS, developmental disabilities and physical disabilities. Nearly every client faces multiple barriers; all have long history of housing instability. The case management provided by the partner agencies includes comprehensive and varying services designed to meet each participant's individual barriers and assists in achieving goals agreed upon by case manager and client. Upon acceptance to the program, participants are assisted in selecting a housing unit in Snohomish County that is appropriate in terms of their ability to access services. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. Partner agencies provide case management often in collaboration with other community providers, to ensure that program participants access and maintain mainstream income resources, stabilize/increase household income and develop stronger self-sufficiency and coping skills. Once participants move into this housing, they are able to focus on stabilizing income, becoming involved in volunteering, education, job training, and/or employment. During the time they are in housing, they continue to receive case management support to help them maintain sobriety, continue with mental health services, receive needed health and dental care, learn how to budget and manage their income, and develop support systems in the community. At such time as participants indicate readiness to move into other non-supportive housing such as Section 8 or public housing, case managers assist them with housing search and placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X

Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Disabled Individuals

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 18

Total Beds: 18

Total Dedicated CH Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	18	18

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: 18

b. Beds: 18

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 18

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 3301 Broadway

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		18		18

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

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	17	1		5	1	14	1	1	1	
Adults ages 18-24										
Total Persons	17	1	0	5	1	14	1	1	1	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

60%	**Directly from the street or other locations not meant for human habitation.**
40%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$269,784
Total Units:	18

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	18	$269,784

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$820	x			=	$0
0 Bedroom		x	$1,093	$1,093	x			=	$0
1 Bedroom	18	x	$1,249	$1,249	x			=	$269,784
2 Bedrooms		x	$1,544	$1,544	x			=	$0
3 Bedrooms		x	$2,240	$2,240	x			=	$0
4 Bedrooms		x	$2,654	$2,654	x			=	$0
5 Bedrooms		x	$3,052	$3,052	x			=	$0
6 Bedrooms		x	$3,450	$3,450	x			=	$0
7 Bedrooms		x	$3,848	$3,848	x			=	$0
8 Bedrooms		x	$4,246	$4,246	x			=	$0
9 Bedrooms		x	$4,645	$4,645	x			=	$0
Total Units and Annual Assistance Requested	18								$269,784
Grant Term									1 Year
Total Request for Grant Term									$269,784

Click the 'Save' button to automatically calculate totals.

6D. 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:	$33,934
Total Value of In-Kind Commitments:	$39,896
Total Value of All Commitments:	$73,830

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Bridgeways - Snoh...	08/06/2018	$12,305
Yes	In-Kind	Government	Compass Health - ...	08/06/2018	$13,375
Yes	Cash	Private	YWCA Investment	08/06/2018	$33,934
Yes	In-Kind	Government	YWCA - Snohomish ...	08/06/2018	$3,000
Yes	In-Kind	Government	YWCA - Snohomish ...	08/06/2018	$3,000
Yes	In-Kind	Government	Catholic Communit...	08/03/2018	$8,216

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Bridgeways - Snohomish County Human Services Department - Community Housing Stability and Support Program
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$12,305

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Compass Health - North Sound Behavioral Health Organization
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$13,375

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA Investment
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$33,934

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA - Snohomish County Human Services Departmen t- IIF 1/10th of 1% Sales Tax Funds
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$3,000

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA - Snohomish County Human Services Department - Ending Homelessness Program

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: $3,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services Ryan White Part A Funding

5. Date of Written Commitment: 08/03/2018

6. Value of Written Commitment: $8,216

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$269,784
3. Supportive Services	$12,998
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$282,782
7. Admin (Up to 10%)	$12,538
8. Total Assistance plus Admin Requested	$295,320
9. Cash Match	$33,934
10. In-Kind Match	$39,896
11. Total Match	$73,830
12. Total Budget	$369,150

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA Nonprofit Do...	01/16/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A - Update title of subrecipient contact person and update total expected sub-award amount
3B - Incorrect housing first info imported from prior year; corrected.
6D - Update match information

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/13/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/13/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/13/2018
2A. Subrecipients	08/13/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/13/2018
4A. Services	08/13/2018
4B. Housing Type	08/13/2018
5A. Households	08/13/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/13/2018
6A. Funding Request	08/13/2018
6C. Rental Assistance	08/13/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/13/2018
Submission Without Changes	08/14/2018

Internal Revenue Service

District
Director

Department of the Treasury

P O Box 2350, Los Angeles, Calif. 90053

Person to Contact: Gilda Lewis

Telephone Number: (213) 894-2336

Refer Reply to: Y:296

Date: December 30, 1996

YWCA of Seattle-King County-
Snohomish County
1118 Fifth Avenue
Seattle, WA 98101-1001

EIN: 91-0482890

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

Gilda Lewis

Gilda Lewis
Disclosure Assistant

RECEIVED
MAY 19 2006
OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0175
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Long Term Leasing for the Disabled
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$261,539.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Long Term Leasing for the Disabled 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

Low vacancy rates for private market rentals continue to pose a challenge for projects that use a scattered site model. Low vacancy rates makes it difficult to locate and obtain safe and affordable housing in the private market. The UFA continues its landlord engagement efforts. The YWCA intends to increase staff to assist participants to locate and obtain affordable housing. The recipient expects to fully expend funds for the current operating period.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $261,539

Organization	Type	Type	Sub-Award Amount
YWCA of Seattle-King-Snohomish County	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$261,539

2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King-Snohomish County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0482890

	*** d. Organizational DUNS:**	071846208	**PLUS 4**	

e. Physical Address

Street 1: 3301 Broadway

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $261,539

j. Contact Person

Prefix: Ms.

First Name: Mary Anne

Middle Name:

Last Name: Dillon

Suffix:
Title: Executive Director
E-mail Address: mdillon@ywcaworks.org
Confirm E-mail Address: mdillon@ywcaworks.org
Phone Number: 425-258-2766
Extension: 225
Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0175
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Long Term Leasing for the Disabled
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project provides tenant-based rental assistance and supportive services to chronically homeless disabled adults in a minimum of 17 scattered site units throughout Snohomish County. The majority of participants are severely mentally ill and/or have substance abuse issues; many participants have been victims of domestic violence. The project is operated through a partnership between the YWCA of Seattle-King County-Snohomish County, Catholic Community Services, State Department of Disabilities, Sea Mar, Compass Health and Bridgeways. Upon acceptance to the program, participants are assisted in selecting a housing unit in Snohomish County as appropriate in terms of their ability to access services. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. Partner agencies provide a variety of individualized services for their clients in addition to case management; those services may include: life skills (parenting, budgeting, nutrition), mental health counseling and related services, substance abuse treatment services, legal and domestic violence services and referrals, referrals for health and dental care, assistance in applying for and obtaining mainstream resources, employment services, referrals for clients to participate in community volunteer activities, medications management, landlord-tenant education and advocacy, and payee services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Disabled Homeless Individuals

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 17

Total Beds: 17

Total Dedicated CH Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	17	17

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: 17

b. Beds: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 17

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 3301 Broadway

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		17		17

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		15		15
Adults ages 18-24		2		2
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	17	0	17

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	15			2	1	6	2	3	2	
Adults ages 18-24	2			1		1				
Total Persons	17	0	0	3	1	7	2	3	2	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

55%	**Directly from the street or other locations not meant for human habitation.**
45%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$254,796
Total Units:	17

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	17	$254,796

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$820	x			=	$0
0 Bedroom		x	$1,093	$1,093	x			=	$0
1 Bedroom	17	x	$1,249	$1,249	x			=	$254,796
2 Bedrooms		x	$1,544	$1,544	x			=	$0
3 Bedrooms		x	$2,240	$2,240	x			=	$0
4 Bedrooms		x	$2,654	$2,654	x			=	$0
5 Bedrooms		x	$3,052	$3,052	x			=	$0
6 Bedrooms		x	$3,450	$3,450	x			=	$0
7 Bedrooms		x	$3,848	$3,848	x			=	$0
8 Bedrooms		x	$4,246	$4,246	x			=	$0
9 Bedrooms		x	$4,645	$4,645	x			=	$0
Total Units and Annual Assistance Requested	17								$254,796
Grant Term									1 Year
Total Request for Grant Term									$254,796

Click the 'Save' button to automatically calculate totals.

