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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 CoC Program Competition NOFA.

Applicant: Snohomish County
Project: Monte Cristo
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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0177
   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).
   Check to confirm 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
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-6500-N25
   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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Monte Cristo

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $76,520

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

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

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

**I AGREE:**

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

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

**Date Signed:** 10/13/2021
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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.
The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2021 Page 12 10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  10/28/2021
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:

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: 10/28/2021
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy: including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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
  - 3C. Dedicated Plus

- Part 4 - Housing Services and HMIS
  - 4A. Services
  - 4B. Housing Type

- Part 5 - Participants and Outreach Information
  - 5A. Households
  - 5B. Subpopulations

- Part 6 - Budget Information
  - 6A. Funding Request  [X]
  - 6D. Match  [X]
  - 6E. Summary Budget  [X]

- Part 7 - Attachment(s) & Certification
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A was checked accidentally, unable to uncheck; 6E was changed to increase Operating budget; 2A was checked to update Sub Award amount; 3A, 6D, 7A, 7B were automatically checked, no changes are needed.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?  No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?  No

3. Do you draw funds quarterly for your current renewal project?  Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?  Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced a very minor cost underrun in the previous grant term and is anticipated to fully expend funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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:** $76,520

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archdiocesan Housing Authority</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$76,520</td>
</tr>
</tbody>
</table>
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

 e. Physical Address
   Street 1: 100 23rd Ave South
   Street 2:
   City: Seattle
   State: Washington
   Zip Code: 98144

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

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: $76,520

 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. Expiring Grant Project Identification Number (PIN): WA0177
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Monte Cristo

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other(Click ‘Save’ to update)</td>
<td></td>
</tr>
</tbody>
</table>

3. Housing First

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

3b. Does the project enroll program participants who have the following
### 3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated

Applicant: Snohomish County
Project: Monte Cristo
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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 |

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for program 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. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>12</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Source</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$19,130</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$19,130</td>
</tr>
</tbody>
</table>

**1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?**

**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:**

$19,130

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Program Income</td>
<td>$19,130</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Program Income
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $19,130
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$20,060</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$51,523</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$71,583</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$4,937</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$76,520</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$19,130</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$19,130</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$95,650</td>
</tr>
</tbody>
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### 7A. Attachment(s)

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<tr>
<td>2) Other Attachment</td>
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</table>
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:** 10/28/2021

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

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
## 8B Submission Summary

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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,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
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")². 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 OCD². 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/dft/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.⁵ Services performed by diocesan priests in the exercise of their ministry are not considered

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⁵ 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, 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. 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.

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated

---


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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. **Revenue Procedure 75-50.** Rev. Proc. 75-50\textsuperscript{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**

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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](http://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.* 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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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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0400
   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).
   Check to confirm 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

   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-6500-N25
   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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCS Everett Safe Streets Supportive Housing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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

Applicant: Snohomish County  
Project: CCS Everett Safe Streets Supportive Housing
4a. Total Amount Requested for this project: $439,072

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? Yes

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Renewal Project Application FY2021    Page 10    10/28/2021
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).

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

Certification

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

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

I AGREE: 

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

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

Date Signed: 10/13/2021
# 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:

<table>
<thead>
<tr>
<th>Certification Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |
| 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; |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

## Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)  
Workplaces, including addresses, entered in the attached project application.  
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate.  

Applicant: Snohomish County  
Project: CCS Everett Safe Streets Supportive Housing

Renewal Project Application FY2021  
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10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
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:

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: 10/28/2021
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

Applicant: Snohomish County
Project: CCS Everett Safe Streets Supportive Housing

Renewal Project Application FY2021 Page 16 10/28/2021
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
</tr>
<tr>
<td>10.</td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
</tr>
<tr>
<td>11.</td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</td>
</tr>
<tr>
<td>14.</td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
</tr>
<tr>
<td>15.</td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
</tr>
<tr>
<td>16.</td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
</tr>
<tr>
<td>17.</td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, &quot;Audits of States, Local Governments, and Non-Profit Organizations.&quot;</td>
</tr>
<tr>
<td>18.</td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
</tr>
<tr>
<td>19.</td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced a minor cost under run in the previous grant term. The project experienced savings in staff benefits as well as a temporary decrease in administration costs. The project is anticipated to fully expend funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand?  No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $439,072

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$439,072</td>
</tr>
</tbody>
</table>
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

f. Physical Address
   Street 1: 1918 Everett
   Street 2: Everett
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: Rice
   Last Name: Rice

Applicant: Snohomish County
Project: CCS Everett Safe Streets Supportive Housing

Renewal Project Application FY2021
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10/28/2021
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WA0400
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS Everett Safe Streets Supportive Housing

5. Project Status: Standard

6. Component Type: PH

   6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2021  Page 29  10/28/2021
3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  **Yes**
3C. Dedicated Plus

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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. Is this project “100% Dedicated,” DedicatedPLUS
“DedicatedPLUS,” or "N/A"?
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

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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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>65</td>
<td>65</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for program 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. Program Participants - Households

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<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td>65</td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td>55</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td>65</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program Participants - Subpopulations

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### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>50</td>
<td>5</td>
<td>26</td>
<td>28</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>10</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>60</td>
<td>5</td>
<td>0</td>
<td>31</td>
<td>33</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Date approved or enter “NA” if using 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The applicant must complete at least one row in the indirect cost rate schedule.

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year
5. Select the costs for which funding is 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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$140,661</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$140,661</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?  No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Providence Region...</td>
<td>$140,661</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Providence Regional Medical Center Everett
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $140,661
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$399,157</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$399,157</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$39,915</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$439,072</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$140,661</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$140,661</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$579,733</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>09/14/2018</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect 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) therein 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: 10/28/2021
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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B Submission Summary

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7A. Attachment(s)  10/13/2021
7B. Certification  10/13/2021
Internal Revenue Service  
District Director

Date: July 1, 2006

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
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"). 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. 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.\(^5\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^5\) 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

\(^4\) I.R.C. § 3121(b)(8)(A).


\(^7\) 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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50}. Rev. Proc. 75-50\textsuperscript{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. \textit{Diocesan or
school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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](http://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.

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transient 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 2021 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: 10/28/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0225

   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).

   Check to confirm 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: Everett
   City: Snohomish
   County: Washington
   State: 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: Anderson
   Last Name: Title: Division Manager, Housing and Community Services
   Suffix: Telephone Number: (425) 388-3237

Organizational Affiliation: Snohomish, County of

Renewal Project Application FY2021  Page 3  10/28/2021
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-6500-N25
   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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: CCS Home Connection

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $575,132

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

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

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

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

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</table>

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).

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

Certification

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

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

I AGREE: [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: 10/14/2021
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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2021 Page 12 10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  10/28/2021
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:

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: 10/28/2021
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

Applicant: Snohomish County
Project: CCS Home Connection

Renewal Project Application FY2021 Page 16 10/28/2021
Authorized Representative
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021

Applicant: Snohomish County
Project: CCS Home Connection
IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.</td>
</tr>
<tr>
<td>2.</td>
<td>Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.</td>
</tr>
<tr>
<td>3.</td>
<td>Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.</td>
</tr>
<tr>
<td>4.</td>
<td>Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</td>
</tr>
<tr>
<td>5.</td>
<td>Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).</td>
</tr>
<tr>
<td>6.</td>
<td>Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</td>
</tr>
<tr>
<td>7.</td>
<td>Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.</td>
</tr>
</tbody>
</table>
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
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<tbody>
<tr>
<td>2A. Subrecipients</td>
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<table>
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<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
<td>3C. Dedicated Plus</td>
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<table>
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<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
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<tr>
<td>5B. Subpopulations</td>
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</tbody>
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<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>X</td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6E has been checked; 6C was checked to make changes to Rental Assistance amount; 6A was checked to make changes to indirect cost rate; 2A was checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced a minor cost underrun in the previous grant term. The project experienced savings in staff benefits and longer time to fill a staff vacancy due to the impact of the pandemic on the labor market. The project is anticipated to fully expend grant funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $575,132

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$575,132</td>
</tr>
</tbody>
</table>
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

 e. Physical Address
     Street 1: 1918 Everett Avenue
     City: Everett
     State: Washington
     Zip Code: 98201

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

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: $575,132

j. Contact Person
   Prefix: Mr.
   First Name: Will
   Middle Name: 
   Last Name: Rice
Suffix:
Title: Regional Chief of Operations
E-mail Address: willr@ccsw.org
Confirm E-mail Address: willr@ccsw.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. Expiring Grant Project Identification Number (PIN): WA0225
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS Home Connection

5. Project Status: Standard

6. Component Type: PH

   6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence |
| Veterans | Substance Abuse |
| Youth (under 25) | Mental Illness |
| Families with Children | HIV/AIDS |
| | Chronic Homeless |
| | Other(Click 'Save' to update) |

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select “N/A” if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by

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this project, subrecipient, or partner agency?

4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>38</td>
<td>38</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
## 5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>38</td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>38</td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>38</td>
<td>0</td>
<td>38</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>37</td>
<td>1</td>
<td>16</td>
<td>27</td>
<td>25</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>37</td>
<td>1</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>27</td>
<td>25</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>37</td>
<td>1</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>27</td>
<td>25</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: CCS Home Connection

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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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>38</td>
<td>$490,656</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $490,656
Total Units: 38
## 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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>38</td>
<td>$1,599</td>
<td>$1,076</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
</tbody>
</table>

### Total Units and Annual Assistance Requested

| Total Units and Annual Assistance Requested | 38 | $490,656 |

**Grant Term**

| Grant Term | 1 Year |

**Total Request for Grant Term**

| Total Request for Grant Term | $490,656 |

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$143,783</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$143,783</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>$28,528</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$27,727</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>$87,528</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: CCS - Associated Organization Dollars
4. Amount of Written Commitment: $28,528

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County - Ending Homelessness Program
4. Amount of Written Commitment: $27,727

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: CCS Everett Safe Streets SH Match Distribution - City of Everett Human Needs
4. Amount of Written Commitment: $87,528
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$490,656</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$59,032</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$549,688</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$25,444</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$575,132</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$143,783</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$143,783</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$718,915</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>10/06/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect 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: 10/28/2021
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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
## 8B Submission Summary

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Applicant: Snohomish County  
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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,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
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](http://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

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. Service
   performed by diocesan priests in the exercise of their ministry are not considered

---

5 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, 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. 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.

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated

---

4 I.R.C. § 3121(b)(8)(A).


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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50}. Rev. Proc. 75-50\textsuperscript{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. \textbf{Diocesan or
school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:

   5a. Federal Entity Identifier:

   5b. Federal Award Identifier: WA0251

   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).

   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

   X

5. 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-6500-N25
   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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    CCS Homeless Families, Home at Last

16. Congressional District(s):
    a. Applicant: WA-001, WA-002
       (for multiple selections hold CTRL key)
    b. Project: WA-001, WA-002
       (for multiple selections hold CTRL key)

17. Proposed Project
    a. Start Date: 07/01/2022
    b. End Date: 06/30/2023

18. Estimated Funding ($)
    a. Federal:
    b. Applicant:
    c. State:
    d. Local:
    e. Other:
    f. Program Income:
    g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE:  

21. Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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
4a. Total Amount Requested for this project: $267,799

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

**Certification**

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

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

**I AGREE:** 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:** 10/14/2021
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

Sites for Work Performance.
The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

Applicant: Snohomish County

Project: CCS Homeless Families, Home at Last

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

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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

Applicant: Snohomish County
Project: CCS Homeless Families, Home at Last

Renewal Project Application FY2021 Page 16 10/28/2021
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021  Page 19  10/28/2021
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: CCS Homeless Families, Home at Last

079247979
189805

Renewal Project Application FY2021 | Page 22 | 10/28/2021
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. has been checked to make changes to indirect cost response; 6C has been checked to update Rental Assistance amount; 2A has been checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. The project experienced savings in staff benefits and longer time to fill staff vacancies due to the impact of the pandemic on the labor market. In addition, rental costs were lower than anticipated due to the time needed to locate housing after enrollment for open vacancies, the amount of participant rent contributions, and the WA State pandemic eviction moratorium which prohibited rent increases and may have resulted in lower rent costs for some units. The project is anticipated to fully expend grant funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand?  No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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:** $267,799

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$267,799</td>
</tr>
</tbody>
</table>
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

*e. Physical Address

   Street 1: 1918 Everett Ave
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: $267,799

j. Contact Person

   Prefix: Mr.
   First Name: Will
   Middle Name:  
   Last Name: Rice
### Suffix:

<table>
<thead>
<tr>
<th>Title</th>
<th>Regional Chief of Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:willr@ccsww.org">willr@ccsww.org</a></td>
</tr>
<tr>
<td>Confirm E-mail Address</td>
<td><a href="mailto:willr@ccsww.org">willr@ccsww.org</a></td>
</tr>
<tr>
<td>Phone Number</td>
<td>425-257-2111</td>
</tr>
<tr>
<td>Extension</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td>425-257-2120</td>
</tr>
</tbody>
</table>

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WA0251
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS Homeless Families, Home at Last

5. Project Status: Standard

6. Component Type: PH

   6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County

Project: CCS Homeless Families, Home at Last
### 3. Housing First

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

Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
2. (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. (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. (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. (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. (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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>11</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>16</td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>29</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>10</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>11</td>
<td>10</td>
<td>0</td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
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.
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: This field is pre-populated with a one-year grant term and cannot be edited:  1 Year

5. Select the costs for which funding is requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - Operating
   - HMIS
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$220,812</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $220,812

Total Units: 10
Rent 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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,599</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>9</td>
<td>$1,906</td>
<td>$1,840</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,694</td>
<td>$1,841</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 10

**Grant Term:** 1 Year

**Total Request for Grant Term:** $220,812

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$66,950</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$66,950</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?  
   No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>$45,968</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$8,919</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>$12,063</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: CCS Everett Safe Streets SH Match Distribution - City of Everett Human Needs
4. Amount of Written Commitment: $45,968

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County - Ending Homelessness Program
4. Amount of Written Commitment: $8,919

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: CCS - Associated Organization Dollars
4. Amount of Written Commitment: $12,063
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
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<tr>
<td>2. Rental Assistance</td>
<td>$220,812</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$34,878</td>
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<td>4. Operating</td>
<td>$0</td>
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<tr>
<td>5. HMIS</td>
<td>$0</td>
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<tr>
<td>6. Sub-total Costs Requested</td>
<td>$255,690</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,109</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$267,799</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$66,950</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$66,950</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$334,749</td>
</tr>
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</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>01/16/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  CCS Nonprofit Documentation

Attachment Details

Document Description:  CCS Indirect 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:** 10/28/2021

**Title:** Director, Human Services Department

**Applicant Organization:** Snohomish, County of
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
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<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  079247979
Project: CCS Homeless Families, Home at Last  189805
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
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 \(\S\)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

\(^1\) 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

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.\(^5\) Services
performed by diocesan priests in the exercise of their ministry are not considered

\(^5\) 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, 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. 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.

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated

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4 I.R.C. § 3121(b)(8)(A).


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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50}. Rev. Proc. 75-50\textsuperscript{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. \textit{Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are}

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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](http://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.\(^\text{14}\) 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.

\(^{14}\) 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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/15/2021

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0271

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).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      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-6500-N25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: CCS Journey Home

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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:
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/15/2021
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
4a. Total Amount Requested for this project: $424,181

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

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

### 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

Renewal Project Application FY2021 Page 10 10/28/2021
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).