6D. 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:	$15,000
Total Value of In-Kind Commitments:	$50,681
Total Value of All Commitments:	$65,681

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Bridgeways - Snoh...	08/06/2018	$11,241
Yes	In-Kind	Government	Compass Health - ...	08/06/2018	$24,438
Yes	In-Kind	Government	WA State Departme...	08/06/2018	$3,747
Yes	Cash	Private	YWCA Investment	08/06/2018	$12,000
Yes	Cash	Government	YWCA - Snohomish ...	08/06/2018	$3,000
Yes	In-Kind	Government	Catholic Communit...	08/06/2018	$7,508
Yes	In-Kind	Government	SeaMar - Medicaid	08/06/2018	$3,747

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Bridgeways - Snohomish County Human Services Department - Community Housing Stability and Support Program
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$11,241

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Compass Health - North Sound Behavioral Health Organization
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$24,438

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	WA State Department of Social and Health Services, Developmental Disabilities Administration
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$3,747

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA Investment
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$12,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA - Snohomish County Human Services Department - Ending Homelessness Program

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: $3,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Catholic Community Services - Ryan White Part A Funding

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: $7,508

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) SeaMar - Medicaid

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: $3,747

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

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$254,796
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$254,796
7. Admin (Up to 10%)	$6,743
8. Total Assistance plus Admin Requested	$261,539
9. Cash Match	$15,000
10. In-Kind Match	$50,681
11. Total Match	$65,681
12. Total Budget	$327,220

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA Nonprofit Do...	10/07/2015
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A Title of contact person updated; amount requested corrected.
3B Errors in imported Housing First information corrected.
6D Match information updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/17/2018
Submission Without Changes	08/14/2018

Internal Revenue Service

District
Director

Department of the Treasury

P O Box 2350, Los Angeles, Calif. 90053

Person to Contact: Gilda Lewis

Telephone Number: (213) 894-2336

Refer Reply to: Y:296

Date: December 30, 1996

YWCA of Seattle-King County-
Snohomish County
1118 Fifth Avenue
Seattle, WA 98101-1001

EIN: 91-0482890

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

Gilda Lewis

Gilda Lewis
Disclosure Assistant

RECEIVED
MAY 19 2006
OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0177
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Monte Cristo
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$62,734.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Monte Cristo 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

To comply with the CoC interim rule requirement for eligible operating costs and program income, this project was unable to fully expend all funds. Technical assistance has been provided; the recipient expects the project to fully expend its funds for the current operating year.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $62,734

Organization	Type	Type	Sub-Award Amount
Archdiocesan Housing Authority	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$62,734

2A. Project Subrecipients Detail

a. Organization Name: Archdiocesan Housing Authority

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1099134

	*** d. Organizational DUNS:**	141908017	**PLUS 4**	

e. Physical Address

Street 1: 100 23rd Ave South

Street 2:

City: Seattle

State: Washington

Zip Code: 98144

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $62,734

j. Contact Person

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: Powers

Suffix:	
Title:	Division Director
E-mail Address:	stevep@ccsww.org
Confirm E-mail Address:	stevep@ccsww.org
Phone Number:	360-671-0715
Extension:	
Fax Number:	360-671-0445

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0177
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Monte Cristo
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project provides twelve (12) units of permanent supportive housing for chronically homeless individuals in a low-barrier, housing first approach. The goals of this project include: increasing residential stability by supporting clients in maintaining their permanent housing; increasing skills and income by accessing mainstream resources; and achieving greater self-determination through a client-centered goal-driven individual action/service plan. CCS provides mental health services, case management, life skills training, substance abuse treatment, health care services, transportation and other services as needed.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. 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		Subrecipient	Quarterly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care			
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Subrecipient	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Subrecipient	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 12

Total Beds: 12

Total Dedicated CH Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	12	12

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 12

b. Beds: 12

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 12

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 2929 Hoyt Avenue

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		12		12

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		12		12
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	12	0	12

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	11	1		5		9	5	1		
Adults ages 18-24										
Total Persons	11	1	0	5	0	9	5	1	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

80%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. 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:	$15,684
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$15,684

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Participant occupancy charges calculated in accordance with 24 CFR 578.77(b).

1b. Estimate the amount of program income that will be used as Match for this project: $15,684

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/07/2018	$15,684

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Program Income
5. Date of Written Commitment:	08/07/2018
6. Value of Written Commitment:	$15,684

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$20,060
4. Operating	$37,737
5. HMIS	$0
6. Sub-total Costs Requested	$57,797
7. Admin (Up to 10%)	$4,937
8. Total Assistance plus Admin Requested	$62,734
9. Cash Match	$15,684
10. In-Kind Match	$0
11. Total Match	$15,684
12. Total Budget	$78,418

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CCS Nonprofit Doc...	01/16/2014
2) Other Attachmenbt	No	Subrecipient Nonp...	01/23/2014
3) Other Attachment	No		

Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: Subrecipient Nonprofit Documentation - Official Catholic Directory

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A.The full funding request has been updated.
3C of 3B. Corrected answer to reflect housing first approach.
6D. Match amount has been updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/13/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018

1E. SF-424 Compliance	08/13/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	08/13/2018
Renewal Grant Consolidation	08/13/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/13/2018
4A. Services	08/13/2018
4B. Housing Type	08/13/2018
5A. Households	08/13/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/13/2018
6A. Funding Request	08/13/2018
6D. Match	08/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2018
7B. Certification	08/13/2018
Submission Without Changes	08/15/2018

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: July 1, 2006

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of *The Official Catholic Directory* for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services

Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")[1]. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD[2]. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

Responsibilities under Group Ruling. *Diocesan officials* who compile OCD information to send to the OCD publisher *are responsible for the accuracy of such information.* They must ensure that only qualified organizations are listed, that

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[1] *A copy of the Group Ruling and this memo may be found on the USCCB website at* ***www.usccb.org/ogc***.

[2] *Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are* ***not*** *covered by the Group Ruling.*

organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax**. The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (*with the exception of organizations designated in the OCD with an asterisk and foreign organizations*).

2. **Federal Excise Taxes**. Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes**. Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions**. The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax**. The Group Ruling establishes exemption from *federal* unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax**. All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.[3] Services performed by diocesan priests in the exercise of their ministry are not considered

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[3] *Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.*

"employment" for FICA (Social Security) purposes,[4] and FICA should not be withheld from their salaries. *For Social Security purposes*, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.[5] Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.[6]

7. **Form 990**. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, *unless* they are eligible for a mandatory or discretionary exception. ***There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.*** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.[7] Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches[8]; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000;[9] and certain church-affiliated

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4 *I.R.C. § 3121(b)(8)(A).*

5 *I.R.C. § 1402(a)(8). See also, Compensation of Priests, at* ***http://www.usccb.org/bishops/dfi/dualtax.htm.***

6 *Rev. Rul. 77-290, 1977-2 C.B. 26. See also, Compensation of Religious, at* ***http://www.usccb.org/bishops/dfi/religiouscomp.htm.***

7 *The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).*

8 *I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:*

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

9 *Rev. Proc. 83-23, 1983-1 C.B. 687.*

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.[10]

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.[11] In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.[12]

8. **Revenue Procedure 75-50**. Rev. Proc. 75-50[13] sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. ***Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are***

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10 *Rev. Proc. 96-10, 1996-1 C.B. 577.*

11 *The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).*

12 *I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.*

13 *1975-2 C.B. 587.*

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities**. Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities**. ***Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status.*** In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at **www.usccb.org/ogc**, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status**. The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number**. The group exemption number assigned to USCC is 928 or 0928. ***This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.***[14] We recommend *against* using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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[14] *IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.*

Bro. Dominic Murray, C.F.C., Prin.; Lawrence Kight, Librarian. Conducted by the Congregation of Christian Brothers. Brothers 4; Lay Teachers 36; Students 480.

BURIEN. *John F. Kennedy Memorial High School* (1966) (Coed), 140 S. 140th, 98168. Tel: 206-246-0500; Fax: 206-242-0831. Email: info@kennedyhs.org. Web: www.kennedyhs.org. Mr. Michael L. Prato, Prin.; Rev. Michael J. Batterberry. Priests 1; Lay Teachers 66; Students 964.

[C] HIGH SCHOOLS, PRIVATE

SEATTLE. *Holy Names Academy* (1880) (Girls), 728 21st Ave. E., 98112. Tel: 206-323-4272; Fax: 206-323-5254. Email: eswift@holynames-sea.org. Web: www.holynames-sea.org. Ms. Elizabeth Swift, Prin.; Sr. Ann Cornelia Sullivan, S.N.J.M., Librarian. Congregation of the Sisters of the Holy Names of Jesus and Mary. Sisters 5; Lay Teachers 42; Students 645.

John Paul II High School, c/o 710 9th Ave., 98104.

Seattle Preparatory School (1891) (Coed), 2400-11th Ave. E., 98102. Tel: 206-324-0400; Fax: 206-323-6509. Email: tfields@seaprep.org. Web: www.seaprep.org. Mr. Kent Hickey, Pres.; Rev. Michael A. Tyrrell, S.J., Prin.; Janice Abe, Librarian. Priests 2; Lay Teachers 52; Students 668.

BELLEVUE. *Eastside Catholic High School* (Coed), 11650 S.E. 60th, 98006. Tel: 425-644-7737; Fax: 425-644-8127. Web: www.eastsidecatholic.org. Jim Kubacki, Pres.; Greg Marsh, Prin.; Kathy Hardesty, Librarian. Priests 1; Lay Teachers 45; Students 560.

Forest Ridge School of the Sacred Heart (1907) (Grades 5-12), (Girls), 4800 139th Ave., S.E., 98006. Tel: 425-641-0700; Fax: 425-643-3881. Email: marysm@forestridge.org. Web: www.forestridge.org. Dr. Mary M. Smith, Head of School; Alycia Allen, High School Dir.; Julie Grasseschi, Middle School Dir.; Joanne Boerth, Librarian. Religious of the Sacred Heart 3; Lay Teachers 45; Students 384.

EVERETT. *Archbishop Thomas J. Murphy High School* (Coed), 12911 39th Ave., S.E., 98208-6159. Tel: 425-379-6363; Fax: 425-385-2875. Web: www.archbishopmurphyhs.org. Dr. Kristine Brynildsen-Smith, Prin.; Nicolette Roberge, Librarian. Lay Teachers 39; Students 570.

RIDGEFIELD. *St. Elizabeth Ann Seton High School*, 710 9th Ave., 98104.