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

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

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

I AGREE: 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: 10/13/2021
# HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Snohomish, County of 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:

<table>
<thead>
<tr>
<th>Certification Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

## Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

[Signature]
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/15/2021
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: 10/15/2021
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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  10/15/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism. (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021 Page 19 10/28/2021
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/15/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>
Part 7 - Attachment(s) & Certification

7A. Attachment(s)  

7B. Certification

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A is checked to make changes to indirect cost rate response; 6C is checked to update Rental Assistance amounts; 2A is checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Applicant: Snohomish County
Project: CCS Journey Home

079247979
189806

Renewal Project Application FY2021 Page 24 10/28/2021
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $424,181

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$424,181</td>
</tr>
</tbody>
</table>
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

 e. Physical Address
    Street 1: 1918 Everett Avenue
    Street 2:
    City: Everett
    State: Washington
    Zip Code: 98201

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

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: $424,181

j. Contact Person
   Prefix: Mr.
   First Name: Will
   Middle Name: Rice
   Last Name: 

Applicant: Snohomish County
Project: CCS Journey Home

Renewal Project Application FY2021  Page 27  10/28/2021
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. Expiring Grant Project Identification Number (PIN): WA0271
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS Journey Home

5. Project Status: Standard

6. Component Type: PH

   6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Project Serves All Subpopulations</td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Chronic Homeless</td>
<td></td>
</tr>
<tr>
<td>Other(Click 'Save' to update)</td>
<td></td>
</tr>
</tbody>
</table>

3. Housing First

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

Yes
3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>3c. Will the project prevent program participant termination for the following reasons? Select all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>Failure to participate in supportive services</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>Failure to make progress on a service plan</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>Loss of income or failure to improve income</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
</tr>
<tr>
<td>None of the above</td>
<td>None of the above</td>
</tr>
</tbody>
</table>
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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”?
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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 |

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
### 5A. Program 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td>20</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td>20</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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? No

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

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>20</td>
<td>$360,960</td>
</tr>
</tbody>
</table>

| Total Request for Grant Term: | $360,960 |
| Total Units: | 20 |

Applicant: Snohomish County
Project: CCS Journey Home

Renewal Project Application FY2021 Page 40 10/28/2021
## 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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>20</td>
<td>$1,599</td>
<td>$1,504</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td><strong>$360,960</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$360,960</strong></td>
</tr>
</tbody>
</table>

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$106,046</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$106,046</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County</td>
<td>$18,184</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated</td>
<td>$15,975</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe</td>
<td>$66,504</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Everett Safe Stre...</td>
<td>$5,383</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
   2. Source: Government
   3. Name of Source: Snohomish County - Ending Homelessness Program
   4. Amount of Written Commitment: $18,184

Sources of Match Detail

1. Type of Match Commitment: Cash
   2. Source: Private
   3. Name of Source: CCS - Associated Organization Dollars
   4. Amount of Written Commitment: $15,975

Sources of Match Detail

1. Type of Match Commitment: Cash
   2. Source: Government
   3. Name of Source: CCS Everett Safe Streets SH Match Distribution City of Everett Human Needs
   4. Amount of Written Commitment: $66,504

Sources of Match Detail

1. Type of Match Commitment: Cash
   2. Source: Private
   3. Name of Source: Everett Safe Streets Match Distribution - CHC
   4. Amount of Written Commitment: $15,975
4. Amount of Written Commitment: $5,383
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

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<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<tr>
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<td>3. Supportive Services</td>
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<td>$0</td>
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<td>6. Sub-total Costs Requested</td>
<td>$405,007</td>
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<td>7. Admin (Up to 10%)</td>
<td>$19,174</td>
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<td>8. Total Assistance plus Admin Requested</td>
<td>$424,181</td>
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<td>9. Cash Match</td>
<td>$106,046</td>
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<td>10. In-Kind Match</td>
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<td>12. Total Budget</td>
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7A. Attachment(s)

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<td>2) Other Attachment</td>
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<td>3) Other Attachment</td>
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Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect Rate

Attachment Details

Document Description:
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: 10/15/2021
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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
## 8B Submission Summary

<table>
<thead>
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Applicant: Snohomish County

Project: CCS Journey Home

Renewal Project Application FY2021

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<th>Section</th>
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<td>6C.</td>
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</tr>
<tr>
<td>7B.</td>
<td>Certification</td>
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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
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/dft/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.\(^\text{5}\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^5\) 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, 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. 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. 

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated 

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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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50}. Rev. Proc. 75-50\textsuperscript{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. \textit{Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are}

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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](http://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.*

   !footnote[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.}

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[Image 0x0 to 602x780]
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0211

   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).

Check to confirm 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
      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-6500-N25
    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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: CCS Meadowdale

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: 

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $243,789

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

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

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

**Certification**

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

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

I AGREE: 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:** 10/14/2021
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:

<table>
<thead>
<tr>
<th>Certification/Agreement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |         |
| 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; |
| e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |         |
| 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; |
| g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |         |

Sites for Work Performance.
The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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:

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: 10/28/2021
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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  10/28/2021
IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
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</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>
Part 7 - Attachment(s) & Certification

7A. Attachment(s)  

7B. Certification

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 6A is checked to update the Indirect Cost response;
- 6C is checked to update Rental Assistance amount;
- 2A is checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?  Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?  No

3. Do you draw funds quarterly for your current renewal project?  Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?  Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. The project experienced longer time to fill staff vacancy due to the impact of the pandemic on the labor market. In addition, rental costs were lower than anticipated due to the amount of participant rent contributions and the WA State pandemic eviction moratorium which prohibited rent increases and may have resulted in lower rent costs for some units. The project is anticipated to fully expend grant funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $243,789

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$243,789</td>
</tr>
</tbody>
</table>
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

 e. Physical Address
    Street 1: 1918 Everett Ave
    City: Everett
    State: Washington
    Zip Code: 98201

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

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: $243,789

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. Expiring Grant Project Identification Number (PIN): WA0211
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS Meadowdale

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence |  |
| Veterans | Substance Abuse |  |
| Youth (under 25) | Mental Illness |  |
| Families with Children | HIV/AIDS |  |
|  | Chronic Homeless |  |
|  | Other(Click 'Save' to update) |  |

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”?
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
# 5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>12</td>
<td>2</td>
<td>11</td>
<td>11</td>
<td>6</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>6</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>6</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>14</td>
<td>$208,488</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $208,488
Total Units: 14
## 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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>14</td>
<td>$1,599</td>
<td>$1,241</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 14  

**Grant Term:** 1 Year  

**Total Request for Grant Term:** $208,488

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $60,948 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $60,948 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$11,944</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>$20,644</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS Everett Safe ...</td>
<td>$28,360</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County - Ending Homelessness Program
4. Amount of Written Commitment: $11,944

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: CCS - Associated Organization Dollars
4. Amount of Written Commitment: $20,644

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: CCS Everett Safe Streets Match Distribution - CHC
4. Amount of Written Commitment: $28,360
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$208,488</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$24,433</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$232,921</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,868</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$243,789</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$60,948</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$60,948</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$304,737</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: CCS Meadowdale

Renewal Project Application FY2021 Page 44 10/28/2021
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit...</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>01/16/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  CCS Nonprofit Documentation

Attachment Details

Document Description:  CCS Indirect 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: 10/28/2021

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

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
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</tbody>
</table>

Applicant: Snohomish County  
Project: CCS Meadowdale
Applicant: Snohomish County
Project: CCS Meadowdale

1D. SF-424 Congressional District(s)  
10/14/2021

1E. SF-424 Compliance  
10/14/2021

1F. SF-424 Declaration  
10/14/2021

1G. HUD-2880  
10/14/2021

1H. HUD-50070  
10/14/2021

1I. Cert. Lobbying  
10/14/2021

1J. SF-LLL  
10/14/2021

IK. SF-424B  
10/14/2021

Submission Without Changes  
10/14/2021

Recipient Performance  
10/27/2021

Renewal Grant Consolidation or Renewal Grant Expansion  
10/14/2021

2A. Subrecipients  
10/14/2021

3A. Project Detail  
10/14/2021

3B. Description  
10/14/2021

3C. Dedicated Plus  
10/14/2021

4A. Services  
10/14/2021

4B. Housing Type  
10/14/2021

5A. Households  
10/14/2021

5B. Subpopulations  
No Input Required

6A. Funding Request  
10/14/2021

6C. Rental Assistance  
10/14/2021

6D. Match  
10/14/2021

6E. Summary Budget  
No Input Required

7A. Attachment(s)  
10/14/2021

7B. Certification  
10/14/2021
Dear Ms. Deirdre 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,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
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")\textsuperscript{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\textsuperscript{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.

\textbf{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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\textsuperscript{1} A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

\textsuperscript{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.\(^5\) Services performed by diocesan priests in the exercise of their ministry are not considered

\(^5\) 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).


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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. **Revenue Procedure 75-50.** Rev. Proc. 75-50\textsuperscript{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**

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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](http://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.** 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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0292
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).
Check to confirm 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
      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-6500-N25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: CCS The Road Home

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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:  Bvell Vujovic
Suffix:  
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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
TelephoneNumber: (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
4a. Total Amount Requested for this project: $381,984

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: ❌

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

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

Date Signed: 10/14/2021
**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:

<table>
<thead>
<tr>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |
| 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; |
| e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| 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; |
| g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

**Sites for Work Performance.**

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

[X]
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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: (425) 388-7236  
(Format: 123-456-7890)  
Fax Number: (425) 259-1444  
(Format: 123-456-7890)  
Email: MaryJane.Vujovic@co.snohomish.wa.us  
Signature of Authorized Official: Considered signed upon submission in e-snaps.  
Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11888; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect; (2) Procuring a commercial sex act during the period of time that the award is in effect; and (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

E-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A is checked to update Indirect Cost Rate response; 6C is checked to update Rental Assistance amount; 2A is checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. The project experienced longer time to fill staff vacancy due to the impact of the pandemic on the labor market. In addition, rental costs were lower than anticipated due to longer time needed to document eligibility due to the pandemic, the time needed to the amount of participant rent contributions and the WA State pandemic eviction moratorium which prohibited rent increases and may have resulted in lower rent costs for some units. The project is anticipated to fully expend grant funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $381,984

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$381,984</td>
</tr>
</tbody>
</table>
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

 e. Physical Address
    Street 1: 1918 Everett Avenue
    Street 2:
    City: Everett
    State: Washington
    Zip Code: 98201

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

 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: $381,984

 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. Expiring Grant Project Identification Number (PIN): WA0292
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS The Road Home

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Project Serves All Subpopulations</td>
<td>☐</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>☐</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>☐</td>
</tr>
<tr>
<td>Veterans</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>☐</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>☐</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>☐</td>
</tr>
<tr>
<td>Families with Children</td>
<td>☐</td>
</tr>
<tr>
<td>Chronic Homeless</td>
<td>☐</td>
</tr>
<tr>
<td>Other(Click 'Save' to update)</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select “N/A” if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by?
this project, subrecipient, or partner agency?

4a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

Total Units: 17
Total Beds: 17
Total Dedicated CH Beds: 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 program 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?
   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)

   530480 Everett, 539061 Snohomish County
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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td></td>
<td>17</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>17</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>17</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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? No

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

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>17</td>
<td>$324,972</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $324,972
Total Units: 17
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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>17</td>
<td>$1,599</td>
<td>$1,593</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$324,972</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td>$324,972</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$324,972</td>
</tr>
</tbody>
</table>

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

**Summary for Match**

- **Total Value of Cash Commitments:** $95,496
- **Total Value of In-Kind Commitments:** $0
- **Total Value of All Commitments:** $95,496

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?**  
   - **No**

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
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<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$14,735</td>
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<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>$15,071</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>$26,780</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Providence Region...</td>
<td>$38,910</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County - Ending Homelessness Program
4. Amount of Written Commitment: $14,735

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: CCS - Associated Organization Dollars
4. Amount of Written Commitment: $15,071

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: CCS Everett Safe Streets Match Distribution CHC
4. Amount of Written Commitment: $26,780

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Providence Regional Medical Center Everett
4. Amount of Written Commitment: $15,071
4. Amount of Written Commitment: $38,910
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
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<td>1b. Leased Structures</td>
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<tr>
<td>2. Rental Assistance</td>
<td>$324,972</td>
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<tr>
<td>3. Supportive Services</td>
<td>$39,905</td>
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<tr>
<td>4. Operating</td>
<td>$0</td>
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<tr>
<td>5. HMIS</td>
<td>$0</td>
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<tr>
<td>6. Sub-total Costs Requested</td>
<td>$364,877</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$17,107</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$381,984</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$95,496</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$95,496</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$477,480</td>
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### 7A. Attachment(s)

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<tbody>
<tr>
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<td>10/24/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect 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: 10/28/2021

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

Active SAM Status Requirement.
I certify that our organization has an active
System for Award Management (SAM)
registration as required by 2 CFR 200.300(b)
at the time of project application submission
to HUD and will ensure this SAM registration
will be renewed annually to meet this
requirement.
# 8B Submission Summary

<table>
<thead>
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<th>Page</th>
<th>Last Updated</th>
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<tr>
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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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Applicant: Snohomish County  
Project: CCS The Road Home

**Renewal Project Application FY2021**  
Page 51  
10/28/2021
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
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<td>SF-424 Declaration</td>
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<td>1I</td>
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<td>2A</td>
<td>Subrecipients</td>
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<td>3A</td>
<td>Project Detail</td>
<td>10/14/2021</td>
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<td>3B</td>
<td>Description</td>
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</tr>
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<td>3C</td>
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<td>10/14/2021</td>
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<td>Services</td>
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<td>6C</td>
<td>Rental Assistance</td>
<td>10/14/2021</td>
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<td>6D</td>
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</tr>
<tr>
<td>7B</td>
<td>Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
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/dfl/exemtionruling.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. Services performed by diocesan priests in the exercise of their ministry are not considered

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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.

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2
"employment" for FICA (Social Security) purposes, 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. 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.

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated

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4 I.R.C. § 3121(b)(8)(A).


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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50}. Rev. Proc. 75-50\textsuperscript{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. \textit{Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{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).

\textsuperscript{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.

\textsuperscript{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](http://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.*\(^\text{14}\) 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.

\(^{14}\) 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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0233
   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).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
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

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      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-6500-N25
    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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: CCS Veterans Permanent Housing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
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: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brelj 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
4a. Total Amount Requested for this project: $130,248

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

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

Certification

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

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

I AGREE: [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: 10/14/2021
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

### Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate.

[Signature]

Renewal Project Application FY2021

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10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236  
(Format: 123-456-7890)  
Fax Number: (425) 259-1444  
(Format: 123-456-7890)  
Email: MaryJane.Vujovic@co.snohomish.wa.us  
Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 10/28/2021
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:

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: 10/28/2021
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.</td>
</tr>
<tr>
<td>2.</td>
<td>Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.</td>
</tr>
<tr>
<td>3.</td>
<td>Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.</td>
</tr>
<tr>
<td>4.</td>
<td>Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</td>
</tr>
<tr>
<td>5.</td>
<td>Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).</td>
</tr>
<tr>
<td>6.</td>
<td>Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</td>
</tr>
<tr>
<td>7.</td>
<td>Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.</td>
</tr>
</tbody>
</table>
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect or (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021 Page 19 10/28/2021
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

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

Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

E-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A is checked to update Indirect Cost Rate response; 6C is checked to update Rental Assistance amount; 2A is checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?  Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?  No

3. Do you draw funds quarterly for your current renewal project?  Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?  Yes

4a. If HUD recaptured funds provide an explanation.

   The project experienced some cost underruns in the previous grant term. The project experienced longer time to fill staff vacancy due to the impact of the pandemic on the labor market. In addition, rental costs were lower than anticipated due to the time needed to document eligibility during the pandemic, the time needed to locate housing after enrollment for open vacancies, the amount of participant rent contributions, and the WA State pandemic eviction moratorium which prohibited rent increases and may have resulted in lower rent costs for some units. The project is anticipated to fully expend grant funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $130,248

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>N. Nonprofit without 501C3 IRS Status</td>
<td>$130,248</td>
</tr>
</tbody>
</table>
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): WA-001, WA-002
   (for multiple selections hold CTRL key)

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: $130,248

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. Expiring Grant Project Identification Number (PIN): WA0233
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: CCS Veterans Permanent Housing

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project: PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence |     |
| Veterans | Substance Abuse |     |
| Youth (under 25) | Mental Illness |     |
| Families with Children | HIV/AIDS |     |

Chronic Homeless

Other(Click ‘Save’ to update)
3. Housing First

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

Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>☑</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>☑</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>☑</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>☑</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>☑</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>☑</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>☑</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>☑</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select “N/A” if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated

Applicant: Snohomish County
Project: CCS Veterans Permanent Housing

Renewal Project Application FY2021 Page 32 10/28/2021
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Total Units: 8
Total Beds: 8
Total Dedicated CH Beds: 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 program 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)
   530480 Everett, 539061 Snohomish County
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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total Persons</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>8</td>
<td>8</td>
<td></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operating
   - HMIS
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>8</td>
<td>$107,616</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $107,616
Total Units: 8

Applicant: Snohomish County
Project: CCS Veterans Permanent Housing
### 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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>8</td>
<td>$1,599</td>
<td>$1,121</td>
<td>12</td>
<td>$107,616</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
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</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
<td></td>
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<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
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</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 8

**Grant Term** 1 Year

**Total Request for Grant Term** $107,616

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $32,562 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $32,562 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?  No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County...</td>
<td>$4,532</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated...</td>
<td>$7,601</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Providence Region...</td>
<td>$20,429</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County - Ending Homelessness Program
4. Amount of Written Commitment: $4,532

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: CCS - Associated Organization Dollars
4. Amount of Written Commitment: $7,601

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Providence Regional Medical Center Everett
4. Amount of Written Commitment: $20,429
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$107,616</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$16,772</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$124,388</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,860</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$130,248</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$32,562</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$32,562</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$162,810</td>
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</table>
### 7A. Attachment(s)

<table>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>10/06/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect 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: 10/28/2021

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

X

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

X
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</table>

Applicant: Snohomish County  
Project: CCS Veterans Permanent Housing  
079247979  
189810  

Renewal Project Application FY2021  Page 50  10/28/2021
Applicant: Snohomish County
Project: CCS Veterans Permanent Housing

1D. SF-424 Congressional District(s)  10/14/2021
1E. SF-424 Compliance  10/14/2021
1F. SF-424 Declaration  10/14/2021
1G. HUD-2880  10/14/2021
1H. HUD-50070  10/14/2021
1I. Cert. Lobbying  10/14/2021
1J. SF-LLL  10/14/2021
IK. SF-424B  10/14/2021
Submission Without Changes  10/14/2021
Recipient Performance  10/27/2021
Renewal Grant Consolidation or Renewal Grant Expansion  10/14/2021
2A. Subrecipients  10/14/2021
3A. Project Detail  10/14/2021
3B. Description  10/14/2021
3C. Dedicated Plus  10/14/2021
4A. Services  10/14/2021
4B. Housing Type  10/14/2021
5A. Households  10/14/2021
5B. Subpopulations  No Input Required
6A. Funding Request  10/14/2021
6C. Rental Assistance  10/14/2021
6D. Match  10/14/2021
6E. Summary Budget  No Input Required
7A. Attachment(s)  10/14/2021
7B. Certification  10/14/2021
Internal Revenue Service  
District Director  

Date: July 1, 2006  

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

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
James Blair  
ID # 31-07578

Telephone Number:  
877-829-5500  

FAX Number:  
513-263-3756

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,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
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.\(^5\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^5\) 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, 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. 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.