TACOMA. *Bellarmine Preparatory School* (1928) (Coed), 2300 S. Washington, 98405. Tel: 253-752-7701; Fax: 253-761-3505. Web: www.bellarmineprep.org. Rev. John Fuchs, S.J., Rector; Mr. Jack Peterson, Pres.; Chris Gavin, Prin.; Revs. Gerard E. Chapdelaine, S.J., Teacher; Frederick P. Mayovsky, S.J., Teacher; Sr. Georgia Yianakulls, S.N.J.M., Librarian. Owned by the Jesuit Fathers. Board of Directors: 4 members of the Jesuit order and 16 others. Priests 9; Sisters 1; Lay Teachers 73; Students 1,002. In Res. Revs. William Bichsel, S.J.; Gerard E. Chapdelaine, S.J.; Thomas Gallagher, S.J.; Robert A. Goebel, S.J.; Craig Hightower, S.J.; Frederick P. Mayovsky, S.J.; Joseph O. McGowan, S.J.; Dominic Nguyen, S.J.; Thomas G. Williams, S.J.; Alan Yost, S.J.

[D] ELEMENTARY SCHOOLS, PRIVATE

SEATTLE. *Villa Academy*, (Grades PreK-8), (Coed), 5001 N.E. 50th St., 98105. Tel: 206-524-8885; Fax: 206-523-7131. Email: pskinner@thevilla.org. Web: www.thevilla.org. Pauline Skinner, Head of School; Karen Strand, Librarian. Lay Teachers 35; Students 395.

CAMAS. *Pacific Crest Academy*, (Grades PreK-8), 324 N.E. Oak St., P.O. Box 1031, 98607-1031. Tel: 360-834-9913; Fax: 360-834-9926. Web: www.pacificcrestacademy.org. Rosemary Griggs, Prin. Lay Teachers 16; Students 181.

LACEY. *Holy Family School*, (Grades PreK-8), 2606 Carpenter Rd., S.E., P.O. Box 3700, 98509. Tel: 360-491-7060; Fax: 360-456-3725. Web: holyfamilylacey.org. Linda Farrimond, Prin.; Debra Getty, Librarian. Lay Teachers 15; Students 151.

[E] CATHOLIC COMMUNITY SERVICES OF THE ARCHDIOCESE OF SEATTLE

SEATTLE. *Association for Catholic Childhood*, 100 23rd Ave. S., 98144. Tel: 206-328-5973; Fax: 206-328-5699. Email: acc@ccsww.org. Web: www.forthechildrenww.org.

Catholic Charities Foundation, 100 23rd Ave., S., 98144-2302. Tel: 206-328-5696; Fax: 206-328-5699. Michael Reichert, Pres.

Catholic Community Services of Western Washington, 100 23rd Ave. S., 98144-2302. Tel: 206-328-5696; 206-328-5646 (TTY); Fax: 206-328-5699. Email: info@ccsww.org. Web: www.ccsww.org. Michael L. Reichert, Pres.

Catholic Community Services Northwest, 1918 Everett Ave., Everett, 98201. Tel: 425-257-2111; Fax: 425-257-2120. Vacant, Agency Dir.

Whatcom Family Center, 1133 Railroad Ave., Ste. 100, Bellingham, 98225-5054. Tel: 360-676-2164; Fax: 360-676-2144. Kathy McNaughton, Dir.

Skagit Family Center, 320 Pacific Pl., P.O. Box 2909, Mt. Vernon, 98273-7909. Tel: 360-416-7546; Fax: 360-416-7541. Janet Simpson, Dir.

Snohomish Family Center, 1918 Everett Ave., Everett, 98201. Tel: 425-257-2111; Fax: 425-257-2120. Vicki Howell, Regional COO.

Catholic Community Services King County Family Centers, 100-23rd Ave. S., 98144-2302. Tel: 206-323-6336; 206-328-5646 (TDD); Fax: 206-324-4835. Josephine Tamayo Murray, Agency Dir. Tel: 206-328-5701.

Randolph Carter Family Learning Center, 100 23rd Ave. S., 98144-2302. Tel: 206-323-6336; Fax: 206-324-4835.

East King County Family Center, 12828 Northrup Way, Ste. 100, Bellevue, 98005. Tel: 425-284-2211; Fax: 425-284-2230.

South King County Family Center, 1229 W. Smith St., P.O. Box 398, Kent, 98035. Tel: 253-854-0077; Fax: 253-850-2503.

Catholic Community Services Southwest Family Centers, 1323 S. Yakima St., Tacoma, 98405. Tel: 253-383-3697; Fax: 253-572-3193. Denny Hunthausen, Agency Dir.

Grays Harbor Family Center, P.O. Box 1734, Aberdeen, 98520. Tel: 360-533-9470; Fax: 360-533-9473. Mike Curry, Dir.

Columbia River Region Family Center, 9300 N.E. Oakview Dr., Ste. A-1, Vancouver, 98662. Tel: 360-567-2211; Fax: 360-213-2402.

Cowlitz / Wahkiakum Family Center, 2551 Colorado St., Longview, 98632. Tel: 360-577-2200; Fax: 360-577-2205.

Tahoma Family Center, 1323 S. Yakima, Tacoma, 98405-4457. Tel: 253-383-3697; Fax: 253-572-3193. Susie Hofstedt, Dir.

Northend Family Preservation Center, 5410 N. 44th St., Tacoma, 98407. Tel: 253-759-9544; Fax: 253-759-9512. Mary Stone Smith, Dir.

Family Preservation Center, 285 Fifth St., Ste. 2, Bremerton, 98337. Tel: 360-792-2020; Fax: 360-478-6993.

Thurston County Family Center, 2940 Limited Ln., N.W., P.O. Box 11399, Olympia, 98508. Tel: 360-586-2960; Fax: 360-586-2930. Gary Sandwick, Dir.

Archdiocesan Housing Authority (AHA), 100 23rd Ave. S., 98144. Tel: 206-448-3360; Fax: 206-328-5692. Michael L. Reichert, Pres.

Kincaid Housing, 100 23rd Ave. S., 98144. Tel: 206-328-5660. John Hickman, Dir. Finance & Opers.

Pioneer Court Housing, 100 23rd Ave. S., 98144. Tel: 206-328-5660. John Hickman, Dir. Finance & Opers.

Sunrise Court Housing, 100 23rd Ave. S., 98144. Tel: 206-328-5660. John Hickman, Dir. Finance & Opers.

Redmond Elderly Housing Association, 7960-169th Ave, N.E., Redmond, 98053. Tel: 425-869-2424. Michael L. Reichert, Pres.

AHA-Pierce County Association, 112 S. 127th, Tacoma, 98444. Tel: 253-845-3557. Michael L. Reichert, Pres.

St. Martin's Housing Institute, 2008 Westlake Ave., 98121. Tel: 206-340-0410. Michael L. Reichert, Pres.

Halcyon Foundation, 1200 134th Ave., N.E., Bellevue, 98005. Tel: 425-643-7806.

Catholic Community Services of Western Washington Long Term Care System Tel: 877-870-1582; Fax: 253-272-6356. Peter Nazzal, Dir. Email: petern@ccsww.org.

Seattle & North King Co. Office, 100 23rd Ave. S., 98144-2302. Tel: 800-310-5654. Lynn Joebgen, Contact Person. Tel: 206-328-5748.

Aberdeen Office, 3rd St. & H St., P.O. Box 1734, Aderdeen, 98520-4003. Tel: 877-870-1582. Dawn Clark, Contact Person.

Bellingham Office, 1133 Railroad Ave., Bellingham, 98225. Tel: 888-300-2493. Dorothy Hill, Contact Person.

Bremerton Office, 285 5th St. Ste. 3, Bremerton, 98337. Tel: 800-642-8019. Carol Krula, Contact Person.

Chehalis Office, P.O. Box 1152, Chehalis, 98532. Tel: 800-642-8021. Jeannie Adams, Contact Person. Tel: 360-748-2296.

Everett Office, 2531 Wetmore, Everett, 98201. Tel: 800-562-4663. Grace Campbell, Contact Person. Tel: 425-303-3312.

Kelso Office Dawn Clark, Contact Person. Tel: 800-783-8193.

Kent Office, P.O. Box 398, Kent, 98035. Tel: 800-722-3479. Terry Tuggle, Contact Person. Tel: 253-[illegible] 2528.

Port Angeles Office Tel: 800-642-1809. Carol Krula, Contact Person.

Shelton Office, P.O. Box 1228, Shelton, 98584-[illegible] Tel: 800-642-8026. Denise Williams, Contact Person. Tel: 360-427-2230.

Tacoma Office, P.O. Box 1235, Tacoma, 98401. Tel: 253-502-2726; Fax: 253-272-6356. Lois Morgan, Dir. Tel: 800-372-3697.

Olympia Office Tel: 360-586-2960; Fax: 360-[illegible] 2930. Dawn Clark, Contact Person.

Vancouver Office Tel: 800-733-8193; 877-870-1582. Dawn Clark, Contact Person.

Catholic Seamen's Club, 2330 1st Ave., 98121. Tel: 206-441-4773; Fax: 206-441-8059. Email: aosseattle@cablespeed.com. Rev. Anthony J. Haycock, Dir. & Chap. Total Assisted 18,000.

Sea-Tac Airport Tel: 206-324-7100, Ext. 14. Deacon Mark Stenson. Tel: 425-746-3547.

St. Mary Church: 611 20th Ave. S., 98144. Tel: 206-324-7100, Ext. 14.

[F] CHILD CARE SERVICES

SEATTLE. *Martin Luther King, Jr., Day Home Center*, 1855 S. Ln., 98144. Tel: 206-328-5670; Fax: 206-325-5922. Email: debb@ccsww.org. Debra Brown, Dir. Total Staff 12; Total Assisted 75.