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated

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4 I.R.C. § 3121(b)(8)(A).


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); 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.

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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{12}

8. Revenue Procedure 75-50. Rev. Proc. 75-50\textsuperscript{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

\hspace{8cm} \textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\hspace{8cm} \textsuperscript{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).

\hspace{8cm} \textsuperscript{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.

\hspace{8cm} \textsuperscript{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](http://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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0339
   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).
   Check to confirm 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
      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-6500-N25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
Applicant: Snohomish County  
Project: Homeless Youth Rapid Rehousing  

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Homeless Youth Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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
4a. Total Amount Requested for this project:  $123,709

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: [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: 10/14/2021
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.

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.

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;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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

Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing

079247979
189850

10/28/2021
Authorized Representative

Prefix: Ms.

First Name: Mary Jane

Middle Name: 

Last Name: Brell Vujovic

Suffix: 

Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic 
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
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<table>
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<th>Part 3 - Project Information</th>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
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</table>

<table>
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<th>Part 4 - Housing Services and HMIS</th>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Subrecipient does have 5013C status, updated indirect cost rate

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?  
   Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?  
   No

3. Do you draw funds quarterly for your current renewal project?  
   Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?  
   Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. The project experienced longer time to fill a staff vacancy due to the impact of the pandemic on the labor market. In addition, rental costs were lower than anticipated due to time needed to locate housing after enrollment for open vacancies, which increased during the pandemic due to fewer unit vacancies in the housing market and hesitancy of landlords to rent units available due to the WA State pandemic eviction moratorium, which prohibited rent increases and certain lease-enforcement provisions. Rental costs were also lower than anticipated due to the amount of participant rent contributions and some units renting less than FMR's. The project is anticipated to fully expend grant funds in the current term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand?  No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $123,709

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$123,709</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

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

c. Employer or Tax Identification Number: 91-1497667

d. Organizational DUNS: 803301167 PLUS 4

e. Physical Address
   Street 1: 3530 Colby Ave
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: $123,709

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. Expiring Grant Project Identification Number (PIN):
   WA0339
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name:   Snohomish, County of

4. Project Name:   Homeless Youth Rapid Rehousing

5. Project Status:   Standard

6. Component Type:   PH

6a. Select the type of PH project.   RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?   No
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Chronic Homeless</th>
<th>Other (Click ‘Save’ to update)</th>
</tr>
</thead>
</table>

3. Housing First

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

Yes

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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 Program 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 program participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? No

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
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 program 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: 3530 Colby Ave
   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)

   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally III</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally III</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally III</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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.
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? 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:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Date approved or enter “NA” if using 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>18%</td>
<td>$5,542,552</td>
<td>N/A</td>
</tr>
</tbody>
</table>

   The applicant must complete at least one row in the indirect cost rate schedule.

   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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

   - Rental Assistance X
   - Supportive Services X
Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing

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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>4</td>
<td>$74,928</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $74,928
Total Units: 4
## 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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>2 x</td>
<td>$1,523</td>
<td>$1,523 x</td>
<td>12</td>
<td>$36,552</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>2 x</td>
<td>$1,599</td>
<td>$1,599 x</td>
<td>12</td>
<td>$38,376</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>$1,906 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551 x</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>4</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$74,928</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$74,928</td>
</tr>
</tbody>
</table>

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

### Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$30,928</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$30,928</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Cocoon House Fund...</td>
<td>$30,928</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Cocoon House Fundraising
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $30,928
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$74,928</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$40,485</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$115,413</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$8,296</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$123,709</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$30,928</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$30,928</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$154,637</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  
Project: Homeless Youth Rapid Rehousing  

Renewal Project Application FY2021  
Page 46  
10/28/2021
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Indirect cost rate</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: 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:** 10/28/2021

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

X

Active SAM Status Requirement.

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

X
Applicant: Snohomish County  
Project: Homeless Youth Rapid Rehousing  

8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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<tr>
<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>10/14/2021</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/14/2021</td>
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<td>1G. HUD-2880</td>
<td>10/14/2021</td>
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<tr>
<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</td>
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<td>I K. SF-424B</td>
<td>10/14/2021</td>
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<tr>
<td>Submission Without Changes</td>
<td>10/14/2021</td>
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<tr>
<td>Recipient Performance</td>
<td>10/28/2021</td>
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<tr>
<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>10/14/2021</td>
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<tr>
<td>3A. Project Detail</td>
<td>10/14/2021</td>
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<tr>
<td>3B. Description</td>
<td>10/14/2021</td>
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<tr>
<td>4A. Services</td>
<td>10/14/2021</td>
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<tr>
<td>4B. Housing Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>5A. Households</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/14/2021</td>
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<tr>
<td>6C. Rental Assistance</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6D. Match</td>
<td>10/14/2021</td>
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<td>6E. Summary Budget</td>
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<td>7A. Attachment(s)</td>
<td>10/15/2021</td>
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<tr>
<td>7B. Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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)(3) 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.
NONPROFIT RATE AGREEMENT

EIN: 911497667
ORGANIZATION:
Cocoon House
3530 Colby Avenue
Everett, WA 98201

DATE: 07/27/2020
FILING REF.: The preceding agreement was dated 03/28/2016

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

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
</table>

**EFFECTIVE PERIOD**

<table>
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<tr>
<th>TYPE</th>
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<th>TO</th>
<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
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<tbody>
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<td>06/30/2019</td>
<td>19.00</td>
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<td>All Programs</td>
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<td>FINAL</td>
<td>07/01/2019</td>
<td>06/30/2020</td>
<td>18.10</td>
<td>All</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2020</td>
<td>06/30/2023</td>
<td>18.10</td>
<td>All</td>
<td>All Programs</td>
</tr>
</tbody>
</table>

*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.

DEFINITION OF EQUIPMENT
Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds $5,000.

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/21, will be due no later than 12/31/21.
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

[Signature]

[Name]

[Title]

[Date]

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Agency]

[Signature]

[Name]

[Title]

[Date]

[Phone]

[Representative]
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0427
   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).
   Check to confirm 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
Applicant: Snohomish County
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion

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-6500-N25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Domestic Violence Rapid Rehousing Non-CoC Expansion

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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
4a. Total Amount Requested for this project: $292,473

5. State the name and location (street address, city and state) of the project or activity:
Domestic Violence Rapid Rehousing Non-CoC Expansion 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

**Certification**

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

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

I AGREE: [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:** 10/11/2021
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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.
Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

Renewal Project Application FY2021 Page 12 10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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:

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: 10/28/2021
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-3352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
<table>
<thead>
<tr>
<th>8.</th>
<th>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
</tr>
<tr>
<td>11.</td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</td>
</tr>
<tr>
<td>14.</td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
</tr>
<tr>
<td>15.</td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
</tr>
<tr>
<td>16.</td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
</tr>
<tr>
<td>17.</td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”</td>
</tr>
<tr>
<td>18.</td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
</tr>
<tr>
<td>19.</td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021 | Page 19 | 10/28/2021
First Name: Mary Jane
Middle Name: 
Last Name: Brel Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

E-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do not need to update the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
</tr>
</thead>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Addition of families with children population
- Funding request for subrecipient

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?
   Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?
   No

3. Do you draw funds quarterly for your current renewal project?
   Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?
   Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. Rental costs were lower than anticipated due to time needed to locate housing after enrollment for open vacancies, which increased during the pandemic due to fewer unit vacancies in the housing market and hesitancy of landlords to rent units available due to the WA State pandemic eviction moratorium which prohibited rent increases and certain lease-enforcement provisions. Rental costs were also lower than anticipated due to the amount of participant rent contributions and some units renting less than FMR’s. The project is anticipated to fully expend grant funds in the current term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $2,292,473

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services of Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$2,292,473</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion
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

 e. Physical Address
   Street 1: P.O. Box 7
   Street 2: 
     City: Everett
     State: Washington
     Zip Code: 98206

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

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: $2,292,473

 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. Expiring Grant Project Identification Number (PIN): WA0427
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Domestic Violence Rapid Rehousing Non-CoC Expansion

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes
3B. Project Description

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

This project expands DVS’s current non-CoC Rapid Rehousing project which was initiated in 2015 with state/local funding. This expansion increased the rapid re-housing capacity for survivors of domestic violence, helping to meet more of the need in our community. The funds are 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 provides 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 receive safety planning combined with housing location and stabilization case management services from DVS. Assistance is provided using the Housing First approach, and service delivery incorporates 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other(Click ‘Save’ to update)</td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2021

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3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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: 24

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>
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 program 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 multiple selections hold CTRL Key)

   530480 Everett, 539061 Snohomish County
## 5A. Program 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>9</td>
<td>1</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

### Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>9</td>
<td>1</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>23</td>
<td>1</td>
<td>0</td>
<td>24</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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: This field is pre-populated with a one-year grant term and cannot be edited: 
   1 Year

5. Select the costs for which funding is requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS

Applicant: Snohomish County
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion

079247979
189819

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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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$217,668</td>
</tr>
</tbody>
</table>

Total Units: 10

Total Request for Grant Term: $217,668
## 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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>7</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 10  
**Grant Term** 1 Year  
**Total Request for Grant Term** $217,668

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $73,119 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $73,119 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$15,541</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$10,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>WA State DSHS Dom...</td>
<td>$9,672</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>WA State Domestic...</td>
<td>$5,783</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Foundry 10 Flex F...</td>
<td>$14,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>DVS Fundraising /...</td>
<td>$18,123</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Human Services Department - Ending Homelessness Program
4. Amount of Written Commitment: $15,541

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Filing Fees
4. Amount of Written Commitment: $10,000

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: WA State DSHS Domestic Violence Services Grant
4. Amount of Written Commitment: $9,672

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: WA State Domestic Violence Legal Advocacy Grant
4. Amount of Written Commitment: $9,672
4. Amount of Written Commitment: $5,783

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Foundry 10 Flex Funds Grant
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $14,000

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: DVS Fundraising / Grants
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $18,123
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
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<td>3. Supportive Services</td>
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<td>6. Sub-total Costs Requested</td>
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<td>7. Admin (Up to 10%)</td>
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<td>12. Total Budget</td>
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</table>

Applicant: Snohomish County 079247979
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion 189819

Renewal Project Application FY2021 Page 45 10/28/2021
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
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<td>08/29/2019</td>
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<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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) therein 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:  10/28/2021
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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>10/13/2021</td>
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<tr>
<td>Section</td>
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<tr>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>10/11/2021</td>
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<td>1I. Cert. Lobbying</td>
<td>10/11/2021</td>
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<td>1J. SF-LLL</td>
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<td>Submission Without Changes</td>
<td>10/14/2021</td>
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<td>Recipient Performance</td>
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<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
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<td>2A. Subrecipients</td>
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<td>3A. Project Detail</td>
<td>10/13/2021</td>
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<tr>
<td>3B. Description</td>
<td>10/13/2021</td>
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<tr>
<td>4A. Services</td>
<td>10/11/2021</td>
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<tr>
<td>4B. Housing Type</td>
<td>10/11/2021</td>
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<tr>
<td>5A. Households</td>
<td>10/11/2021</td>
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<tr>
<td>5B. Subpopulations</td>
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<td>6A. Funding Request</td>
<td>10/11/2021</td>
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<td>6C. Rental Assistance</td>
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<td>6D. Match</td>
<td>10/13/2021</td>
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<tr>
<td>6E. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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, 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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0278

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).

Check to confirm 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

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-6500-N25
   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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    Domestic Violence Rapid Rehousing

16. Congressional District(s):
    a. Applicant: WA-001, WA-002
       (for multiple selections hold CTRL key)
    b. Project: WA-001, WA-002
       (for multiple selections hold CTRL key)

17. Proposed Project
    a. Start Date: 07/01/2022
    b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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
4a. Total Amount Requested for this project: $167,887

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

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

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: 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: 10/13/2021
**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.

- **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.

- **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.;

- **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;

- **e.** Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- **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;

- **g.** Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

**Sites for Work Performance.**

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

---

Applicant: Snohomish County  
Project: Domestic Violence Rapid Rehousing  
Renewal Project Application FY2021  
10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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:

[Signature]

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: 10/28/2021
**J. 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.

<table>
<thead>
<tr>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>Snohomish, County of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1:</td>
<td>3000 Rockefeller Avenue, M/S 305</td>
</tr>
<tr>
<td>Street 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Everett</td>
</tr>
<tr>
<td>County:</td>
<td>Snohomish</td>
</tr>
<tr>
<td>State:</td>
<td>Washington</td>
</tr>
<tr>
<td>Country:</td>
<td>United States</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>98201</td>
</tr>
</tbody>
</table>

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: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

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

Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update subrecipient projected award amount

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?
   Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?
   No

3. Do you draw funds quarterly for your current renewal project?
   Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?
   Yes

4a. If HUD recaptured funds provide an explanation.

   The project experienced some cost underruns in the previous grant term. Rental costs were lower than anticipated due to time needed to locate housing after enrollment for open vacancies, which increased during the pandemic due to fewer unit vacancies in the housing market and hesitancy of landlords to rent units available due to the WA State pandemic eviction moratorium which prohibited rent increases and certain lease-enforcement provisions. Rental costs were also lower than anticipated due to the amount of participant rent contributions and some units renting less than FMR’s. The project is anticipated to fully expend grant funds in the current term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $167,603

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services of Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$167,603</td>
</tr>
</tbody>
</table>
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

* Physical Address
   Street 1: P.O. Box 7
   Street 2:
   City: Everett
   State: Washington
   Zip Code: 98206

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

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: $167,603

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. Expiring Grant Project Identification Number (PIN): WA0278
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Domestic Violence Rapid Rehousing

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes
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.

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-English 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
</tr>
<tr>
<td></td>
<td>Other (Click 'Save' to update)</td>
</tr>
</tbody>
</table>

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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 Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
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<td>0</td>
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</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Persons ages 18-24</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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</table>

### Persons in Households with Only Children

<table>
<thead>
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<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Unaccompanied Children under age 18</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td></td>
<td>0</td>
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</tbody>
</table>
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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:
   - Rental Assistance X
   - Supportive Services X
   - HMIS

Applicant: Snohomish County 079247979
Project: Domestic Violence Rapid Rehousing 189851
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
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<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>6</td>
<td>$133,548</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $133,548

Total Units: 6
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 (530399999)

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
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</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>1</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x</td>
<td>12</td>
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<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x</td>
<td>12</td>
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<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
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<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 6

Grant Term: 1 Year

Total Request for Grant Term: $133,548

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $41,972 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $41,972 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?
No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>DVSSC Agency Fund...</td>
<td>$8,005</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Foundry 10 Flex F...</td>
<td>$9,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Washington State ...</td>
<td>$4,264</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Washington State ...</td>
<td>$3,227</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$12,476</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: DVSSC Agency Fundraising
4. Amount of Written Commitment: $8,005

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Foundry 10 Flex Funds
4. Amount of Written Commitment: $9,000

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Washington State Domestic Violence Legal Advocacy grant
4. Amount of Written Commitment: $4,264

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Washington State DSHS Domestic Violence Services grant
4. Amount of Written Commitment: $3,227

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Human Services Department - Ending Homelessness Program
4. Amount of Written Commitment: $12,476

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Filing Fees
4. Amount of Written Commitment: $5,000
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$133,548</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$27,055</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$160,603</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$7,284</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$167,887</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$41,972</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$41,972</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$209,859</td>
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### 7A. Attachment(s)

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<th>Required?</th>
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<tr>
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<td>No</td>
<td>DVS Nonprofit Doc...</td>
<td>10/01/2014</td>
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<td>2) Other Attachment</td>
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<tr>
<td>3) Other Attachment</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 10/28/2021

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

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B Submission Summary

<table>
<thead>
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<th>Page</th>
<th>Last Updated</th>
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<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
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Renewal Project Application FY2021

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10/28/2021
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
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<td>1H. HUD-50070</td>
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<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>6D. Match</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
DOMESTIC VIOLENCE SERVICES OF SNOHOMISH COUNTY
PO BOX 7
EVERETT WA 98206-0007071

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, 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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/27/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0461
   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).
   Check to confirm 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
      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-6500-N25
     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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: DV Joint Transitional Housing-Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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
4a. Total Amount Requested for this project: $259,971

5. State the name and location (street address, city and state) of the project or activity: DV Joint Transitional Housing-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? Yes

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: 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: 10/11/2021
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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

g. Making a good faith effort to continue to maintain a drug-free 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 certify that the information provided on this form and in any accompanying documentation is true and accurate.