Providence Mt. St. Vincent Child Care, 4831 35th Ave., S.W., 98126-2799. Tel: 206-938-6784; Fax: 206-938-8999.

OLYMPIA. *St. Mike's Tikes*, 1010 Eastside St., S.E., 98501. Tel: 360-586-1585; Fax: 360-586-1584.

POULSBO. *St. Olaf's Daycare*, 18943 Caldart Ave., N.E., 98370. Tel: 360-779-5791; Fax: 360-598-5888.

[G] HOSPITALS AND HEALTH CARE SYSTEMS

SEATTLE. *Providence Health System*, 506 2nd Ave., Ste. 1200, 98104-2329. Tel: 206-464-3355; Fax: 206-464-3038. Email: margaret.botch@providence.net. Sr. Margaret Botch, S.P., Pres. Supr.

Providence Health System-California Tel: 206-464-3355; Fax: 206-464-3038.

Providence Health System-Oregon Tel: 206-464-3355; Fax: 206-464-3038.

Providence Health System-Washington Tel: 206-464-3355; Fax: 206-464-3038.

BELLEVUE. *Sisters of St. Joseph of Peace, PeaceHealth System Office*, 14432 S.E. Eastgate Way, Ste. 300, 98007-6412. Tel: 425-747-1711; Fax: 425-649-3823. Alan Yordy, Pres. & CEO.

BELLINGHAM. *St. Joseph Hospital*, 2901 Squalicum Pkwy., 98225. Tel: 360-734-5400; Fax: 360-738-6393. Web: www.peacehealth.org. Nancy Steiger, CEO; Chris Phillips, Dir. Mission and Community Outreach. Sisters of St. Joseph of Peace and PeaceHealth. Sisters 1; Bed Capacity 254; Patients Assisted Annually 25,426; Total Staff 2,020.

CENTRALIA. *Providence Centralia Hospital*, 914 S. Scheuber Rd., 98531. Tel: 360-736-2803; Fax: 360-330-8614. Web: www.providence.org.

Providence Health Sytem dba Providence Centralia Hospital Bed Capacity 191; Patients Assisted Annually 140,000; Total Staff 690.

EVERETT. *Providence Everett Medical Center - Colby Campus*, 1321 Colby Ave., P.O. Box 1147, 98206. Tel: 425-261-2000; Fax: 425-261-4051. Web: www.providence.org/everett/. David Brooks, CEO; Sr. Dorothy Klingele, S.P., Sister Representative. Sisters 3; Bed Capacity 468; Patients Assisted Annually 268,023; Total Staff 2,669.

Providence Everett Medical Center - Pacific Campus, 916 Pacific Ave., P.O. Box 1067, 98206. Tel: 425-258-7992; Fax: 425-258-7307.

Providence General Foundation, 916 Pacific Ave., P.O. Box 1067, 98206. Tel: 425-258-7992; Fax: 425-258-7142. Sr. Anita Butler, S.P., Contact Person; Dottie Piasecki, Exec. Dir.

FEDERAL WAY. *St. Francis Hospital of Federal Way*, 34515 9th Ave. S., 98003-6761. Tel: 253-927-9700; 253-838-9700; Fax: 253-952-7988. Email: sydbersaute@chiwest.com. Web: www.fhshealth.org. Sisters of St. Francis of Philadelphia. Bed Capacity 110; Patients Assisted Annually 87,675; Total Staff 810.

LAKEWOOD. *St. Clare Hospital*, 11315 Bridgeport Way, S.W., 98499. Tel: 253-588-1711; Fax: 253-512-2833. Web: www.fhshealth.org. Kathy Bressler, COO; Dianna Kielian, Vice Pres., Mission & Ministry. Sisters of St. Francis of Philadelphia. Bed Capacity 106; Patients Assisted Annually 89,900; Total Staff 705.

LONGVIEW. *PeaceHealth, St. John Medical Center*, 1615 Delaware St., P.O. Box 3002, 98632. Tel: 360-414-2000; Fax: 360-414-7550. Web: www.peacehealth.org. Sisters of St. Joseph of Peace and PeaceHealth. Bed Capacity 3[illegible]

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/11/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4:**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Washington

15. Descriptive Title of Applicant's Project: Pathways Home (RRH) Expansion

16. Congressional District(s):

a. Applicant: WA-001, WA-002

b. Project: WA-001, WA-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $225,297.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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

Part III Interested Parties

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/23/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate. ☐

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

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards: $225,297

Organization	Type	Sub-Award Amount
YWCA of Seattle-King County-Snohomish County	M. Nonprofit with 501C3 IRS Status	$225,297

2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King County-Snohomish County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 91-0482890

	*** d. Organizational DUNS:**	071846208	**PLUS 4:**	

e. Physical Address

Street 1: 3301 Broadway

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $225,297

j. Contact Person

Prefix: Ms.

First Name: Mary Anne

Middle Name:

Last Name:	Dillon
Suffix:	
Title:	Executive Director
E-mail Address:	mdillon@ywcaworks.org
Confirm E-mail Address:	mdillon@ywcaworks.org
Phone Number:	425-258-2766
Extension:	
Fax Number:	425-258-1213

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.

Snohomish County has been the recipient of multiple federal funding for several years. The County is currently the UFA for the Everett/Snohomish County Continuum of Care and the recipient of 16 HUD Continuum of Care (CoC) grants. The County has a history of successful implementation of various program types.

The YWCA of Seattle-King County-Snohomish County (YWCA), the subrecipient, has several years of experience in working with and addressing the target population's identified housing and supportive service needs. The YWCA has managed HUD CoC funding for over 15 years. The YWCA's current HUD CoC-funded projects serving the Snohomish County region include four Permanent Supportive Housing projects which provide over 300 units of permanent supportive housing to homeless, disabled individuals and families and one Rapid Rehousing project serving homeless individuals and families. The YWCA has extensive experience working with low-income, homeless individuals facing multiple barriers to obtain and maintain permanent housing.

The YWCA has experience in developing and implementing new projects to address community needs. The HUD CoC Rapid Rehousing project and one of the HUD CoC Permanent Supportive Housing projects are new projects funded and implemented over the past two years and recently started their third year of operation. The YWCA now has over two years of experience with the Rapid Rehousing program model through implementation of this Rapid Rehousing project. The proposed application would allow the YWCA to build on this experience and expand this project to serve additional households/units.

The YWCA has several years of experience with meeting federal requirements under the HUD CoC program to ensure compliance with HUD's Performance Standards. The YWCA has a clear process regarding Fair Housing, unit inspections, and documenting compliance with the HEARTH/Interim Rules and Snohomish County Local Standards. The YWCA oversees the Landlord Engagement Project to aid connections with private landlords in the community to help house homeless participants. The YWCA has a successful history of identifying and securing matching funds for its HUD CoC grants, including in-kind fund provided through partnerships with community organizations via MOU's, which increase the services available to program participants to help achieve stability and move towards independence.

2. Describe the experience of the applicant and potential subrecipients (if

any) in leveraging other Federal, State, local, and private sector funds.

Snohomish County has several years of experience managing Federal, State, and local funds. As the Collaborative Applicant for the CoC and as a UFA, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

The YWCA has a long history of leveraging Federal, State, Municipal, and private sector funds. In order to continue to receive government grants, it is essential for the YWCA to leverage the work they do. Of the overall organization's budget, 49.7% is from government grants, 26.3% is from philanthropic sources, and the remaining 24% is from housing voucher payments and client fees.

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.

The Continuum of Care (CoC) Grant and Program Specialists, from the Office of Community and Homeless Services (OCHS) within the Snohomish County Human Services Department (HSD), manage the subrecipient grants, including conducting annual monitoring and providing training and technical assistance, to ensure compliance with the CoC interim rule. The OCHS Supervisor is responsible for overall project management and oversight of the Continuum of Care (CoC) program. Regular OCHS staff meetings, including meetings specific to CoC grant oversight, and Supervisor review, ensure that work is completed in a timely manner and consistent with the CoC requirements and the HUD grant agreement.

The Department maintains effective financial internal control via segregation of duties and multiple levels of review. Separate revenue accounts are set up with in the County's financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the CoC Grant and Program Specialists to resolve identified issues. The Financial Compliance Officer complete subrecipient financial monitoring and eLOCCS draws, after final review of monthly program close-out by the Administrative Services Division Manager.

The YWCA's basic organization and management structure is as follows: Program Managers oversee the work of staff providing direct support services. The Director supervises the Program Managers as well as staff in housing operations. The Executive Director (ED) oversees the overall functions of the program and the functions related to Business Office, Payroll, Human Resources, Development, and Information Technology (IT). The Controller and Chief Financial Officer (CFO) oversee all financial activity. The ED and CFO are supervised by the Chief Executive Officer who reports to the Board of Directors. The YWCA uses a large, stable Window-based accounting system (AccPac) to ensure all transactions are properly accounted for. The YWCA has written policies and procedures for its financial, personnel, and program operations. In addition, the YWCA has a Management Plan for each of its HUD CoC projects and MOU's with partner agencies that provide in-kind services for its CoC projects.

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:	WA-504 - Everett/Snohomish County CoC
1b. CoC Collaborative Applicant Name:	Snohomish, County of
2. Project Name:	Pathways Home (RRH) Expansion
3. Project Status:	Standard
4. Component Type:	PH
4a. Will the PH project provide PSH or RRH?	RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

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

This expansion of the current Pathways Home RRH program will help meet the community need for more short- to medium-term rental assistance to rapidly rehouse homeless individuals and families living on the street or in shelters. The project will provide an intervention designed to help individuals and families exit homelessness and return to permanent housing as quickly as possible. Participants will receive financial assistance combined with housing location and stabilization case management services from the YWCA. Assistance will be provided using the Housing First approach, and service delivery will incorporate Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care techniques. The focus population will be low-income homeless individuals and families. Nearly every client faces multiple barriers, which may include mental health issues, substance abuse, domestic violence, criminal history, poor rental/credit history, and/or other disabilities. Other challenges include lack of transportation, lack of adequate income/employment or skills and education. Most have a long history of housing instability. The case management provided by the YWCA is designed to meet each participant's individual barriers and goals and assist in achieving goals agreed upon by the Case Manager and client. An initial assessment of strengths, needs, and barriers of each person will be completed at entry to tailor the level of assistance. Participants are assisted in creating a housing search plan and a Family Advocate supports participants in finding a housing unit that is accessible to services and meets the needs of the household. Once housed, participants are evaluated for housing stability and assisted in created a Housing Stability Plan with the goal of retaining housing once the assistance ends. Connections are offered to mainstream resources and benefits; employment, pre-employment and life skills; health services, child care, transportation and economic literacy; and a variety of other services available to increase income, develop a support system in the community, and develop stronger self-sufficiency and coping skills to assure housing retention. Case management services are provided in collaboration with other providers and many services are provided through partner agencies. The project will be provided within the YWCA's Social Justice Framework of equity and inclusion. Projected outcomes are to reduce the average number of days to permanent housing to 57, to increase the number permanently housed within 20 days, for at least 23% of adults increase income from enrollment to exit, and to increase exits to permanent housing to 74%.

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?	60			
Participant enrollment in project begins?	90			
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?	240			
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	X	Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	X

Other: Homeless individuals

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

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

Eligible Renewal Grant PIN Number: WA0359

Eligible Renewal Grant Project Name: Pathways Home (RRH)

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

Increase number of homeless persons served

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

Current level of effort	
# of persons served at a point-in-time	20
# of units	10
# of beds	20
New effort	
# of additional persons served at a point in time that this project will provide	20
# of additional units this project will provide	10
# of additional beds this project will provide	20

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."	Increase number of and/or expand variety of supportive services provided

Describe the reason for the supportive service increase indicated above.

1 FTE in case management staff is added to provide services to the additional 10 households.

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.

Participants will receive financial assistance and housing location and stability case management services from the YWCA. Assistance will be provided using the Housing First approach, and service delivery will incorporate Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care techniques. The initial focus will be on helping participants obtain housing. After initial assessment, a client-centered action plan will be developed and assistance will be offered to overcome immediate barriers to obtaining housing in the private market, to locate housing of participant's choice, and to engage with landlords to house people as quickly as possible. Once housed, a client-centered housing stability plan will be developed and the YWCA will assist in connection to voluntary services and supports the participant wants/needs to achieve housing stability such as services related to chemical dependency, mental health, childcare, lifeskills, health, education, and parenting.

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

As part of the Housing Stability Plan services offered, the YWCA will work with participants in identifying feasible client-centered goals, offer assistance in completing a budget, which includes household income and expenses, and offer assistance in identifying ways for the household to increase income through employment or increased/better employment and/or mainstream benefits. The YWCA will also offer assistance in connecting to mainstream benefits and assistance in connecting with employment, pre-employment, or life

skills programs depending on the participant's level of job readiness as assessed through the Employment Readiness Scale (ERS). A SOAR trained advocate will be available to make referrals to SSI/SSDI technical assistance when needed. The YWCA will review progress and update the Housing Stability Plan with participants at least once every three months, using a client-centered approach.

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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Weekly
Child Care		Subrecipient	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Partner	As needed
Utility Deposits		Subrecipient	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? No

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 Yes

partner agency?	
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: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	20

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: 20

3. 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: 3301 Broadway

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

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

539061 Snohomish County, 530480 Everett

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	7	3	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	6	3		9
Adults ages 18-24	1	0		1
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	17	3	0	20

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	1			1		1	1	1	1	1
Adults ages 18-24										1
Children under age 18	1						1			8
Total Persons	2	0	0	1	0	1	2	1	1	10

Click Save to automatically calculate totals

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

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

Describe the unlisted subpopulations referred to above:

Some participants will not have a listed disability or barrier. Some might present

with chronic health problems or learning, criminal, or legal barriers.

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

All project vacancies will be filled exclusively through the Coordinated Entry System and the YWCA shall comply with the Coordinated Entry Policies & Procedures. Information about this new project and available units will be disclosed locally as soon as funding is awarded. The Project Manager will post all 10 new open units in Coordinated Entry immediately, and will post future openings in Coordinated Entry as they become available. Coordination with Coordinated Entry staff, case manager, and navigator will assure open communication. The YWCA Community Affairs Department will post service information at Family Support Centers, DSHS/CSO lobbies, recreation centers, libraries, local stores, churches, human service agencies, etc., ensuring these individuals and families have access to needed housing and/or services through the CoC's Coordinated Entry System.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$167,580
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	10	$167,580

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: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	x	12		=	$0
0 Bedroom		x	$1,093	x	12		=	$0
1 Bedroom	5	x	$1,249	x	12		=	$74,940

2 Bedrooms	5	x	$1,544	x	12	=	$92,640
3 Bedrooms		x	$2,240	x	12	=	$0
4 Bedrooms		x	$2,654	x	12	=	$0
5 Bedrooms		x	$3,052	x	12	=	$0
6 Bedrooms		x	$3,450	x	12	=	$0
7 Bedrooms		x	$3,848	x	12	=	$0
8 Bedrooms		x	$4,246	x	12	=	$0
9 Bedrooms		x	$4,645	x	12	=	$0
Total Units and Annual Assistance Requested	10						$167,580
Grant Term							1 Year
Total Request for Grant Term							$167,580

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE	$40,803
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$40,803
Grant Term		1 Year
Total Request for Grant Term		$40,803

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$56,325
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$56,325

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	Snohomish County ...	08/06/2018	$5,675
Yes	Cash	Government	Snohomish County ...	08/06/2018	$5,000
Yes	Cash	Private	YWCA Private Inve...	08/06/2018	$45,650

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Human Services Deparment - Ending Homelessness Program
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$5,675

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Human Services Department - IIF 1/10 of 1% Sales Tax Funds
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$5,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the	YWCA Private Investment

office or grant program as applicable)

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: $45,650

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	$167,580	1 Year	$167,580
4. Supportive Services	$40,803	1 Year	$40,803
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$208,383
8. Admin (Up to 10%)			$16,914
9. Total Assistance Plus Admin Requested			$225,297
10. Cash Match			$56,325
11. In-Kind Match			$0
12. Total Match			$56,325
13. Total Budget			$281,622

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA IRS 501(c)(3...	08/17/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: YWCA IRS 501(c)(3) Letter

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: Mary Jane Brell Vujovic

Date: 09/11/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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, ficticious, or fraudulent X

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

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018
1E. SF-424 Compliance	08/15/2018
1F. SF-424 Declaration	08/15/2018
1G. HUD 2880	08/15/2018
1H. HUD 50070	08/15/2018
1I. Cert. Lobbying	08/15/2018
1J. SF-LLL	08/15/2018
2A. Subrecipients	08/15/2018
2B. Experience	08/17/2018
3A. Project Detail	08/15/2018
3B. Description	08/17/2018
3C. Expansion	08/16/2018
4A. Services	08/17/2018
4B. Housing Type	08/16/2018
5A. Households	08/16/2018
5B. Subpopulations	08/17/2018
5C. Outreach	09/11/2018
6A. Funding Request	08/16/2018
6E. Rental Assistance	08/16/2018
6F. Supp Srvcs Budget	08/16/2018
6I. Match	08/17/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/17/2018
7D. Certification	08/17/2018

Internal Revenue Service

District
Director

Department of the Treasury

P.O. Box 2350, Los Angeles, Calif. 90053

Personal Contact: Gilda Lewis

Telephone Number: (213) 894-2336

Refer Reply to: Y:256

Date: December 30, 1996

YWCA of Seattle-King County-
Snohomish County
1118 Fifth Avenue
Seattle, WA 98101-1001

EIN: 91-0482890

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

Gilda Lewis

Gilda Lewis
Disclosure Assistant

RECEIVED
MAY 13 2006
OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0358
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Pathways Home (PSH)
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$217,946.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Pathways Home (PSH) 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

Low vacancy rates for private market rentals continue to pose a challenge for projects that use a scattered site model. Low vacancy rates makes it difficult to locate and obtain safe and affordable housing in the private market. The UFA continues its landlord engagement efforts. The project intends to increase staff that assist participants to locate and obtain housing. The recipient expects to fully expend funds for the current operating period.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $217,946

Organization	Type	Type	Sub-Award Amount
YWCA of Seattle-King County-Snohomish County	N. Nonprofit without 501C3 IRS Status	N. Nonprofit without 501C3 IRS Status	$217,946

2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King County-Snohomish County

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0482890

	*** d. Organizational DUNS:**	071846208	**PLUS 4**	

e. Physical Address

Street 1: 3301 Broadway

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $217,946

j. Contact Person

Prefix: Ms.