X

Renewal Project Application FY2021
Page 12
10/27/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  10/27/2021
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:

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: 10/27/2021
DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB 0348-0046

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021 Page 19 10/27/2021
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6B. Leased Units</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updating housing type to reflect accurate info: 2 TH units and 6 RRH units, update funding request amount

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project was a new project in the previous grant term and did not fully expend funds due to the implementation and ramp up period, which is typical for a new project. In addition, the Joint TH-RRH model is a new homeless housing intervention that took time to meaningful implement for the population served (DV survivors). Due to the joint nature of the project, it also took time to fully ramp up both the TH and RRH components. The project increased expenditures and utilization throughout the year, with significant increases in the last six months as more TH and RRH units were occupied, and is now operating at capacity and anticipated to fully expend funds in current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand?  No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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:** $259,971

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$259,971</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Services

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

c. Employer or Tax Identification Number: 91-0982722

d. Organizational DUNS: 624877945

   e. Physical Address
      Street 1: P.O. Box 7
      Street 2: Everett
      City: Everett
      State: Washington
      Zip Code: 98206

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

   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: $259,971

   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. Expiring Grant Project Identification Number (PIN): WA0461
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: DV Joint Transitional Housing-Rapid Rehousing

5. Project Status: Standard

6. Component Type: Joint TH & PH-RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

This project will provide both transitional housing (TH) and rapid rehousing (RRH) units to victims of domestic violence and their children. DVS will provide the TH component through leased units, with the goal is to transition program participants from TH into RRH within 90 days. The RRH component will provide housing search and short- and medium-term rental assistance to move victims of domestic violence and their children as rapidly as possible into permanent housing.

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-English 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.
2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence | |
| Veterans | Substance Abuse | |
| Youth (under 25) | Mental Illness | |
| Families with Children | HIV/AIDS | |
| Chronic Homeless | | |
| Other (Click ‘Save’ to update) | | |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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 Program 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 program participants, indicate who will provide them and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scattered-site ap...</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Scattered-site ap...</td>
<td>6</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TH</th>
<th>RRH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total Beds:</td>
<td>5</td>
<td>18</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH
   1a. Does this TH portion of the project have private rooms per household? Yes

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

3. What is the funding source for these units and beds? CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 2
   b. Beds: 5

5. 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
6. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
530480 Everett, 539061 Snohomish County

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project?  
   RRH

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

3. What is the funding source for these units and beds?  
   CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  6
   b. Beds:  18

5. 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
6. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>7</td>
<td>1</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>7</td>
<td>1</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>22</td>
<td>1</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Click Save to automatically calculate totals
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Applicant: Snohomish County

Project: DV Joint Transitional Housing-Rapid Rehousing

079247979

189852

Renewal Project Application FY2021

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10/27/2021
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: This field is pre-populated with a one-year grant term and cannot be edited:
   1 Year

5. Select the costs for which funding is requested:

   Leased Units [X]
   Leased Structures
   Rental Assistance [X]
   Supportive Services [X]
   Operating [X]
   HMIS
6B. Leased Units 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 funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA - Seattle-Bell...</td>
<td>2</td>
<td>$40,884</td>
<td>$40,884</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $40,884
Grant Term: 1 Year
Total Request for Grant Term: $40,884
Total Units: 2
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1</td>
<td>$40,884</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>2</strong></td>
<td><strong>$40,884</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td><strong>1 Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$40,884</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>6</td>
<td>$137,232</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $137,232
Total Units: 6
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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>6</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x 12</td>
<td>$137,232</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x 12</td>
<td></td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 6

Grant Term: 1 Year

Total Request for Grant Term: $137,232

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

### Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$54,772</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$54,772</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Washington State ...</td>
<td>$5,783</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Washington State ...</td>
<td>$9,672</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness ...</td>
<td>$15,541</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$5,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Foundry 10 Flex F...</td>
<td>$10,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>General fundraising</td>
<td>$8,776</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Washington State Domestic Violence Legal Advocacy grant
4. Amount of Written Commitment: $5,783

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Washington State DSHS Emergency Domestic Violence Shelter grant
4. Amount of Written Commitment: $9,672

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Ending Homelessness Program grant
4. Amount of Written Commitment: $15,541

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Filing Fees
4. Amount of Written Commitment: $7,192
4. Amount of Written Commitment: $5,000

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Foundry 10 Flex Funds
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $10,000

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: General fundraising
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $8,776
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$40,884</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$137,232</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$54,855</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$5,000</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$237,971</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$22,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$259,971</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$54,772</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$54,772</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$314,743</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

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<th>Document Description</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>DVS Non Profit Le...</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: DVS Non Profit Letter

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:** 10/27/2021

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

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement. X
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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Applicant: Snohomish County

Project: DV Joint Transitional Housing-Rapid Rehousing

Renewal Project Application FY2021

Page 55

10/27/2021
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D.</td>
<td>SF-424 Congressional District(s)</td>
<td>10/13/2021</td>
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<td>1E.</td>
<td>SF-424 Compliance</td>
<td>10/11/2021</td>
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<td>1F.</td>
<td>SF-424 Declaration</td>
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<td>1I.</td>
<td>Cert. Lobbying</td>
<td>10/11/2021</td>
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<td>IK.</td>
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<td>10/11/2021</td>
</tr>
<tr>
<td>2A.</td>
<td>Subrecipients</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>3A.</td>
<td>Project Detail</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>3B.</td>
<td>Description</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>4A.</td>
<td>Services</td>
<td>10/11/2021</td>
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<td>4B.</td>
<td>Housing Type</td>
<td>10/13/2021</td>
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<td>5A.</td>
<td>Households</td>
<td>10/11/2021</td>
</tr>
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<td>5B.</td>
<td>Subpopulations</td>
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<tr>
<td>6A.</td>
<td>Funding Request</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6B.</td>
<td>Leased Units</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>6C.</td>
<td>Rental Assistance</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>6D.</td>
<td>Match</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>6E.</td>
<td>Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A.</td>
<td>Attachment(s)</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>7B.</td>
<td>Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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, Oper. Mgr.
Accounts Management Operations I
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
   5a. Federal Entity Identifier: WA0173
   5b. Federal Award Identifier: WA0173
   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).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
5. Date Received by State:
6. State Application Identifier:
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-6500-N25
   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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Beachwood North

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: ☑

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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
4a. Total Amount Requested for this project: $40,082

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

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

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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</table>

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).

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

Certification

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

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

I AGREE: 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: 10/14/2021
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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

Applicant: Snohomish County
Project: Beachwood North

Renewal Project Application FY2021
Page 12
10/28/2021
 acquaint that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  10/28/2021
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:

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: 10/28/2021
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

Applicant: Snohomish County
Project: Beachwood North

Renewal Project Application FY2021 Page 16 10/28/2021
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
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<td>8.</td>
<td>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
</tr>
<tr>
<td>10.</td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
</tr>
<tr>
<td>11.</td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).</td>
</tr>
<tr>
<td>14.</td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
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<tr>
<td>15.</td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
</tr>
<tr>
<td>16.</td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
</tr>
<tr>
<td>17.</td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, &quot;Audits of States, Local Governments, and Non-Profit Organizations.&quot;</td>
</tr>
<tr>
<td>18.</td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
</tr>
<tr>
<td>19.</td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
</tr>
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</table>

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
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</tbody>
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<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
<td>3C. Dedicated Plus</td>
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<tr>
<th>Part 4 - Housing Services and HMIS</th>
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<tbody>
<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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</table>

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<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
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<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
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<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
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</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Change of housing address and change in bed number, increased operating costs to align with GiW

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced a minor cost underrun in operating costs in the previous grant term and is anticipated to fully expend grant funds in the current term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
### 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:** $40,082

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Hope</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$40,082</td>
</tr>
</tbody>
</table>
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

e. Physical Address
   Street 1: 5830 Evergreen Way
   City: Everett
   State: Washington
   Zip Code: 98203

f. Congressional District(s): 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: $40,082

j. Contact Person
   Prefix: Ms.
   First Name: Lynda
   Middle Name: 
   Last Name: Plummer
Suffix: 
Title: Director of Social Services
E-mail Address: LyndaPlummer@housinghope.org
Confirm E-mail Address: LyndaPlummer@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. Expiring Grant Project Identification Number (PIN): WA0173
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Beachwood North

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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 HopeWorks Station (HH Station Place) at 3315 Broadway in Everett, WA 98201. 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other(Click ‘Save’ to update)</td>
<td></td>
</tr>
</tbody>
</table>

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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
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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

Total Units: 7
Total Beds: 35
Total Dedicated CH Beds: 35
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.
   a. Units: 5
   b. Beds: 29

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   29
   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 program participants at the selected housing site.
   a. Units: 2
   b. Beds: 6

3. How many beds of the total beds in "b. Beds" are dedicated to the chronically homeless?
   This includes both the “dedicated” and “prioritized” beds from previous competitions.
   6

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: 3315 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)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total Number of Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>26</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td></td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>35</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  
Project: Beachwood North
Describe the unlisted subpopulations referred to above:
The non-disabled children are the children of disabled adults though they have no conditions themselves.
6A. Funding Request

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td></td>
<td></td>
<td>$10,021</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td></td>
<td></td>
<td>$10,021</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Housing Hope Gene...</td>
<td>$10,021</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: Housing Hope General Funds
   (Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: $10,021
### 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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$12,556</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$25,538</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$38,094</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$1,988</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$40,082</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$10,021</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$10,021</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$50,103</td>
</tr>
</tbody>
</table>

**Applicant:** Snohomish County  
**Project:** Beachwood North  
**079247979 189853**
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Housing Hope Nonp...</td>
<td>10/07/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 10/28/2021
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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
## 8B Submission Summary

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<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
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Applicant: Snohomish County

Project: Beachwood North

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189853
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<tr>
<th>Section</th>
<th>Description</th>
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<td>4B</td>
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<tr>
<td>7B</td>
<td>Certification</td>
<td>10/14/2021</td>
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</table>
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
   WA0357
5b. Federal Award Identifier: WA0357
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).

   Check to confirm 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-6500-N25  
   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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Housing Hope Village (PSH)

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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
Last Name: Brell Vujovic
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
Fax Number: (425) 259-1444
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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
4a. Total Amount Requested for this project:  $153,774

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
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<tr>
<td>See “Other Attachments” screen</td>
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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).

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

**Certification**

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

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

I AGREE: 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:** 10/14/2021
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. |
| 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. |
| 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.; |
| 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; |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

**Sites for Work Performance.**

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. [X]

Renewal Project Application FY2021 10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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

Applicant: Snohomish County
Project: Housing Hope Village (PSH)
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>8.</strong></td>
<td>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327–333), regarding labor standards for federally-assisted construction subagreements.</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.</td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).</td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”</td>
</tr>
<tr>
<td><strong>18.</strong></td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
</tr>
<tr>
<td><strong>19.</strong></td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorized Representative for:</strong></td>
<td>Snohomish, County of</td>
</tr>
<tr>
<td><strong>Prefix:</strong></td>
<td>Ms.</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2021  Page 19  10/28/2021
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>x</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>x</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Increase in operating costs to align with GIW

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. The project experienced decreased costs due to the pandemic, including delay of regular maintenance schedule in order to follow pandemic precautions/limitations and staff turnover due to illness. The project is anticipated to fully expend grant funds in the current term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand?  No

   If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $134,623

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Hope</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$134,623</td>
</tr>
</tbody>
</table>
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): WA-001, WA-002
   (for multiple selections hold CTRL key)

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: Lynda
   Middle Name: 
   Last Name: Plummer
Suffix: Director of Social Services
E-mail Address: LyndaPlummer@housinghope.org
Confirm E-mail Address: LyndaPlummer@housinghope.org
Phone Number: 425-347-6556
Fax Number: 425-353-5546

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN):
   WA0357
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Housing Hope Village (PSH)

5. Project Status: Standard

6. Component Type: PH

   6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence |
| Veterans | Substance Abuse |
| Youth (under 25) | Mental Illness |
| Families with Children | HIV/AIDS |
| Chronic Homeless | Other(Click ‘Save’ to update) |

3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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
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.

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. Is this project “100% Dedicated,” 100% Dedicated
“DedicatedPLUS,” or "N/A"?
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>13</td>
<td>50</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for program 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)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>13</td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>31</td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Total Persons</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Total Persons</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>31</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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.
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: This field is pre-populated with a one-year grant term and cannot be edited:  1 Year

5. Select the costs for which funding is 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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$38,444</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$38,444</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Housing Hope Gene...</td>
<td>$38,444</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Housing Hope General Funds
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $38,444
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$70,355</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$71,578</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$141,933</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$11,841</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$153,774</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$38,444</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$38,444</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$192,218</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 10/28/2021
Title: Director, Human Services Department
Applicant Organization: Snohomish, County of Snohomish County

Project: Housing Hope Village (PSH)
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by
the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>10/14/2021</td>
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<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
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<td>1G. HUD-2880</td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>IK. SF-424B</td>
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<td>Submission Without Changes</td>
<td>10/14/2021</td>
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<td>Recipient Performance</td>
<td>10/28/2021</td>
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<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
<td>10/14/2021</td>
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<td>2A. Subrecipients</td>
<td>10/14/2021</td>
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<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
<td>10/14/2021</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>10/14/2021</td>
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<tr>
<td>4A. Services</td>
<td>10/14/2021</td>
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<tr>
<td>4B. Housing Type</td>
<td>10/14/2021</td>
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<tr>
<td>5A. Households</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6D. Match</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0426
   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).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
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

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      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-6500-N25
   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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Interfaith Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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
4a. Total Amount Requested for this project: $289,343

5. State the name and location (street address, city and state) of the project or activity:
   Interfaith 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? Yes
   (For further information, see 24 CFR Sec. 4.3).

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: 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: 10/14/2021
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:

<table>
<thead>
<tr>
<th>Certification/Agreement</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees ---</td>
<td></td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
<td></td>
</tr>
<tr>
<td>(2) The Applicant’s policy of maintaining a drug-free workplace;</td>
<td></td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
<td></td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
<td></td>
</tr>
<tr>
<td>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.;</td>
<td></td>
</tr>
<tr>
<td>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
<td></td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
<td></td>
</tr>
<tr>
<td>(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;</td>
<td></td>
</tr>
<tr>
<td>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
<td></td>
</tr>
<tr>
<td>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 ---</td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td></td>
</tr>
<tr>
<td>(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;</td>
<td></td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
<td></td>
</tr>
</tbody>
</table>

**Sites for Work Performance.**

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding. Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2021  
Page 12  
10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: [X]

Authorized Representative for: Snohomish, County of

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

E-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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
  - 3B. Description

- Part 4 - Housing Services and HMIS
  - 4A. Services
  - 4B. Housing Type

- Part 5 - Participants and Outreach Information
  - 5A. Households
  - 5B. Subpopulations

- Part 6 - Budget Information
  - 6A. Funding Request
  - 6C. Rental Assistance
  - 6D. Match
  - 6E. Summary Budget

- Part 7 - Attachment(s) & Certification
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Update expected award amount for subrecipient

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?  
   Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?  
   No

3. Do you draw funds quarterly for your current renewal project?  
   Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?  
   Yes

4a. If HUD recaptured funds provide an explanation.