First Name: Mary Anne

Middle Name:

Last Name: Dillon

Suffix:	
Title:	Executive Director
E-mail Address:	mdillon@ywcaworks.org
Confirm E-mail Address:	mdillon@ywcaworks.org
Phone Number:	425-258-2766
Extension:	
Fax Number:	425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0358
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Pathways Home (PSH)
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project will provide tenant-based rental assistance to a minimum of 10 permanent supportive housing units for chronically homeless disabled adults and their families. This project will fill a community need by serving chronically homeless households with the longest histories of homelessness and the most severe service needs. CoC Program funds are needed to help end chronic homelessness within the Everett/Snohomish County Continuum of Care. These units will receive case management from the YWCA Seattle | King | Snohomish and supportive services from partner agencies including, but not limited to: Catholic Community Services, Bridgeways and Compass Health. This is a challenging population to serve, with barriers including mental illness, substance abuse, domestic violence, HIV/AIDS, developmental disability and physical disability. Nearly every client faces multiple barriers. All have a history of housing instability. The case management provided by the YWCA includes comprehensive and varying services designed to meet each participant's individual barriers and assist in achieving goals agreed upon by Case Manager and client. Upon acceptance to the program, participants are assisted in selecting a housing unit within the Snohomish County that is appropriate and accessible to services to meet the needs of the family. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. Case management services are delivered often in collaboration with other community providers, to ensure that program participants access and maintain mainstream income resources, stabilize/increase household income and develop stronger self-sufficiency and coping skills. Once participants move into this housing, they are able to focus on stabilizing income, becoming involved in volunteering, education, job training, and/or employment. During the time they are in housing, they continue to receive case management support to help them maintain sobriety, continue with mental health services, receive needed health and dental care, learn how to budget and manage their income, and develop support systems in the community. At such time as participants indicate readiness to move into other non-supportive housing such Section 8 or public housing, Case Managers assist them with housing search and placement.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X

Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Disabled Individuals

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 17

Total Dedicated CH Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	17

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: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 17

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 3301 Broadway

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	3		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	7	3		10
Adults ages 18-24				0
Accompanied Children under age 18	7			7
Unaccompanied Children under age 18				0
Total Persons	14	3	0	17

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	7			3		4				
Adults ages 18-24										
Children under age 18						1			1	5
Total Persons	7	0	0	3	0	5	0	0	1	5

Click Save to automatically calculate totals

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	3			2		1				
Adults ages 18-24										
Total Persons	3	0	0	2	0	1	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	0

Describe the unlisted subpopulations referred to above:

Some participants will not have a listed disability or barrier. Some might present with learning disabilities, ADD, ADHD, chronic health conditions.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$162,168
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	10	$162,168

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$820	$820	x			=	$0
0 Bedroom	1	x	$1,093	$1,093	x			=	$13,116
1 Bedroom	5	x	$1,249	$1,249	x			=	$74,940
2 Bedrooms	4	x	$1,544	$1,544	x			=	$74,112
3 Bedrooms		x	$2,240	$2,240	x			=	$0
4 Bedrooms		x	$2,654	$2,654	x			=	$0
5 Bedrooms		x	$3,052	$3,052	x			=	$0
6 Bedrooms		x	$3,450	$3,450	x			=	$0
7 Bedrooms		x	$3,848	$3,848	x			=	$0
8 Bedrooms		x	$4,246	$4,246	x			=	$0
9 Bedrooms		x	$4,645	$4,645	x			=	$0
Total Units and Annual Assistance Requested	10								$162,168
Grant Term									1 Year
Total Request for Grant Term									$162,168

Click the 'Save' button to automatically calculate totals.

6D. 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:	$55,233
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$55,233

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	Private	YWCA Private Inve...	08/06/2018	$46,488
Yes	Cash	Government	Snohomish County ...	08/06/2018	$5,745
Yes	Cash	Government	Snohomish County ...	08/06/2018	$3,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA Private Investments
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$46,488

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Human Services Department - Ending Homelessness Program
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$5,745

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: (Be as specific as possible and include the	Snohomish County Human Services Department - IIF 1/10th of 1/% Sales Tax Funds

office or grant program as applicable)

5. Date of Written Commitment: 08/06/2018

6. Value of Written Commitment: $3,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$162,168
3. Supportive Services	$39,443
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$201,611
7. Admin (Up to 10%)	$16,335
8. Total Assistance plus Admin Requested	$217,946
9. Cash Match	$55,233
10. In-Kind Match	$0
11. Total Match	$55,233
12. Total Budget	$273,179

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	07/26/2016
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Title of contact person updated; amount of grant funds requested corrected.
3B. Error in imported housing first information corrected.
6D. Sources of match udpated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/15/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	08/14/2018
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7B. Certification	08/14/2018
Submission Without Changes	08/14/2018

Internal Revenue Service

District
Director

Department of the Treasury

P O Box 2350, Los Angeles, Calif. 90053

Person to Contact: Gilda Lewis

Telephone Number: (213) 894-2336

Refer Reply to: Y:296

Date: December 30, 1996

YWCA of Seattle-King County-
Snohomish County
1118 Fifth Avenue
Seattle, WA 98101-1001

EIN: 91-0482890

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

Gilda Lewis

Gilda Lewis
Disclosure Assistant

RECEIVED
MAY 19 2006
OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WA0180
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): (for multiple selections hold CTRL key)	Washington
15. Descriptive Title of Applicant's Project:	Shelter Plus Care #5
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WA-001, WA-002
b. Project: (for multiple selections hold CTRL key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$3,993,122.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Shelter Plus Care #5 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Funds were recaptured for the most recently expired grant term. The UFA has implemented stricter contract language and monitoring guidelines to track subrecipient spend down to ensure that project funds are fully expended at the end of the operating period. At the beginning of the operating period, the UFA requires subrecipients to submit management plans that clearly describe how the subrecipient will track and monitor spend down internally; the UFA provides ongoing technical assistance throughout the operating period to subrecipients. The UFA has implemented an internal monitoring schedule to track subrecipient spend down no less than monthly. In the CoC local competition, the UFA continues to use objective scoring criteria, including spend down, to rate/rank projects and reallocates poor performing projects.

Low vacancy rates for private market rentals continue to pose a challenge for projects that use a scattered site model. Low vacancy rates makes it difficult to locate and obtain safe and affordable housing in the private market. The UFA continues its landlord engagement efforts. The YWCA intends to increase staff that assists participants to locate and obtain housing. The recipient expects to fully expend funds for the current operating period.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $3,993,122

Organization	Type	Type	Sub-Award Amount
YWCA of Seattle-King-Snohomish County	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$3,993,122

2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King-Snohomish County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0482890

	*** d. Organizational DUNS:**	071846208	**PLUS 4**	

e. Physical Address

Street 1: 3301 Broadway

Street 2:

City: Everett

State: Washington

Zip Code: 98201

f. Congressional District(s):
(for multiple selections hold CTRL key) WA-001, WA-002

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $3,993,122

j. Contact Person

Prefix: Ms.

First Name: Mary Anne

Middle Name:

Last Name: Dillon

Suffix:
Title: Executive Director
E-mail Address: mdillon@ywcaworks.org
Confirm E-mail Address: mdillon@ywcaworks.org
Phone Number: 425-258-2766
Extension: 225
Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WA0180
2a. CoC Number and Name:	WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name:	Snohomish, County of
3. Project Name:	Shelter Plus Care #5
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project provides long-term tenant based rental assistance and supportive services to chronically homeless households with disabilities, in a minimum of 228 units of scattered-site permanent supportive housing. Those served may have severe mental illness, chronic substance abuse, HIV/AIDS, or a combination of special needs. This project meets the needs of those persons by providing housing along with ongoing supportive services that are specifically provided to address each individual's needs, for as long as they need those services, and to enable them to keep their housing. If they need more intensive or different support services, the Shelter Plus Care case managers make sure those services are provided. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. The partnerships that we have with the partner agencies ensure that there is an established network of collaborative providers so services can be delivered efficiently. The partner agencies together serve the entire spectrum of clients with disabilities including the State Department of Disabilities, Compass Health (mental health services), Bridgeways, Catholic Community Services, Sunrise Services, SeaMar Community Health Centers, and the YWCA. Our partners represent a variety of disability treatments and services providers. Different types of assistance include: case management, life skills, mental health services, other health care services, employment/vocational assistance, children's services, residential management services, transportation, legal assistance, assistance with applying for college and help with homework, drug & alcohol treatment services, food, HIV/AIDS related services, payee services, chore activities, rent/utility assistance and domestic violence services. Agencies also do outreach to prospective clients. This project will serve single individuals living on their own, individuals living with a caretaker (such as someone with AIDS), single parents with dependent children, and couples with and without dependent children. Partner agencies meet every other month to coordinate program entry and services, Q&A, advice on any changes in HUD rules/regulations/HMIS data collection. They can also discuss case-specific issues, such as the need to coordinate additional services between agencies for clients with multiple needs or disabilities, and share information on other community resources.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	

Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other: Homeless disabled individuals/families

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 228

Total Beds: 457

Total Dedicated CH Beds: 457

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	228	457

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: 228

b. Beds: 457

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 457

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 3301 Broadway

Street 2:

City: Everett

State: Washington

ZIP Code: 98201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

539061 Snohomish County, 530480 Everett

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	97	131		228

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	139	119		258
Adults ages 18-24	17	12		29
Accompanied Children under age 18	170			170
Unaccompanied Children under age 18				0
Total Persons	326	131	0	457

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	85			29	9	51	34	14	6	
Adults ages 18-24	11		1	4		5	3			
Children under age 18						2	31	3	1	133
Total Persons	96	0	1	33	9	58	68	17	7	133