   The project experienced some cost underruns in the previous grant term. The project experienced a staff vacancy towards end of the term. In addition, rent costs were lower than anticipated due to time needed to locate housing after enrollment for open vacancies, which increased during the pandemic due to fewer unit vacancies in the housing market and hesitancy of landlords to rent units available due to the WA State pandemic eviction moratorium which prohibited rent increases and certain lease-enforcement provisions. Rental costs were also lower than anticipated due to the amount of participant rent contributions and some units renting less than FMR’s. Project experienced some cost savings in other line items due to reduced costs related to the pandemic. The project is anticipated to fully expend grant funds in the current term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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:** $289,299

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interfaith</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$289,299</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: Interfaith Rapid Rehousing

079247979
189855
2A. Project Subrecipients Detail

a. Organization Name: Interfaith

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

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): WA-001, WA-002
   (for multiple selections hold CTRL key)

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: $289,299

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN):
   WA0426
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Interfaith Rapid Rehousing

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? 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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence |   |
| Veterans                               | Substance Abuse   |   |
| Youth (under 25)                       | Mental Illness    |   |
| Families with Children                 | HIV/AIDS          |   |
|                                       | Chronic Homeless  |   |
|                                       | Other(Click ‘Save’ to update) |   |

3. Housing First

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

3b. Does the project enroll program participants who have the following
### 3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach?  
Yes
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? No

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

Total Units: 10
Total Beds: 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 program 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: PO Box 12824
   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
**5A. Program 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: Interfaith Rapid Rehousing 189855

Renewal Project Application FY2021  Page 37  10/28/2021
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.
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: This field is pre-populated with a one-year grant term and cannot be edited:  1 Year

5. Select the costs for which funding is requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS

Applicant: Snohomish County
Project: Interfaith Rapid Rehousing
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$236,580</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $236,580
Total Units: 10
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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x 12</td>
<td>= $57,564</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x 12</td>
<td>= $114,360</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>2</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x 12</td>
<td>= $64,656</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 10
Grant Term: 1 Year
Total Request for Grant Term: $236,580

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$72,336</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$72,336</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?  
   No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>WA State System ...</td>
<td>$72,336</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: WA State System Demonstration Grant
4. Amount of Written Commitment: $72,336
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
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<tr>
<td>2. Rental Assistance</td>
<td>$236,580</td>
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<td>3. Supportive Services</td>
<td>$49,719</td>
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<td>4. Operating</td>
<td>$0</td>
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<td>5. HMIS</td>
<td>$0</td>
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<tr>
<td>6. Sub-total Costs Requested</td>
<td>$286,299</td>
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<tr>
<td>7. Admin (Up to 10%)</td>
<td>$3,044</td>
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<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$289,343</td>
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<td>9. Cash Match</td>
<td>$72,336</td>
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<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
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<tr>
<td>11. Total Match</td>
<td>$72,336</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$361,679</td>
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</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Interfaith Nonpro...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Interfaith Nonprofit Status

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:  10/28/2021
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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

X

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

X
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: Interfaith Rapid Rehousing

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<table>
<thead>
<tr>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>IK. SF-424B</td>
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<tr>
<td>Submission Without Changes</td>
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<tr>
<td>Recipient Performance</td>
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<tr>
<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
</tr>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
</tr>
<tr>
<td>7B. Certification</td>
</tr>
</tbody>
</table>
Internal Revenue Service  
District Director  

Department of the Treasury  

EP/EO-11(KW)  
Employer Identification Number:  
91-1340220  
Accounting Period Ending:  
June 30  
Form 990 Required: ☑ Yes ☐ No  

Person to Contact:  
EO Desk Officer  
Contact Telephone Number:  
(206) 442-5106  

The North Snohomish County  
Association of Churches  
P.O. Box 7107  
Everett, WA 98201  

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 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.
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,

[Signature]

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.)
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: 10/28/2021

4. Applicant Identifier:
   a. Federal Entity Identifier:

5. 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: 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-6500-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: 
   Title:
14. Area(s) affected by the project (state(s) only): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: LCSNW Rapid Rehousing

16. Congressional District(s):
   16a. Applicant: WA-001, WA-002
   16b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  10/28/2021
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
4a. Total Amount Requested for this project: $336,833.00
(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.
Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<tbody>
<tr>
<td>See “Other Attachments” screen</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

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

### Certification

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

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

I AGREE: [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:** 10/28/2021
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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

b. Establishing an on-going drug-free awareness program to inform employees ——
(1) The dangers of drug abuse in the workplace
(2) The Applicant’s policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ——
(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ——
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

New Project Application FY2021  Page 12  11/02/2021
I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application?  No

No SF-424D is required. Select “Save and Next” to move to the next screen.
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: $336,833

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran Community Services Northwest</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$336,833</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Lutheran Community Services Northwest

b. Organization Type: M. Nonprofit with 501C3 IRS Status
    If "Other" specify:

c. Employer or Tax Identification Number: 93-0386860

<table>
<thead>
<tr>
<th>d. Organizational DUNS:</th>
<th>007417702</th>
<th>PLUS 4:</th>
</tr>
</thead>
</table>

e. Physical Address
   Street 1: 215 W Mukilteo Blvd.
   Street 2: 
   City: Everett
   State: Washington
   Zip Code: 98203

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

  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: $336,833

j. Contact Person
   Prefix: Mr.
   First Name: Jay
   Middle Name: 
Last Name: Kang  
Suffix: 
Title: North Puget Sound District Director  
E-mail Address: jkang@lcsnw.org  
Confirm E-mail Address: jkang@lcsnw.org  
Phone Number: 206-694-5700  
Extension:  
Fax Number: 
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Snohomish County has been the recipient of multiple federal funding sources for several years. The County is currently the recipient of 24 CoC grants and has been designated as a unified Funding Agency since FY2018. The County has a history of successful implementation of various program types. LCSNW, the subrecipient, has extensive operational and fiscal experience in serving people who experience homelessness. The LCSNW Community Resource Center currently operates grant-funded programs to secure and maintain long-term stable housing for the housing-vulnerable population in Snohomish County. LCSNW secures funding from multiple government and private sources and maintains a robust fundraising program to ensure that (a) the organization is able to supply matching funds for this proposed project and (b) to strategically leverage funds to maximize service to those in need. LCSNW has established sound policies and processes to ensure our financial systems are well controlled and our books and records are consistent with GAAP. In our Finance Policy, we enumerate three areas of internal controls over financial reporting (ICFR) into three segments: Entity Level Controls; Financial Reporting Controls; and Information Technology General Controls (ITGC). We complete a monthly financial close cycle that allows for routine and timely review and analysis of financial performance. Our leadership teams review financial performance monthly; we have monitoring and mitigation processes to address emergent and chronic financial issues in programs. To support our people and processes, we have a financial system (ABILA’s MIP) that is geared for the not-for-profit industry and supports contract accounting. Other systems feed into our financial system manually or directly to provide the underlying financial information. All of our systems are supported with ITGCs.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Snohomish County has several years of experience managing federal, state, and local funds. As the Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects. LCSNW practices careful stewardship of a broad range of federal, state, local and private sector funds. LCSNW operates under grant contract with numerous federal, state and county/city government entities throughout Washington, Oregon, and Idaho.

3. Describe your organization’s (and subrecipient(s) if applicable) financial
management structure.

Snohomish County’s Human Services Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County's financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants and Program Specialists who manage subrecipient grants to resolve 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.

LCSNW tracks revenue and expenditures by location, program and down to the contract level. It also has an Accounting Financial Policies and Procedures Manual that documents internal controls for all of the financial functions. The agency’s Board of Directors reviews key internal controls annually and has a finance committee to review and oversee our greater financial picture. The agency also has an annual external audit of its financial statements, as well as an A133 audit. The external auditors review the agency's internal controls as part of those audits. These audits have identified LCSNW as a “low-risk auditee”. Key internal controls over cash receipts include: restrictively endorsing checks upon receipt, making bank deposits in a timely manner, having a staff role that is not involved with receiving cash or making bank deposits compare the cash receipt transmittal forms to the deposit slips and reconciling cash receipt posting to the bank statement. Upon receiving this or any contract, the contract details and award amount are communicated to the appropriate parties to ensure compliance. The financial details, as laid out in the contract, are then recorded and followed according to policy. LCSNW maintains strict internal controls over financial reporting and over safeguarding of assets against unauthorized acquisition, use or disposition, which is designed to provide reasonable assurance to LCSNW's management and Board of Directors regarding the preparation and reliability of financial statements, and the safeguarding of assets. Agency-level controls, also identified by the Committee of Sponsoring Organizations (COSO), a Congressional task force on corporate governance, considers the highest level of ‘checks and balances’ as Entity Level Controls (ELC). Internal control includes a documented organizational structure, a division of responsibility, and established policies and procedures, including a code of conduct, to foster a strong ethical climate.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No
3A. Project Detail

1. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2. CoC Collaborative Applicant Name: Snohomish, County of
3. Project Name: LCSNW Rapid Rehousing
4. Project Status: Standard
5. Component Type: PH
5a. Select the type of PH project: RRH
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
3B. Project Description

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

The Snohomish County Point in Time data shows that 599 people were unsheltered and 517 were sheltered but not permanently housed in Snohomish County at the time of the count. Community needs among unhoused people include food, shelter, safety and security. LCSNW proposes to meet these needs by leveraging existing low-barrier and housing navigation programs in Snohomish County—both the Everett area as well as the North County, as a base, and using RRH grant funds to add case management staff to coordinate intensive and sustained communication, support, referral and outreach to (a) open a path for homeless families and individuals to enter safe housing with fair market rates; (b) create personalized action plans and implement a progressive engagement model to identify needs and necessary services that align with each individual/family’s unique circumstances; (c) support participants toward vocational, educational and life skills training in alignment with participant goals, and (d) support and guide participants toward the next step of the continuum and/or toward permanent housing stability.

LCSNW proposes to hire 1 full-time Case Manager. The case manager will be equipped to serve participants from any part of the County, and will cross-collaborate with LCSNW Community Resource Staff to share resources and support clients. A program manager will provide oversight and supervision. The proposed program will serve 10 households referred through Snohomish County’s Coordinated Entry. Each one of these cases will require extensive amounts of one-on-one coaching and support, as well as many hours of outreach, systems coordination, community referrals, landlord communication, etc. Program success depends on intensive engagement.

LCSNW proposes to provide comprehensive and productive support at the rapid rehousing level of the local continuum. A continuum is necessary so that a range of community partners can focus on and specialize in various levels of support and care. Most unhoused families experience complex trauma as a contributing issue. The way to approach complex trauma is with patience, persistence and a housing-first framework. Through ongoing, participant-driven RRH care, LCSNW proposes to prepare participants for permanent housing services as part of their complex journey toward long-term stability.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td>A 31</td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td>B 62</td>
</tr>
</tbody>
</table>

New Project Application FY2021    Page 28    11/02/2021
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 81 |
Leased or rental assistance units or structure, and supportive services near 100% capacity | 106 |
Closing on purchase of land, structure(s), or execution of structure lease |
Start rehabilitation |
Complete rehabilitation |
Start new construction |
Complete new construction

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.
(Select ALL that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families</th>
<th>HIV/AIDS</th>
<th>Chronic Homeless</th>
<th>Other</th>
</tr>
</thead>
</table>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>Active or history of substance use</th>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5d. Will the project follow a "Housing First" approach? (Click ‘Save’ to update)

Yes

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?

No

7. Will more than 16 persons live in a single structure?

No
3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project?  No
4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

LCSNW proposes to leverage existing expertise developed through currently operating Community Resource Centers and Housing Navigation Programs to enhance coordination and arrangements with landlords and/or other homeless service providers. The case manager will make connections according to needs outlined in the Action Plan. In addition to needs listed above, connections will also be made for life skills classes that align with areas of participant need. Case Managers will connect proactively with landlords in a timely manner and will facilitate a warm connection between participants and landlords to establish positive tenant/landlord relationship.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Through its existing housing navigation and Community Resource Center programming in Snohomish County, including in the North Region of the county, LCSNW has cultivated a large network of partnerships and relationships with a great variety of community assistance organizations and homelessness mitigation programs. Case managers will access this network of partnerships whenever possible, making relevant referrals and strategically leveraging existing resources to avoid duplication. Case managers will also work on building new connections with community organizations, as well as developing/offering original in-house life skills classes, in order to ensure that specific participant needs will be met. Case managers will continually determine and ensure availability of supportive services such as housing search, primary and mental health services, educational and vocational training services, employment services, life skills training, accessible child care, etc.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Click ‘Save’ to update.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Role</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project will include the following activities:

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

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

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **Yes**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 10
Total Beds: 21

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>
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 program participants at the selected housing site.
   2a. Units: 10
   2b. Beds: 21

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: 215 W Mukilteo Blvd.
Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98203

*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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Households</strong></td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td><strong>Persons over age 24</strong></td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td><strong>Persons ages 18-24</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Accompanied Children under age 18</strong></td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td><strong>Unaccompanied Children under age 18</strong></td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>21</td>
</tr>
</tbody>
</table>

*Click Save to automatically calculate totals*
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:
It is anticipated that not all children in referred households will be part of any of
the listed subpopulations.
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023?  
   Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition?  
   CoC Bonus

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.

3a. Complete the indirect cost rate table below

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Date approved or enter “NA” if using 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/ Cost Allocation Services</td>
<td>29%</td>
<td>$32,855,070</td>
<td>07/10/2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. Has this rate been approved by your cognizant agency?  
   Yes

   c. Do you plan to use the 10% de minimis rate?  
   No

4. Select a grant term:  
   1 Year

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

- Rental Assistance [X]
- Supportive Services [X]
- HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No
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.

<table>
<thead>
<tr>
<th>Total Request for Grant Term:</th>
<th>$210,300</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$210,300</td>
</tr>
</tbody>
</table>
**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)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5</td>
<td>$1,599</td>
<td>$95,940</td>
</tr>
</tbody>
</table>

---

Applicant: Snohomish County
Project: LCSNW Rapid Rehousing

New Project Application FY2021 Page 42 11/02/2021
<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Units Requested</th>
<th>Annual Assistance Requested</th>
<th>Total Annual Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>5</td>
<td>$1,906</td>
<td>$114,360</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$2,694</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$3,172</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$3,648</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$4,124</td>
<td>$0</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>$4,599</td>
<td>$0</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$5,075</td>
<td>$0</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$5,551</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>10</strong></td>
<td><strong>$210,300</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1.0 FTE, Salary &amp; full benefits (59,837) .2FTE Pr. Mgr S&amp;B (28,125)</td>
<td>$87,962</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>$2,500 bus passes for program participants</td>
<td>$2,500</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>Mileage for CM(2,500), program supplies(800), software(100), occupancy(2,000), Postage/printing(50)</td>
<td>$5,450</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$95,912</strong></td>
</tr>
</tbody>
</table>

**Grant Term**
1 Year

**Total Request for Grant Term**
$95,912

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Amount of Cash Commitments:</th>
<th>$84,209</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Amount of All Commitments:</td>
<td>$84,209</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Name of Source</th>
<th>Amount of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>LCSNW Cash reserves</td>
<td>$20,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>LCSNW Restricted ...</td>
<td>$25,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$20,000</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$19,209</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: LCSNW Cash reserves
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $20,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: LCSNW Restricted Assets
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $25,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Human Services- Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $20,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Human Services- County General Revenue & Marriage License Fee
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $19,209
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$210,300</td>
<td>1 Year</td>
<td>$210,300</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$95,912</td>
<td>1 Year</td>
<td>$95,912</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$306,212</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$30,621</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$336,833</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$84,209</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$84,209</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$421,042</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>LCSNW Non Profit Documentation</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>LCSNW Indirect Cost Allocation</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: LCSNW Non Profit documentation

Attachment Details

Document Description: LCSNW Indirect Cost Rate

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:** 10/28/2021

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

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

Applicant: Snohomish County
Project: LCSNW Rapid Rehousing
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>IK. SF-424B</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1L. SF-424D</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>3B. Description</td>
<td>10/19/2021</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>4A. Services</td>
<td>10/19/2021</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>5A. Households</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6I. Match</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>10/15/2021</td>
</tr>
</tbody>
</table>
Lutheran Community Services Northwest  
605 SE 39th Ave.  
Portland, OR 97214-3216050

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in January of 1965 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its 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 the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.
Lutheran Community Services Northwest
93-0386860

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

[Signature]
John E. Ricketts, Director, TE/GE
Customer Account Services
NONPROFIT RATE AGREEMENT

EIN: 93-0386860
DATE: 07/14/2021

ORGANIZATION:
FILING REF.: The preceding
Lutheran Community Services Northwest
agreement was dated
4040 S. 188th Street, Ste. 300
07/10/2019
SeaTac, WA 98188-5070

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

<table>
<thead>
<tr>
<th>RATE TYPES</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE PERIOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TYPE</td>
<td>FROM</td>
<td>TO</td>
<td>RATE(%)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>FINAL</td>
<td>07/01/2018</td>
<td>06/30/2020</td>
<td>36.00</td>
<td>All</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
<td>37.00</td>
<td>All</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2021</td>
<td>06/30/2023</td>
<td>28.80</td>
<td>All</td>
</tr>
</tbody>
</table>

*BASE

Prior to 07/01/2021, Direct salaries and wages, excluding all fringe benefits.

Effective 07/01/2021, Total direct costs excluding capital expenditures
(buildings, individual items of equipment; alterations and renovations), that
portion of each subaward in excess of $25,000 and flow-through funds.
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.