Click Save to automatically calculate totals

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	118	1		24	25	60	50	38	20	
Adults ages 18-24	12			1		5	3		1	
Total Persons	130	1	0	25	25	65	53	38	21	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	0

Describe the unlisted subpopulations referred to above:

The children under age 18 who are listed as "Persons not represented by listed subpopulations," are children that accompany adults with one or more of the listed characteristics.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	$3,802,836
Total Units:	228

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WA - Seattle-Bellevue, WA HUD Metro F...	228	$3,802,836

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	1	x	$820	$820	x			=	$9,840
0 Bedroom	51	x	$1,093	$1,093	x			=	$668,916
1 Bedroom	100	x	$1,249	$1,249	x			=	$1,498,800
2 Bedrooms	50	x	$1,544	$1,544	x			=	$926,400
3 Bedrooms	26	x	$2,240	$2,240	x			=	$698,880
4 Bedrooms		x	$2,654	$2,654	x			=	$0
5 Bedrooms		x	$3,052	$3,052	x			=	$0
6 Bedrooms		x	$3,450	$3,450	x			=	$0
7 Bedrooms		x	$3,848	$3,848	x			=	$0
8 Bedrooms		x	$4,246	$4,246	x			=	$0
9 Bedrooms		x	$4,645	$4,645	x			=	$0
Total Units and Annual Assistance Requested	228								$3,802,836
Grant Term									1 Year
Total Request for Grant Term									$3,802,836

Click the 'Save' button to automatically calculate totals.

6D. 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:	$74,488
Total Value of In-Kind Commitments:	$925,426
Total Value of All Commitments:	$999,914

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Rent collected from two (2) participants who reside in YWCA-owned housing; rent is calculated in accordance with 24 CFR 578.77(c).

1b. Estimate the amount of program income that will be used as Match for this project: $1,488

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Bridgeways - Snoh...	08/06/2018	$166,380
Yes	In-Kind	Government	Catholic Communit...	08/03/2018	$77,963
Yes	In-Kind	Government	Compass Health - ...	08/06/2018	$521,875
Yes	In-Kind	Government	Washington State ...	08/06/2018	$46,020
Yes	In-Kind	Government	SeaMar - North So...	08/06/2018	$53,100
Yes	Cash	Government	YWCA - Snohomish ...	08/06/2018	$33,000
Yes	In-Kind	Government	Sunrise Services ...	08/06/2018	$60,088
Yes	Cash	Government	YWCA - Snohomish ...	08/06/2018	$40,000
Yes	Cash	Private	YWCA - Program In...	08/06/2018	$1,488

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Bridgeways - Snohomish County Human Services Department - Community Housing Stability and Support Program
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$166,380

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Catholic Community Services Ryan White Part A Funding
5. Date of Written Commitment:	08/03/2018
6. Value of Written Commitment:	$77,963

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Compass Health - North Sound Behavioral Health Organization
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$521,875

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Washington State Department of Social and Health Services - Developmental Disabilities Administration
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$46,020

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

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	SeaMar - North Sound Behavioral Health Organization
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$53,100

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

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: (Be as specific as possible and include the office or grant program as applicable)	YWCA - Snohomish County Human Services Department - Community Development Block Grant
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$33,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Sunrise Services - North Sound Behavioral Health Organization
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$60,088

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

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: (Be as specific as possible and include the office or grant program as applicable)	YWCA - Snohomish County Human Services Department - Ending Homelessness Program
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$40,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	YWCA - Program Income
5. Date of Written Commitment:	08/06/2018
6. Value of Written Commitment:	$1,488

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$3,802,836
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$3,802,836
7. Admin (Up to 10%)	$190,286
8. Total Assistance plus Admin Requested	$3,993,122
9. Cash Match	$74,488
10. In-Kind Match	$925,426
11. Total Match	$999,914
12. Total Budget	$4,993,036

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA Nonprofit Do...	01/16/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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 Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A Title of contact person updated; funding request amount corrected.
3B Error in imported information re: Housing First corrected.
6D Match information updated.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	08/14/2018
2A. Subrecipients	08/14/2018
3A. Project Detail	08/14/2018
3B. Description	08/14/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	08/14/2018
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6C. Rental Assistance	08/14/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/17/2018
Submission Without Changes	08/14/2018

Internal Revenue Service

District
Director

Department of the Treasury

P O Box 2350, Los Angeles, Calif. 90053

Person to Contact: Gilda Lewis

Telephone Number: (213) 894-2336

Refer Reply to: Y:296

Date: December 30, 1996

YWCA of Seattle-King County-
Snohomish County
1118 Fifth Avenue
Seattle, WA 98101-1001

EIN: 91-0482890

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

Gilda Lewis

Gilda Lewis
Disclosure Assistant

RECEIVED
MAY 19 2006
OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT

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 2018 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 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 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 2018 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:	08/17/2018
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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name:

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title:

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:

Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL+Key)	Washington
15. Descriptive Title of Applicant's Project:	Snohomish County Collaborative Planning Project
16. Congressional District(s):	
a. Applicant:	WA-001, WA-002
b. Project: (for multiple selections hold CTRL+Key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$234,712

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Snohomish County Collaborative Planning Project 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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			Financial Interest	Financial Interest

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	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/15/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

2A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

1b. Collaborative Applicant Name: Snohomish, County of

2. Project Name: Snohomish County Collaborative 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.

CoC Planning: CA staff accomplish planning activities through CoC program & Board support, management of the Coordinated Entry (CE) system, and as the HMIS Lead. In addition to planning activities below, CA planning activities will be achieved through CE implementation & policy development to enhance system performance: outreach/engagement of unsheltered/vulnerable populations, successful programming through effective evaluation, implementation of targeted interventions, establishment of performance benchmarks & coordination with mainstream services to ensure that households with the highest needs have low-barrier access to CoC housing & prevention programs and to services that meet their individualized needs; a range of evidence-based housing & services options that prevent persons from becoming homeless and move persons as quickly as possible into permanent housing with a priority for unsheltered households with the highest needs and longest times homeless as established through CE policies and ESG/CoC Local Standards for RRH, TH and PSH. CA planning will continue to take the specialized needs of subpopulations, CH, youth, DV victims and veterans into account/ensure that customized outreach and culturally appropriate services are provided. Planning activities will include a gaps analysis (including an assessment of the current housing available and need for these interventions) to inform ongoing system refinement; an annual Point in Time Count of sheltered & unsheltered homeless persons and participation in the Consolidated Plan to provide data and coordinate grant activities.
Operate the CoC and the HMIS: meetings, agenda and minutes and support of board, committees and workgroups; annual update/renewal of governance charter and incorporated policies including HMIS governance, CE policies that include specific provisions to ensure that victims of DV receive services in a safe and confidential environment and Local CoC/ESG Standards meeting the requirements of 578.7(a); local CoC plan, state plan, and federal plan activities; project evaluation in coordination with ESG recipients to include all CoC funded projects and ESG projects for impact on CoC-wide performance, data quality, reporting, monitoring findings, audits and financial management and taking action against poor performers. Project monitoring activities include desk reviews, HMIS data, reports, site visits, onsite record reviews, eligible activities, agency changes, staff turnover, spend down, and other similar activities. HUD compliance activities include providing information and technical assistance to the CoC; oversight for CoC requirements; developing written protocols, standards and other materials to ensure compliance. HMIS management is done by the CA and includes HUD compliance activities, oversight of recipient and subrecipients and ongoing review/maintenance of the privacy, security and data quality plans.

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

The Collaborative Applicant is planning on a July 1, 2019 start. The CA currently undertakes the activities described above, so those activities will continue. The Supervisor of the Office of Community and Homeless Services (OCHS) within the Snohomish County Human Services Department will be responsible for overall management of the Project. She is responsible for oversight of the work that the County does as the current CA on behalf of the CoC and other homeless activities. CA planning work will be assigned and tracked by the OCHS Supervisor. The CA will work collectively with the CoC board and committees, and provide status reports on activities. Regular OCHS staff meetings and supervisor review of activities will ensure that work is being completed in a timely manner and consistent with the CoC requirements and HUD grant agreement. The Supervisor will seek out and utilize other resources as needed to enhance the work. In addition, the CoC and CA will evaluate the work being done and progress made toward performance measures and goals for the project.

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

This funding will enhance the CA's ability to dedicate more staff time in evaluating CoC and ESG projects. Activities will include: 1) utilizing HMIS data and reports on HEARTH System Performance Measures; 2) evaluating project and systems performance in relation to benchmarks established for ESG and CoC projects; 3) providing data, reports, and evaluation recommendations to the Board; 4) providing data and information, and supporting the CoC's Data & Analysis Committee; 5) increased support for the Project Review Committee to receive regular updates/reports on project performance; 6) increased review of CoC and ESG funded projects, including state pass through ESG funds; 7) increased staff time to work with the Department researcher to enhance evaluation tools, processes, and reports; 8) improving performance based contracting; 9) providing data and other evaluation results on CoC website for projects and the public; 10) increased ability to provide technical assistance and/or corrective action, and 11) enhanced ability to utilize the evaluation results to inform decision-making and planning activities. The County as the CA is uniquely positioned to leverage other resources and stimulate forward thinking and movement to help improve performance on a systems level. The CA is also well positioned to work with the CoC Board, as the CA has a long history of coordinating, collaborating and functioning as the CoC lead agency. The CA also manages many other sources of funding, including those that affect the outcomes of CoC and ESG projects. Increased capacity will allow us to progress more quickly and thoroughly to establish and support effective project evaluation processes.

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

The CA would evaluate what is necessary to carry out all activities for which it is responsible and to the extent practicable, would make adjustments in staffing assignments and look for other financial resources that might be available. The CA would also work with the CoC to identify where other CoC members might be able to carry some of the responsibilities. The CA would make every effort to support this important work, but should resources be unavailable to all activities,

then some of the CoC activities may need to be streamlined or reduced in some manner. The CA will continue to evaluate staffing levels, compliance demands, and work processes for ways to be more efficient, yet still be effective. The CA is committed to this work and will strive to sustain efforts that are working to reduce and end homelessness in the Everett/Snohomish County CoC.

3A. Governance and Operations

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

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:	X
Votes, including electing Coc Board:	X
Sits on CoC Board:	X
None:	

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? Yes

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? Yes

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.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Data & Analysis Committee	A focus on county level data and identifying / coordinating with County systems that collect data. The data collection and analysis process is intended to guide and provide feedback to committees and the board and to inform planning processes. • Follow direction and guidance from the board •Oversee subcommittees • Identify existing community data systems related to the goals of the PEH • Establish relationships with entities collecting data and generating reports from data • Recommend data analysis plans • Keep the board informed of laws, rules, policies regarding data collection and sharing • Report back to the Board and • Make recommendations to the Board as appropriate in relationship to the work they are conducting.	Quarterly	Collaborative Applicant; HMIS Lead, WA DSHS, CCS, Everett School District; Edmonds Community College, Housing Authority of Snoh County, Cocoon Housel Buidling Changes
Veteran's Homeless Subcommittee	Responsible for planning to end and prevent veteran homelessness. They identify needs and gaps and seek other resources to meet these needs. They designed and continue to refine CE for veterans, and have lead(s) to participate in the monthly CE Navigator meetings for overall coordination. The committee engages key stakeholders in planning activities, and has been very successful in obtaining new resources to address veteran homelessness.	Monthly	CCS, VOA, Housing Authority of Sno Co, YWCA, WorkSource, Navy, WA DOC, Sno Co Human Svcs, Comm Helth Cntrs, Therapeutic Hlth Svc, Ofc of Rep Rick Larsen, Ofc of Rep Suzan DelBene, H3Horses Healing Heroes, VA/ Evt Cntr, Salvation Army
Strategic Planning Committee	Focus on evaluation activities that will inform the planning process for the board. The committee will: • Follow direction and guidance from the board • Oversee subcommittees as assigned by the board • Identify best practices • Perform a needs and gaps analysis •	Quarterly	CCS, VOA/211, YWCA, SnoCo Human Services, Community Health Centers, DVS, Sheriff, United Way, Interfaith, Employment Security Dept, City of Marysville

Outreach Coalition	Responsible for developing and operationalizing a coordinated outreach plan that covers all of the CoC area. Planning includes processes to identify and respond to homeless encampments, which often have chronically homeless persons; bringing key stakeholders and outreach programs together to identify barriers, gaps, services and housing. Seek out additional resources and more effective use of existing resources to address needs. The group is responsible for coordinating with embedded social workers, local participating agencies, and the overall CE system.	Monthly	CCS, VOA, Sno Co Human Svcs, Law Enforcement, Cocoon House, Community Hlth Ctrs, VA Svcs, Mercy Watch, Verdant
Youth Action Committee	Responsible for planning to end and prevent youth homelessness. They identify needs and gaps and assist in the development of projects/program design to meet the needs. The committee is comprised of youth age 24 and under with lived experience. The YAC is providing input/guidance on the development of the YHDP Coordinated Community Plan; as well as final approval and input on the YHDP projects selected for funding.	Monthly	Collaborative Applicant and Cocoon House provide support; membership is indiviudal commuity memebers (youth under 24)

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:	$58,678
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$58,678

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	Ending Homelessne...	08/14/2018	$58,678

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: (Be as specific as possible and include the office or grant program as applicable)	Ending Homelessness Program
5. Date of Written Commitment:	08/14/2018
6. Value of Written Commitment:	$58,678

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? 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	.90 FTE CoC Program staff salaries and benefits	$99,430
2. Project Evaluation	.15 FTE CoC Pogram Staff salaries and benefits	$13,316
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan		
5. CoC Application Activities	.10 FTE CoC Program staff salaries and benefits	$9,220
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	.90 FTE CoC Program staff salaries and benefits	$99,430
8. HUD Compliance Activities	.15 FTE CoC Program staff salaries and benefits	$13,316
Total Costs Requested		$234,712
Cash Match		$58,678
In-Kind Match		$0
Total Match		$58,678
Total Budget		$293,390

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		
2. Other Attachment(s)	No		

Attachment Details

Document Description:

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.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

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: Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

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)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD 2880	08/14/2018
1H. HUD 50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
2A. Project Detail	08/14/2018

2B. Description	08/14/2018
3A. Governance and Operations	08/14/2018
3B. Committees	08/14/2018
4A. Match	08/14/2018
4B. Funding Request	08/14/2018
5A. Attachment(s)	No Input Required
5B. Certification	08/14/2018

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 that have been approved by HUD to operate as a Unified Funding Agency (UFA) may apply for UFA Costs funds using this application.
- Additional training resources can be found on the HUD Resource 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 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 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 2018 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	UFA Fiscal Cost Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

	c. Organizational DUNS:	079247979	**PLUS 4**	

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name:

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title:

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237

Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us

1C. SF-424 Application Details

9. Type of Applicant:	B. County 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-6200-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL+Key)	Washington
15. Descriptive Title of Applicant's Project:	Snohomish County UFA Project
16. Congressional District(s):	
a. Applicant:	WA-001, WA-002
b. Project: (for multiple selections hold CTRL+Key)	WA-001, WA-002
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Snohomish, County of
Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Organizational Affiliation:	Snohomish, County of
Telephone Number:	(425) 388-7236
Extension:	
Email:	MaryJane.Vujovic@co.snohomish.wa.us
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip/Postal Code:	98201

2. Employer ID Number (EIN):	91-6001368
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$156,474.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Snohomish County UFA Project 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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
See "Other Attachments" screen			

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			Financial Interest	Financial Interest

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	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/15/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

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:	Ms.
First Name:	Mary Jane
Middle Name	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

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

Applicant's Organization:	Snohomish, County of
Name / Title of Authorized Official:	Mary Jane Brell Vujovic, Director, Human Services Department
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Snohomish, County of
Street 1:	3000 Rockefeller Avenue, M/S 305
Street 2:	
City:	Everett
County:	Snohomish
State:	Washington
Country:	United States
Zip / Postal Code:	98201

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

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Mary Jane
Middle Name:	
Last Name:	Brell Vujovic
Suffix:	
Title:	Director, Human Services Department
Telephone Number: (Format: 123-456-7890)	(425) 388-7236
Fax Number: (Format: 123-456-7890)	(425) 259-1444
Email:	MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

2A. 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:	$39,119
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$39,119

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	Snohomish County ...	08/14/2018	$39,119

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: (Be as specific as possible and include the office or grant program as applicable)	Snohomish County Ending Homelessness Program
5. Date of Written Commitment:	08/14/2018
6. Value of Written Commitment:	$39,119

2B. Funding Request

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

1b. CoC Applicant Name: Snohomish, County of

2. Project Name: Snohomish County UFA Project

3. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

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

5. Select a grant term: 1 Year

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

Snohomish County, as a Unified Funding Agency, will carry out the UFA project in compliance with 24 CFR 578.11. The County will enter into agreements with subrecipients and receive and distribute funds to subrecipients for all CoC projects. Through these agreements, subrecipients will be required to establish fiscal control and accounting procedures as necessary to ensure the proper disbursal of and accounting for federal funds in accordance with requirements of 2 CFR 200. The County will obtain approval from the CoC for amendments before submitting a request to HUD.

The County will ensure that all CoC Program financial transactions are conducted and records maintained in accordance with generally accepted accounting principles, including arranging for an annual evaluation of the financial records of each CoC subrecipient project. The County will also monitor subrecipients annually and enforce compliance with the CoC Program requirements.

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Conducting and Recording Financial Transactions	0.01 FTE Financial Compliance Officer; 0.035 FTE Grant Accountant	$7,698
2. Maintaining Financial Records	0.01 FTE Financial Compliance Officer; 0.035 FTE Grant Accountant	$7,698

3. Annual Survey, Audit, or Evaluation of Subrecipient Financial Records	0.01 FTE Financial Compliance Officer; 0.03 FTE Program Manager; 0.005 FTE	$13,371
4. Monitoring of Subrecipients	0.25 FTE Program Manager; 0.05 FTE Division Manager; 0.05 FTE Supervisor	$57,719
5. Enforcing Subrecipient Compliance with Program Requirements	0.35 FTE Program Manager; 0.05 FTE Division Manager; 0.05 FTE Supervisor	$69,988
Total Costs Requested		$156,474
Cash Match		$39,119
In-Kind Match		$0
Total Match		$39,119
Total Budget		$195,593

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

3A. Attachments

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

3B. 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.

1-Year Operation Rule.

For applicants receiving assistance for UFA Costs: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

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: Mary Jane Brell Vujovic

Date: 08/17/2018

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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

4A. 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)	08/14/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD 2880	08/14/2018
1H. HUD 50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
2A. Match	08/14/2018
2B. Funding Request	08/14/2018
3A. Attachments	No Input Required
3B. Certification	08/14/2018