DEFINITION OF EQUIPMENT
Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost of which equals or exceeds $5,000.

The following fringe benefits are treated as direct costs:
FICA, WORKERS COMPENSATION, MEDICARE, MEDICAL/DENTAL/LIFE INSURANCE, ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE, AND DISABILITY INSURANCE

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/2021 will be due no later than 12/31/2021.
ORGANIZATION: Lutheran Community Services Northwest

AGREEMENT DATE: 7/14/2021

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:

Lutheran Community Services Northwest

(KARYN HUFFMAN)

SIGNATURE

Karyn Huffman

(NAME)

Chief Financial Officer

(TITLE)

7/19/2021

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim - S

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

7/14/2021

(DATE)

(NHS REPRESENTATIVE: Elmas Martin

Telephone: (415) 437-7820

Page 3 of 3
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.
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: 10/28/2021

4. Applicant Identifier:

   a. Federal Entity Identifier:

5. 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
   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-6500-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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Community Rapid Rehousing

16. Congressional District(s):
   16a. Applicant: WA-001, WA-002
   16b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. **Total Amount Requested for this project:** $234,118.00

(Requested amounts will be automatically entered within applications)

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

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

---

### Part I Threshold Determinations

1. **Are you applying for assistance for a specific project or activity?**

   Yes

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

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

   Yes

   For further information, see 24 CFR Sec. 4.9.

### 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**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).

<table>
<thead>
<tr>
<th>Alphabetic list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

Certification

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

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

I AGREE: [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: 10/28/2021
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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
</tbody>
</table>

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

New Project Application FY2021 Page 12 10/28/2021
I acknowledges that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Are you requesting CoC Program funds for construction costs in this application?  No

No SF-424D is required. Select “Save and Next” to move to the next screen.
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: $234,118

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King County-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$234,118</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>d. Organizational DUNS: 071846208</th>
<th>PLUS 4:</th>
</tr>
</thead>
</table>

e. Physical Address
   Street 1: 3301 Broadway
   Street 2:
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: $234,118

j. Contact Person
   Prefix: Ms.
   First Name: Mary Anne
   Middle Name:

New Project Application FY2021 Page 23 10/28/2021
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 your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Since 1894, the YWCA has been providing shelter, housing, employment services for women and their families in Seattle and King County. Since 1976 YWCA Pathways for Woman has provided shelter, housing and services to households in Snohomish County. YWCA in Snohomish County has been managing and accounting for public funding for 45 years and has over 30 contracts for services. Public funding sources managed in the past 5 years include: Snohomish County 1/10th of 1%, EHP, CHG/ESG, CDBG, AHTFO&M; FEMA/EFSP; HUDCOC; Public Hospital District 2; Department of Commerce; DSHS; City of Everett. City of Lynnwood, Seattle & King County Public Health, Ryan White and CARES Act funding. Private foundation grants include Building Changes, United Way and smaller private grants. Housing Vouchers provided by Snohomish County Housing Authority. The YWCA’s 2021 budget is over $40,000,000; in Snohomish County it is $12,045,275 75% of which is public funding. The YWCA administers the county wide TBRA Program and the County’s Shelter Plus Care Program for chronically homeless, disabled individuals and families since 2002. We understand the complex issues that individuals and families face who are low-income and homeless. YWCA staff are experienced and well trained in trauma, racism, poverty, domestic violence, mental health and substance abuse issues, housing search and navigating mainstream & community based systems. YWCA has an established network of collaborative providers to represent the entire spectrum of clients with disabilities and special populations including families with children and youth served.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

YWCA has managed the CoC Shelter Plus Care program since 2002 and has comply with leverage requirement from many sources including those described above in addition to in-kind contributions of private sources.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

We operate a standard system of financial controls in compliance with GAAP & OMB Circulars. We utilize SAGE 300 Premium (Version 2017), which is an enterprise resource planning (ERP) software system for small and midsized businesses, typically recommended to companies with annual revenue between $1 million and $100 million. We have cost centers set up within SAGE for various different projects to allow easy tracking of revenue and expenses for
that project and can easily generate reports to show budget to actuals for any specific cost center. Generally, a separate cost center is set up for each contract. For cost centers with single funding sources, the reports from SAGE is self-explanatory and self-supportive. There are written procedures for both agency and accounting functions. Since the YWCA receives federal funds, an agency cost allocation plan is in place to ensure compliance with OMB Circulars. Disbursements require approval from program management. Procedures include a segregation of duties in the accounting functions. The CFO oversees the organization’s financial activity. The Controller, Accounting Supervisor, Payroll Supervisor and staff handle daily work. The Finance Committee & Board of Directors approve yearly budgets. Monitoring of the budget is done by managers & directors, and the Board's Finance Committee. The YWCA’s policies has a record retention policy ensuring records kept meet legal requirements.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No
3A. Project Detail

1. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2. CoC Collaborative Applicant Name: Snohomish, County of
3. Project Name: Community Rapid Rehousing
4. Project Status: Standard
5. Component Type: PH
5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
3B. Project Description

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

The FMR for a 2-bed apartment in Snohomish County is $1,906.00 and $2,694 for a 3 bed-apartment, (HUD). This income is unattainable for most individuals, especially those who have limited skills/ employment or are the only wage earner in their household. The minimum wage in WA is $13.69 per hour, $16.77 less than then average needed wage of $ 30.46 plus to secure a unit. This RRH project provides short to medium term TBRA to a minimum of h at any given time. CoC funds are needed to help end family homelessness within the Everett/Snohomish County CoC. The project will provide an intervention designed to help participants exit homelessness and into to permanent hsg as quickly as possible. Participants will receive rental assistance combined with hsg location and stability case management (CM) services from the YWCA. Service delivery will be through the lens of a low barrier/hsg first approach. The focus population will be very low income, homeless families with or w/out children. Nearly every client faces multiple barriers including mental health issues, substance abuse, DV, criminal history, poor rental/credit history and other disabilities; in addition to transportation, lack of adequate income/employment or skills and edu. Most have a history of hsg instability. The CM provided by the YWCA includes comprehensive and varying services designed to meet each participant’s individual barriers that assist in achieving goals agreed upon by Family Advocate and client. The Fenn-Jorstad Self-Sufficiency Matrix and a comprehensive initial assessment of needs/barriers/strengths of each person will be completed at entry to tailor the level of assistance for each household. Participants are assisted in creating a hsg search plan and given a list of local landlords in addition to 1 to 1 hsg search with community landlords. The Hsg Stability Plan will involve home visits, referrals to mainstream resources, health services, childcare, transportation and economic literacy; they will learn to manage their income and develop a support system in the community to retain hsg. A consumer driven model will lay the groundwork for the goal of independence. They will learn to navigate multiple systems to gain hsg stability. A Family Advocate will support clients in finding hsg that is accessible to services and meets the needs of the family. The project goals are to decrease the average number of days for participants to obtain hsg; increase the number of participants who exit to permanent hsg; and increase the number of adults who increase their total income. Once participants move into permanent hsg/exit the project or are eligible for re-certification, an Employment Readiness Scale (ERS) will be completed. CM is delivered in collaboration with other providers, to ensure that participants access and maintain mainstream income resources, stabilize/increase household income and develop stronger self-sufficiency and coping skills.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.
### Project Milestones

<table>
<thead>
<tr>
<th>Project Milestone</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td>A</td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td>B</td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td>C</td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td>D</td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease</td>
<td></td>
</tr>
<tr>
<td>Start rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Complete rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Start new construction</td>
<td></td>
</tr>
<tr>
<td>Complete new construction</td>
<td></td>
</tr>
</tbody>
</table>

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

- N/A - Project Serves All Subpopulations
- Domestic Violence
- Veterans
- Substance Abuse
- Youth (under 25)
- Mental Illness
- Families
- HIV/AIDS
- Chronic Homeless
- Other (Click 'Save' to update)

Other: Single Individuals

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?

Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing?

Yes
5b. Will the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5d. Will the project follow a "Housing First" approach? Yes (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No
3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No
4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Clients will be referred from CE and verified eligible by the Hsg Stability Family Advocate (FA) then enrolled into the project. The FJSSM will be used to assess strengths/needs/preferences/barriers to hsg placement. The Hsg Stability Action Plan will establish a plan to secure hsg within 30 days of enrollment. The clients will work with the YWCA Family Advocate (FA) and our network of providers on services including Veterans, mental health, addiction, life skills, tenant/credit screening, medical, employment, vocational, children’s services, transportation, legal, education, food, HIV/AIDS, payee, chore activities, rent/utility assistance and DV. The FA will conduct a targeted hsg search from a landlord list, deposit/moving cost may be provided as well as rental assistance for up to one year with monthly visits. The FA will provide outreach to landlords, assistance with completing rental applications and tenant counseling to gain stable hsg.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

YWCA Family Advocate will provide case management to all clients in this project. The goal of case management is for all clients to have an income regardless of the source that will be stable and sufficient enough to ensure housing permanency and economic empowerment. The Fenn-Jorstad Self Sufficiency Matrix will be completed at entry, and on an annual basis if needed, to assess the barriers as well as the strengths of each adult. To eliminate basic barriers that once hindered their ability to obtain and maintain employment, the Family Advocate assists the client in setting short term and longer term achievable vocational goals. Once participants move into permanent housing/exit the project an Employment Readiness Scale (ERS) will be completed to engage individuals on job readiness, or connection to appropriate or better employment. The Housing Stability Plan will include standing appointments with the Advocate. For some, this simple task teaches reliability and allows client to learn the most basic of job retention strategies. The Advocate will make referrals to SSI/SSDI technical assistance when needed. The Advocate will provide referrals to employment services for resume writing and job search; Mental Health services are provided by a partner agency to provide self-efficacy and confidence building; and/or other educational, vocational and community services. Volunteerism experiences and internships are encouraged as they may lead to part and full time employment. Eventually clients move from focus of employment retention to wage progression. By having the most up to date information participants are able to access virtual classes for employment readiness. Advocates inform participants of employment opportunities from partnering agencies such as Goodwill, College of Hope, WorkSource Online, Workforce Snohomish, DVR services and most
recently engaging in Snohomish County Employment Support Services program. By utilizing the employment support referral system through Snohomish County Employment Pathways and community partners’ participants maximize their ability to live independently. The program will increase the intensity of support services by providing as mentioned above, additional services otherwise not accessible to this population.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project will include the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>7</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 7
Total Beds: 15
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 program participants at the selected housing site.
   
   2a. Units:  7
   2b. Beds:  15

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)

   530480 Everett, 539061 Snohomish County
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td>4</td>
<td>3</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>4</td>
<td>4</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>2</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 1 1 4</td>
</tr>
<tr>
<td>Total Persons</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1 1 4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0 0 0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 0 0</td>
</tr>
</tbody>
</table>

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:
Learning disability, non-disabled children and chronic illness.
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:
   - Rental Assistance X
   - Supportive Services X
     HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No
### 6E. Rental Assistance Budget

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

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>7</td>
<td>$149,052</td>
</tr>
</tbody>
</table>

**Total Request for Grant Term:** $149,052

**Total Units:** 7
### 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](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](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)

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$1,599</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County

Project: Community Rapid Rehousing

New Project Application FY2021

Page 42

10/28/2021
<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Units</th>
<th>Annual Assistance</th>
<th>Total Annual Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>$1,906 x 12</td>
<td>4 x $1,906 = $91,488</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$2,694 x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$3,172 x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$3,648 x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$4,124 x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>$4,599 x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$5,075 x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$5,551 x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 7

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
<td>$149,052</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1.0 FTE Case Manager</td>
<td>$63,783</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$63,783</td>
</tr>
</tbody>
</table>

Grant Term: 1 Year

Total Request for Grant Term: $63,783

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Amount of Cash Commitments:     | $73,842 |
| Total Amount of In-Kind Commitments:  | $0      |
| Total Amount of All Commitments:      | $73,842 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Name of Source</th>
<th>Amount of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County-...</td>
<td>$2,062</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>YWCA Private Inve...</td>
<td>$71,780</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match commitment: Cash
   2. Source: Government
   3. Name of Source: Snohomish County-Ending Homelessness Program
   4. Amount of Written Commitment: $2,062

Sources of Match Detail

1. Type of Match commitment: Cash
   2. Source: Private
   3. Name of Source: YWCA Private Investment
   4. Amount of Written Commitment: $71,780
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$149,052</td>
<td>1 Year</td>
<td>$149,052</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$63,783</td>
<td>1 Year</td>
<td>$63,783</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$212,835</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$21,283</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$234,118</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$73,842</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$73,842</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total Budget</td>
<td>$307,960</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>YWCA Nonprofit Do...</td>
<td>10/21/2021</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: YWCA 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:** 10/28/2021

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

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>10/11/2021</td>
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<tr>
<td>1H. HUD 50070</td>
<td>10/11/2021</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>10/11/2021</td>
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<tr>
<td>1J. SF-LLL</td>
<td>10/11/2021</td>
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<td>IK. SF-424B</td>
<td>10/11/2021</td>
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<tr>
<td>1L. SF-424D</td>
<td>10/11/2021</td>
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<tr>
<td>2A. Subrecipients</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>3B. Description</td>
<td>10/28/2021</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>4A. Services</td>
<td>10/21/2021</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>5A. Households</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/13/2021</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6I. Match</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>10/21/2021</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>10/15/2021</td>
</tr>
</tbody>
</table>
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
Disclosure Assistant
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0175

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).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>079247979</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 3000 Rockefeller Avenue, M/S 305
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip / Postal Code: 98201

<table>
<thead>
<tr>
<th>d. Address</th>
<th>Street 1: 3000 Rockefeller Avenue, M/S 305</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Everett</td>
</tr>
<tr>
<td>County:</td>
<td>Snohomish</td>
</tr>
<tr>
<td>State:</td>
<td>Washington</td>
</tr>
<tr>
<td>Country:</td>
<td>United States</td>
</tr>
<tr>
<td>Zip / Postal Code:</td>
<td>98201</td>
</tr>
</tbody>
</table>

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Office of Community and Homeless Services

<table>
<thead>
<tr>
<th>e. Organizational Unit (optional)</th>
<th>Department Name: Human Services Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division Name:</td>
<td>Office of Community and Homeless Services</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>f. Name and contact information of person to be contacted on matters involving this application</th>
<th>Prefix: Ms.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: Jackie</td>
<td>Last Name: Anderson</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Suffix:</td>
<td></td>
</tr>
<tr>
<td>Title: Division Manager, Housing and Community Services</td>
<td></td>
</tr>
<tr>
<td>Organizational Affiliation: Snohomish, County of</td>
<td></td>
</tr>
</tbody>
</table>

| 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-6500-N25
    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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Long Term Leasing for the Disabled

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

1G. HUD 2880

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
4a. Total Amount Requested for this project: $332,939

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

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

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
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</table>

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).

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

Certification

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

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

I AGREE: 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: 10/15/2021
### 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:

<table>
<thead>
<tr>
<th>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</th>
<th>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</th>
</tr>
</thead>
</table>
| 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. | 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) The dangers of drug abuse in the workplace | (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) The Applicant’s policy of maintaining a drug-free workplace; | (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; |
| (3) Any available drug counseling, rehabilitation, and employee assistance programs; and | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |
| (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | |
| 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. | |
| 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.; | |
| 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 certify that the information provided on this form and in any accompanying documentation is true and accurate.  

X

**Renewal Project Application FY2021**
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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

Applicant: Snohomish County
Project: Long Term Leasing for the Disabled

Renewal Project Application FY2021 Page 16 10/28/2021
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  10/28/2021
IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-375) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: 

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

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

Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
<tr>
<td>Part 7 - Attachment(s) &amp; Certification</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>X</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td></td>
</tr>
<tr>
<td>7B. Certification</td>
<td>X</td>
</tr>
</tbody>
</table>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2A is checked to update Sub Award amount.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. Rental assistance costs were lower than anticipated due to the time needed to locate housing after enrollment for open vacancies, the amount of participant rent contributions, some units renting lower than FMR’s, and the WA State pandemic eviction moratorium which prohibited rent increases and may have resulted in lower rent costs for some units. Based on budget availability, the project has increased the number of households/units served above the required minimum. The project is anticipated to fully expend funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $332,939

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$332,939</td>
</tr>
</tbody>
</table>
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

 e. Physical Address
   Street 1: 3301 Broadway
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: $332,939

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. Expiring Grant Project Identification Number (PIN): WA0175
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Long Term Leasing for the Disabled

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
</tr>
<tr>
<td></td>
<td>Other(Click ‘Save’ to update)</td>
</tr>
</tbody>
</table>

Other: Disabled Homeless Individuals
3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>☒</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>☒</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>☒</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>☒</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>☒</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>☒</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>☒</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>☒</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs?  Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?  Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by

Applicant: Snohomish County  079247979
Project: Long Term Leasing for the Disabled  189812

Renewal Project Application FY2021  Page 33  10/28/2021
this project, subrecipient, or partner agency?

4a. 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>15</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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: This field is pre-populated with a one-year grant term and cannot be edited:  1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>17</td>
<td>$326,196</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $326,196
Total Units: 17
## 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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>x</td>
<td>$1,142</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>x</td>
<td>$1,523</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>17</td>
<td>$1,599</td>
<td>x</td>
<td>$1,599</td>
<td>$326,196</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>x</td>
<td>$1,906</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>x</td>
<td>$2,694</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>x</td>
<td>$3,172</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>x</td>
<td>$3,648</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>x</td>
<td>$4,124</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>x</td>
<td>$4,599</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>x</td>
<td>$5,075</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>x</td>
<td>$5,551</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>17</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$326,196</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$326,196

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $27,465 |
| Total Value of In-Kind Commitments: | $55,772 |
| Total Value of All Commitments: | $83,237 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/Integrat...</td>
<td>$33,294</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/DSHS</td>
<td>$3,329</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Ryan White Part A</td>
<td>$12,790</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>YWCA Investment</td>
<td>$21,985</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>YWCA - Snohomish ...</td>
<td>$5,480</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/Medicare</td>
<td>$1,680</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Department of Health</td>
<td>$1,350</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/HCBS DSHS</td>
<td>$3,329</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/Integrated Managed Care Orgs
4. Amount of Written Commitment: $33,294

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/DSHS
4. Amount of Written Commitment: $3,329

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Ryan White Part A
4. Amount of Written Commitment: $12,790

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. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: YWCA Investment
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $21,985

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: YWCA - Snohomish County Human Services Department - Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $5,480

Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/Medicare
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $1,680

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Department of Health
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: $1,350

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. Type of Match Commitment: In-Kind

2. Source: Government

3. Name of Source: Medicaid/HCBS DSHS
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: $3,329

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$326,196</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$326,196</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$6,743</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$332,939</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$27,465</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$55,772</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$83,237</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$416,176</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: Long Term Leasing for the Disabled

Renewal Project Application FY2021
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>YWCA Nonprofit Do...</td>
<td>10/07/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

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.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:** 10/28/2021

**Title:** Director, Human Services Department

**Applicant Organization:** Snohomish, County of
8B Submission Summary

Applicant: Snohomish County
Project: Long Term Leasing for the Disabled

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
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<td>2A. Subrecipients</td>
<td>10/15/2021</td>
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<td>10/15/2021</td>
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<td>3B. Description</td>
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<td>10/13/2021</td>
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<td>10/13/2021</td>
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<td>5B. Subpopulations</td>
<td>No Input Required</td>
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<td>6A. Funding Request</td>
<td>10/13/2021</td>
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<td>6C. Rental Assistance</td>
<td>10/13/2021</td>
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<tr>
<td>6D. Match</td>
<td>10/15/2021</td>
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<td>6E. Summary Budget</td>
<td>No Input Required</td>
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<td>7A. Attachment(s)</td>
<td>10/13/2021</td>
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<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
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<tr>
<td>7B. Certification</td>
<td>10/15/2021</td>
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</table>
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
Disclosure Assistant
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0210
   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).
   Check to confirm 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

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      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-6500-N25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:  
   Title:  

Applicant: Snohomish County  079247979
Project: Long Term Leasing for the Chronically Homeless Disabled  189811
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Long Term Leasing for the Chronically Homeless Disabled

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $370,920

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

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

---

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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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).

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

Certification

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

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

I AGREE: 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: 10/14/2021
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:

- 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.

- 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.

- 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.;

- 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;

- Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 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;

- Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Applicant: Snohomish County

Project: Long Term Leasing for the Chronically Homeless Disabled

Renewal Project Application FY2021

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

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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:

[Signature]

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: 10/28/2021
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
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<td>8.</td>
<td>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
</tr>
<tr>
<td>10.</td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
</tr>
<tr>
<td>11.</td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11988; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</td>
</tr>
<tr>
<td>14.</td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
</tr>
<tr>
<td>15.</td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
</tr>
<tr>
<td>16.</td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
</tr>
<tr>
<td>17.</td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”</td>
</tr>
<tr>
<td>18.</td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
</tr>
<tr>
<td>19.</td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021  Page 19  10/28/2021
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>
### Part 7 - Attachment(s) & Certification

| 7A. Attachment(s) |  
|-------------------|---
| X                 |   

| 7A. In-Kind Match MOU Attachment |   
|---|---
|   |   

| 7B. Certification |   
|-------------------|---
| X                 |   

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A is checked to update SUB Award amount; 6C is checked to update Rental Assistance amount; 6C was checked with no changes made, Rental Assistance amount is correct;

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. It took longer time to fill a staff vacancy due to the impact of the pandemic on the labor market. In addition, rental assistance costs were lower than anticipated due to the time needed to locate housing after enrollment for open vacancies, the amount of participant rent contributions, some units renting lower than FMR’s, and the WA State pandemic eviction moratorium which prohibited rent increases and may have resulted in lower rent costs for some units. Based on budget availability, the project has increased the number of households/units served above the required minimum. The project is anticipated to fully expend funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to project to ensure expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $370,920

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$370,920</td>
</tr>
</tbody>
</table>
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

Table:

<table>
<thead>
<tr>
<th>d. Organizational DUNS</th>
<th></th>
<th>PLUS 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>071846208</td>
<td></td>
</tr>
</tbody>
</table>

e. Physical Address
   Street 1: 3301 Broadway
   Street 2:
   City: Everett
   State: Washington
   Zip Code: 98201

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

  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: $370,920

  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. Expiring Grant Project Identification Number (PIN): WA0210
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Long Term Leasing for the Chronically Homeless Disabled

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

| N/A - Project Serves All Subpopulations | Domestic Violence | |
| Veterans | Substance Abuse | |
| Youth (under 25) | Mental Illness | |

Renewal Project Application FY2021  Page 30   10/28/2021
### 3. Housing First

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

**Yes**

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.**

<table>
<thead>
<tr>
<th>Barriers</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g., domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reasons</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

**Yes**
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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>---</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

Total Units: 18
Total Beds: 18
Total Dedicated CH Beds: 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 program 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)
   530480 Everett, 539061 Snohomish County
### 5A. Program 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>17</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>18</td>
<td>$345,384</td>
</tr>
</tbody>
</table>

**Total Request for Grant Term:** $345,384

**Total Units:** 18
## 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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>18</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x</td>
<td>$345,384</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 18

**Grant Term** 1 Year

**Total Request for Grant Term** $345,384

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

- Total Value of Cash Commitments: $22,435
- Total Value of In-Kind Commitments: $70,298
- Total Value of All Commitments: $92,733

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid</td>
<td>$3,709</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid</td>
<td>$3,920</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>YWCA Investment</td>
<td>$19,257</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/Managed</td>
<td>$14,837</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid</td>
<td>$14,837</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Ryan White Part A</td>
<td>$29,845</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Department of Health</td>
<td>$3,150</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County-</td>
<td>$3,178</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid
4. Amount of Written Commitment: $3,709

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid
4. Amount of Written Commitment: $3,920

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. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: YWCA Investment
4. Amount of Written Commitment: $19,257
1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/Managed Care Org
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $14,837

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $14,837

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Ryan White Part A
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $29,845

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.
1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Department of Health
4. Amount of Written Commitment: $3,150

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. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County-Ending Homelessness Program
4. Amount of Written Commitment: $3,178
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$345,384</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$12,998</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$358,382</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,538</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$370,920</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$22,435</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$70,298</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$92,733</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$463,653</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>YWCA Nonprofit Do...</td>
<td>01/16/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

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.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 10/28/2021
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, fictitious, or fraudulent
statements or claims may subject me to
criminal, civil, or administrative penalties.
(U.S. Code, Title 218, Section 1001). [X]

Active SAM Status Requirement.
I certify that our organization has an active
System for Award Management (SAM)
registration as required by 2 CFR 200.300(b)
at the time of project application submission
to HUD and will ensure this SAM registration
will be renewed annually to meet this
requirement. [X]
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: Long Term Leasing for the Chronically Homeless Disabled
1C. SF-424 Application Details  
No Input Required

1D. SF-424 Congressional District(s)  
10/14/2021

1E. SF-424 Compliance  
10/14/2021

1F. SF-424 Declaration  
10/14/2021

1G. HUD-2880  
10/14/2021

1H. HUD-50070  
10/14/2021

1I. Cert. Lobbying  
10/14/2021

1J. SF-LLL  
10/14/2021

IK. SF-424B  
10/14/2021

Submission Without Changes  
10/15/2021

Recipient Performance  
10/27/2021

Renewal Grant Consolidation or Renewal Grant Expansion  
10/14/2021

2A. Subrecipients  
10/15/2021

3A. Project Detail  
10/14/2021

3B. Description  
10/14/2021

3C. Dedicated Plus  
10/14/2021

4A. Services  
10/14/2021

4B. Housing Type  
10/14/2021

5A. Households  
10/14/2021

5B. Subpopulations  
No Input Required

6A. Funding Request  
10/14/2021

6C. Rental Assistance  
10/14/2021

6D. Match  
10/15/2021

6E. Summary Budget  
No Input Required

7A. Attachment(s)  
10/14/2021

7A. In-Kind Match MOU Attachment  
No Input Required

7B. Certification  
10/15/2021
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  
Disclosure Assistant
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0358
   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).
   Check to confirm 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

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-6500-N25
   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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Pathways Home (PSH)

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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

Applicant: Snohomish County
Project: Pathways Home (PSH)

079247979
189813
4a. Total Amount Requested for this project: $261,482

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Renewal Project Application FY2021   Page 10   10/28/2021
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).

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

**Certification**

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

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

**I AGREE:**

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

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

**Date Signed:** 10/15/2021
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

Sites for Work Performance.
The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. 

10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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:

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: 10/28/2021
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

Applicant: Snohomish County
Project: Pathways Home (PSH)
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

Applicant: Snohomish County
Project: Pathways Home (PSH)

IK. SF-424B

Renewal Project Application FY2021

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10/28/2021
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>8.</td>
<td>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
</tr>
<tr>
<td>10.</td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
</tr>
<tr>
<td>11.</td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</td>
</tr>
<tr>
<td>14.</td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
</tr>
<tr>
<td>15.</td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
</tr>
<tr>
<td>16.</td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
</tr>
<tr>
<td>17.</td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”</td>
</tr>
<tr>
<td>18.</td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
</tr>
<tr>
<td>19.</td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.

Renewal Project Application FY2021 Page 19 10/28/2021
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update projected subrecipient award

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. It took longer time to fill a staff vacancy due to the impact of the pandemic on the labor market. In addition, rental assistance costs were a little lower than anticipated due to the time needed to locate new housing for household that became unhoused during program enrollment. The project is anticipated to fully expend funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King County-</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$261,482</td>
</tr>
<tr>
<td>Snohomish County</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $261,482
2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King County-Snohomish County

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

c. Employer or Tax Identification Number: 91-0482890

d. Organizational DUNS: 071846208

e. Physical Address
   Street 1: 3301 Broadway
   Street 2: 
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: $261,482

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. Expiring Grant Project Identification Number (PIN): WA0358
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Pathways Home (PSH)

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
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.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)
### 3. Housing First

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

**3b. Does the project enroll program participants who have the following barriers?** Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Will the project prevent program participant termination for the following reasons?** Select all that apply.

<table>
<thead>
<tr>
<th>Termination Reasons</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).

100% Dedicated
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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 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

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>17</td>
</tr>
</tbody>
</table>
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 program 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)
   530480 Everett, 539061 Snohomish County
## 5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>7</td>
<td>3</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
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.
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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$205,704</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $205,704

Total Units: 10
### 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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1 x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x 12</td>
<td>$18,276</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5 x</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x 12</td>
<td>$95,940</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>4 x</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x 12</td>
<td>$91,488</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>10</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$205,704</strong></td>
</tr>
</tbody>
</table>

---

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $65,371 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $65,371 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>YWCA Private Inve...</td>
<td>$62,193</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$3,178</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: YWCA Private Investments
4. Amount of Written Commitment: $62,193

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Human Services Department - Ending Homelessness Program
4. Amount of Written Commitment: $3,178
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$205,704</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$39,443</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$245,147</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$16,335</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$261,482</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$65,371</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$65,371</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$326,853</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation
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 130.15(b) 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:** 10/28/2021 
**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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B Submission Summary

Applicant: Snohomish County
Project: Pathways Home (PSH)
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>IK. SF-424B</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>3B. Description</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>4A. Services</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>5A. Households</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6D. Match</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>10/15/2021</td>
</tr>
</tbody>
</table>
Internal Revenue Service

District Director

YWCA of Seattle-King County -
Snohomish County
1110 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
Disclosure Assistant

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

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0180

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).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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-6500-N25
   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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Shelter Plus Care #5

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $5,038,994

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: [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: 10/15/2021
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. |
| 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. |
| 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.; |
| 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; |
| e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| 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; |
| g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Renewal Project Application FY2021 Page 12

10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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:

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: 10/28/2021
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td></td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A is checked to update Sub Award amount; 6C is checked to update units to PRA according to amendment approved by HUD; 4B is checked to make changes to housing site according to approved HUD amendment; 3B is checked to update Description per amendment approved by HUD.

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced some cost underruns in the previous grant term. The project experienced decreases in some administrative cost line items due to the pandemic. In addition, rental assistance costs were lower than anticipated due to the time needed to locate housing after enrollment for open vacancies, the amount of participant rent contributions, some units renting lower than FMR’s, and the WA State pandemic eviction moratorium with prohibited rent increases which may have resulted in lower rent costs for some units. Based on budget availability, the project converted some TBRA units to PBRA units through an approved amendment and has increased the number of households/units served above the required minimum. The project is anticipated to fully expend funds in the current grant term. The CA/UFA provided, and is continuing to provide, oversight and technical assistance to the project regarding expenditures. The CA/UFA is also exploring additional flexibilities available as UFA to ensure full expenditure across entire grant.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $5,038,994

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$5,038,994</td>
</tr>
</tbody>
</table>
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

| 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): WA-001, WA-002
   (for multiple selections hold CTRL key)

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: $5,038,994

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. Expiring Grant Project Identification Number (PIN): WA0180
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: Shelter Plus Care #5

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No
   (Attachment Requirement)
3B. Project Description

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

The project provides long-term tenant-based (TRA) and project-based (PRA) rental assistance and supportive services (svcs) to chronically homeless households with disabilities, in a minimum of 209 units of scattered-site TRA and 19 units of site-based PRA permanent supportive housing. Participants (P’s) served may have severe mental illness, chronic substance abuse, HIV/AIDS, or a combination of special needs. The project meets the needs of P’s by providing housing along with ongoing supportive services to address each P’s identified needs, for as long as services are needed, and to enable P’s to keep their housing. If P’s need more intensive or different support services, the Shelter Plus Care and PRA case managers ensure those services are offered. 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 from start to exit. The YWCA has an established network of partner agency providers so services can be delivered collaboratively and efficiently. The partner agencies together serve the entire spectrum of clients with disabilities including State Department of Disabilities, Compass Health, Bridgeways, Catholic Community Services, Sunrise Services, SeaMar, Community Health Centers, Cocoon House, and the YWCA and represent a variety of disability treatments and providers. Types of assistance include: case mgmt., life skills, mental health svcs, other health care svcs, employment/vocational assistance, children’s svcs, residential mgmt svcs, transportation, legal assistance, help with homework and applying for college, drug & alcohol treatment svcs, food, HIV/AIDS related svcs, payee svcs, chore activities, rent/utility assistance and domestic violence svcs. Agencies also do outreach to prospective clients. Case mgmt and 24/7 residential support/crisis intervention svcs for PRA will be provided on-site by Compass Health. The project serves 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 for program entry and svcs coordination, Q&A, and updates on any changes in HUD rules/regulations/HMIS data collection. They can also discuss case-specific issues, such as the need to coordinate additional svcs between agencies for clients with multiple needs to disabilities and share information on other community resources.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
</tr>
<tr>
<td></td>
<td>Other(Click ‘Save’ to update)</td>
</tr>
</tbody>
</table>
3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.C.2.p).
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. 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: 228  
Total Beds: 457  
Total Dedicated CH Beds: 457

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>209</td>
<td>438</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>
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 program participants at the selected housing site.
   a. Units: 209
   b. Beds: 438

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   438
   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: Everett
   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, 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 program participants at the selected housing site.
   a. Units:  19
   b. Beds:  19

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   19
   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 Lombard Ave
   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, 539061 Snohomish County
5A. Program 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>97</td>
<td>131</td>
<td></td>
<td>228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>139</td>
<td>119</td>
<td></td>
<td>258</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>17</td>
<td>12</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>170</td>
<td></td>
<td></td>
<td>170</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>326</td>
<td>131</td>
<td>0</td>
<td>457</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>85</td>
<td>1</td>
<td>29</td>
<td>9</td>
<td>51</td>
<td>34</td>
<td>14</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>11</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>31</td>
<td>3</td>
<td>1</td>
<td>133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>33</td>
<td>0</td>
<td>1</td>
<td>33</td>
<td>8</td>
<td>68</td>
<td>17</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>96</td>
<td>0</td>
<td>1</td>
<td>33</td>
<td>9</td>
<td>58</td>
<td>17</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>118</td>
<td>1</td>
<td>24</td>
<td>25</td>
<td>60</td>
<td>50</td>
<td>38</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>130</td>
<td>1</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>65</td>
<td>38</td>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

- Leased Units
- Leased Structures
- Rental Assistance X
- Supportive Services
- 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>209</td>
<td>$4,501,464</td>
</tr>
<tr>
<td>PRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>19</td>
<td>$347,244</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $4,848,708

Total Units: 228
**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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x 12</td>
<td>= $13,704</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>32</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x 12</td>
<td>= $584,832</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>100</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x 12</td>
<td>= $1,918,800</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>50</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x 12</td>
<td>= $1,143,600</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>26</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x 12</td>
<td>= $840,528</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 209  
**Total Request for Grant Term:** $4,501,464

**Grant Term:** 1 Year

Click the 'Save' button to automatically calculate totals.

---

**Rental Assistance Budget Detail**

**Type of Rental Assistance:** PRA

**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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x $1,142</td>
<td>x $1,142</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>19 x $1,523</td>
<td>x $1,523</td>
<td>x 12</td>
<td>= $347,244</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x $1,599</td>
<td>x $1,599</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x $1,906</td>
<td>x $1,906</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x $2,694</td>
<td>x $2,694</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x $3,172</td>
<td>x $3,172</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x $3,648</td>
<td>x $3,648</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x $4,124</td>
<td>x $4,124</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x $4,599</td>
<td>x $4,599</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x $5,075</td>
<td>x $5,075</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x $5,551</td>
<td>x $5,551</td>
<td>x 12</td>
<td>= $0</td>
<td></td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 19 $347,244

Grant Term: 1 Year

Total Request for Grant Term: $347,244

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6D. Sources of Match

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

Summary for Match

| Total Value of Cash Commitments: | $210,855 |
| Total Value of In-Kind Commitments: | $1,050,036 |
| Total Value of All Commitments: | $1,260,891 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income:
Rent collected from four (4) 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: $2,000

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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid</td>
<td>$110,827</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Catholic Community...</td>
<td>$81,275</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Community Development...</td>
<td>$40,636</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>SABG</td>
<td>$40,636</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Washington Health...</td>
<td>$55,414</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/DSHS</td>
<td>$40,637</td>
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<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/Managed...</td>
<td>$641,589</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Runaway/Homeless Youth...</td>
<td>$7,380</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Ryan White Part A</td>
<td>$25,582</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Medicaid/Medicare</td>
<td>$3,360</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>Department of Health</td>
<td>$2,700</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Community Development...</td>
<td>$87,937</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness...</td>
<td>$100,210</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>YWCA Private Investment...</td>
<td>$20,708</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Program Income</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid
4. Amount of Written Commitment: $110,827

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Catholic Community Services Ryan White Part A Funding
4. Amount of Written Commitment: $81,275

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Community Development Block Grant
4. Amount of Written Commitment: $40,636

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: SABG
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $40,636

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Washington Healthcare Auth of Mngd Care Orgs
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $55,414

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/DSHS
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $40,637

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/Managed Care Org
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $641,589

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Runaway/Hmls Youth Street/Snohomish County
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $7,380

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Ryan White Part A
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $25,582

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Medicaid/Medicare
4. Amount of Written Commitment: $3,360

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. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: Department of Health
4. Amount of Written Commitment: $2,700

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. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Community Development Block Grant
4. Amount of Written Commitment: $87,937
1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Ending Homelessness Program
4. Amount of Written Commitment: $100,210

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: YWCA Private Investment
4. Amount of Written Commitment: $20,708

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Program Income
4. Amount of Written Commitment: $2,000
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
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<tr>
<td>2. Rental Assistance</td>
<td>$4,848,708</td>
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<tr>
<td>3. Supportive Services</td>
<td>$0</td>
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<tr>
<td>4. Operating</td>
<td>$0</td>
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<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$4,848,708</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$190,286</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$5,038,994</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$210,855</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$1,050,036</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$1,260,891</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$6,299,885</td>
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</tbody>
</table>

Applicant: Snohomish County
Project: Shelter Plus Care #5

Renewal Project Application FY2021  Page 51  10/28/2021
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>YWCA Nonprofit Do...</td>
<td>01/16/2014</td>
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<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

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.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:** 10/28/2021  
**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).

**Active SAM Status Requirement.**

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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**Applicant:** Snohomish County  
**Project:** Shelter Plus Care #5
### 1C. SF-424 Application Details
No Input Required

<table>
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<th>1D. SF-424 Congressional District(s)</th>
<th>10/15/2021</th>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>10/15/2021</td>
</tr>
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<td>1H. HUD-50070</td>
<td>10/15/2021</td>
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<td>1I. Cert. Lobbying</td>
<td>10/15/2021</td>
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<tr>
<td>1J. SF-LLL</td>
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<td>IK. SF-424B</td>
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<td>Submission Without Changes</td>
<td>10/15/2021</td>
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<tr>
<td>Recipient Performance</td>
<td>10/27/2021</td>
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<tr>
<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
<td>10/15/2021</td>
</tr>
</tbody>
</table>

| 2A. Subrecipients                  | 10/15/2021 |
| 3A. Project Detail                 | 10/15/2021 |
| 3B. Description                    | 10/15/2021 |
| 3C. Dedicated Plus                 | 10/12/2021 |
| 4A. Services                       | 10/12/2021 |
| 4B. Housing Type                   | 10/15/2021 |
| 5A. Households                     | 10/12/2021 |
| 5B. Subpopulations                 | 10/12/2021 |
| 6A. Funding Request                | 10/12/2021 |
| 6C. Rental Assistance              | 10/15/2021 |
| 6D. Match                          | 10/15/2021 |

| 6E. Summary Budget                 | No Input Required |
| 7A. Attachment(s)                  | 10/12/2021 |
| 7A. In-Kind Match MOU Attachment   | No Input Required |
| 7B. Certification                  | 10/15/2021 |
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,

[Signature]

Gilda Lewis
Disclosure Assistant
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 CoC Program Competition NOFO.
1A. SF-424 Application Type

1. Type of Submission:
2. Type of Application: YHDP Replacement Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 10/27/2021
4. Applicant Identifier:
   4a. Federal Entity Identifier:
5. 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
   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      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-6500-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: YHDP Snohomish Young Adult Housing

16. Congressional District(s):
   16a. Applicant: WA-001, WA-002
   16b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
   (Format: 123-456-7890)
   Fax Number: (425) 259-1444
   (Format: 123-456-7890)
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   Signature of Authorized Representative: Considered signed upon submission in e-snaps.
   Date Signed: 10/27/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $788,080.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

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

Certification

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

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

**I AGREE:**

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

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

Date Signed: 10/27/2021
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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.;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
<tr>
<td>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;</td>
</tr>
</tbody>
</table>

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

YHDP Replacement Project Application FY2021 Page 12 11/03/2021
documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
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: 10/27/2021
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?

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:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  10/27/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C §§1681-1686, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
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: $788,080

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$754,424</td>
</tr>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$33,656</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

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

c. Employer or Tax Identification Number: 91-1497667

d. Organizational DUNS: 803301167

* d. Organizational DUNS: 803301167  PLUS 4

e. Physical Address
   Street 1: 3530 Colby Ave
   Street 2: 
   City: Everett
   State: Washington
   Zip Code: 98201

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

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: $754,424

j. Contact Person
   Prefix: Mrs.
   First Name: Rachel
   Middle Name: 
   Last Name: Mathison
Suffix:
Title: Senior Director of Programs
E-mail Address: rachel.mathison@cocoonhouse.org
Confirm E-mail Address: rachel.mathison@cocoonhouse.org
Phone Number: 425-259-5802
  Extension: 109
  Fax Number:

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

 e. Physical Address
  Street 1: 1918 Everett Avenue
  Street 2:
     City: Everett
     State: Washington
     Zip Code: 98201

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

 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:  $33,656

j. Contact Person
   Prefix:  Mrs.
   First Name:  Rita Jo
   Middle Name:  
   Last Name:  Case
   Suffix:  
   Title:  Director of Housing Operations
   E-mail Address:  RitaJoC@ccsww.org
   Confirm E-mail Address:  RitaJoC@ccsww.org
   Phone Number:  425-374-6350
   Extension:  
   Fax Number:  
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Snohomish County has been the recipient of multiple federal funding sources for several years. The County is currently the recipient of 23 CoC grants and has been designated as a Unified Funding Agency since FY2018. The County has a history of successful implementation of various program types. Cocoon House, the subrecipient, has experience/expertise in the following:

1. Working with/addressing the target population’s identified housing and supportive service needs: Since 1991, Cocoon House has been the only agency in Snohomish County with a mission focused solely on homeless and at-risk youth and young adults (ages 12-24). The organization provides a continuum of services including outreach, drop-in, emergency shelter, transitional housing, and rapid rehousing. Cocoon House is uniquely positioned and qualified to serve the population of homeless youth and young adults in our community. The agency utilizes interventions proven to be effective with youth and young adults who have experienced homelessness and trauma.

2. Developing and implementing relevant program systems/services: Cocoon House is the lead agency for Snohomish County Youth and Young Adult Coordinated Entry. Coordinated Entry is the means by which youth ages 18 through 24 access community services and resources. Cocoon House’s Outreach programs provide a variety of services to Snohomish County youth, including mobile outreach, stationary outreach (at the full-service drop-in center), case management, and other supportive services. Outreach case managers are trained in working with young people who are experiencing crises, specializing in individual, client-directed care.

3. Identifying and securing matching funds from a variety of sources: Cocoon House is currently managing 30 government contracts from all levels of government: federal, state, county, and city. Matching funds are secured through private giving (which account for nearly 50% of agency revenue).

4. Managing basic organization operations including financial accounting systems: Cocoon House has extensive experience managing and accounting for public funding. Cocoon House is well-versed in all aspects of determining client eligibility and in understanding and adhering to rules and standards set forth by public funding entities. The Chief Financial Officer monitors adherence to Board-approved Internal Control Policies (available for review), which specify proper segregation of duties between staff that handle each type of financial transaction within the Agency.

Catholic Community Services, the subrecipient, has experience/expertise in the following:

1. Working with/addressing the target population’s identified housing and supportive service needs: CCS has provided case management and housing services in Snohomish County since 1993 and in that time has successfully utilized federal funding to help individuals and families obtain safe and affordable housing. CCS has a successful history of providing permanent
supportive housing and case management services for individuals and families experiencing chronically homeless. CCS utilizes a well-developed, goal oriented, individualized case management process to ensure housing retention and self-sufficiency growth. Specifically, CCS currently operates 7 CoC-funded permanent supportive housing projects that are dedicated to individuals and/or families experiencing chronic homelessness.

2. Developing and implementing relevant program systems/services: CCS is the subrecipient of several CoC funded projects and has been since the inception of the CoC Program. CCS has systems in place to ensure the project is operated in accordance with the CoC interim rule and Snohomish County Local Standards.

3. Identifying and securing matching funds from a variety of sources: Since its inception in 1942, CCS has secured dollars for matching and services through a variety of sources including private and corporate donors, as well as private and government (city, county, state, and federal) funders. CCS currently holds federal contracts for programs for chemical dependency, housing, volunteer services, and veteran services.

4. Managing basic organization operations including financial accounting systems: CCS tracks spending and outcomes on an ongoing basis and reviews the tracking at least once a month.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Snohomish County has several years of experience managing federal, state, and local funds. As the Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

Cocoon House maintains strong relationships with government and private funders, as well as with the community in general. Cocoon House’s CEO, COO, and the Board of Directors are dedicated to diversifying funding sources to ensure the sustainability of the organization. This commitment is reflected in the agency’s four-year strategic plan. Cocoon House employs a seasoned 4.0 FTE person development office. General fundraising efforts include a growing annual fund, an annual gala dinner/auction event, a spring fundraising event, private grants, and workplace giving.

Though most funding sources are provided to Cocoon House on a yearly basis, government funding reductions have recently presented a new challenge and opportunity to rely more on the community. Intensified fund development efforts have resulted in an increase in both grant funds and private donations. Private funding now accounts for approximately 36% of the operational revenue in the organization. In 2016, Cocoon House secured two federal RHY grants for Basic Center Prevention Services and Street Outreach Program.

Catholic Community Services currently is the recipient of a mix of federal, state, local, and private funds. CCS has experience providing leverage for CoC (and SHP) projects for the past 10 years through collaboration and coordination with community partners. Some of these partner agencies are: Community Health Center for primary medical care and pharmaceutical services; CCS Recovery Services for behavioral health services; Volunteers of America for renter certification classes and food bank access; Work Source and Conviction Careers for employment readiness and job placement. These services are funded through various government and private sources.
3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

The Grants & Program Specialists, from OCHS within Snohomish County Human Services Department, manage subrecipient grants, including conducting annual monitoring for compliance, and provide overall project and CoC Program management and oversight. Regular OCHS staff meetings and Supervisor project and Program review ensure work is completed and consistent with CoC requirements and HUD grant agreements. The Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants & Program Specialists to resolve 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. Cocoon House’s organizational structure includes a 16 member Board of Directors that oversees the CEO of the organization and assists with strategy and vision for the organization. The CEO and COO oversee the directors of programs, fundraising, human resources, administration, and finance. Cocoon House maintains an accounting, financial reporting and financial management and operations system in order to comply with Generally Accepted Accounting Principles (GAAP). Cocoon House’s corporate governing body, officers, and management personnel exercise due vigilance and diligence to assure all financial transactions, accounts, records, and reports comply with these standards. All uses of program income are accurately reflected in the agency’s records and are subject to review and audit by an independent auditor and agents of a granting authority. CCS’ Housing Department management consists of a Director of Housing Services, 3 Program Managers, and a Contract Administrator. Legal Protocols Notice of Delegation ensures managers meet standards and consistently follow organizational leadership practices. CCS operates a Quality Improvement Committee (QIC), which addresses progress on yearly goals and outcome measures, corrective action requirements and response strategies, and areas of concern about quality raised by consumers, staff, advocates, contractors, or other entities to which the agency is accountable. CCS maintains a financial policy manual to ensure the internal accounting procedures safeguard assets and financial statements are in conformity with generally accepted accounting principles, and to ensure finances are managed with responsible stewardship. An annual audit is conducted by a certified public accounting firm, in accordance with OMB Circular A-133, to obtain reasonable assurance that the financial statements are free of material misstatements. Contracts are evaluated using a multi-level review process including insurance, legal and financial.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No
3A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

2. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: YHDP Snohomish Young Adult Housing

4. Project Status: Standard

5. Component Type: Joint TH & PH-RRH

6. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3? No

7. Will this project include replacement reserves in the Operating budget? No

8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient? Yes (Attachment Requirement)

8a. List the YHDP project being replaced.

<table>
<thead>
<tr>
<th>Full Grant Number</th>
<th>Operating Start Date</th>
<th>Expiration Date</th>
<th>Component Type</th>
<th>Waiver</th>
<th>YHDP Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA0431U0T042001</td>
<td>07/01/2021</td>
<td>06/30/2022</td>
<td>JOINT</td>
<td>Yes</td>
<td>Round 2</td>
</tr>
</tbody>
</table>

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2019 CoC Program Competition, a copy of the FY 2019 CoC Program Competition project application).

YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.

8b. Provide a brief description that addresses the scope of the proposed
YHDP Replacement project, how the Replacement project differs from the YHDP project being replaced, and why the YHDP Replacement project is being applied for.

The YHDP Snohomish Young Adult Housing (SYAH) project is replacing the YHDP Joint TH-RRH project. This replacement project will continue to operate as a Joint TH-RRH intervention once renewed, there will be no gap in services. To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support this replacement project requests to reapply for all previously granted alternative requirements and apply for new special activities listed in part 3A question 8c.

Cocoon House provides the TH component and the goal is to transition youth from TH into RRH quickly. Cocoon House and CCS work together to provide the RRH component with housing search and short- and medium-term rental assistance to move homeless youth as rapidly as possible into PH. Youth served in this project have the option to utilize a TH unit while they work with staff to find a RRH unit, or they can opt out of TH component and utilize RRH component only.

CMs will work with youth in both TH and RRH units to provide individualized services including initial and ongoing assessment, coordinated referrals to supportive services, and aftercare. An Employment/Education CM will work directly with youth in both TH and RRH units to provide educational and employment supportive services. A CCS RRH Housing Placement Specialist will provide early landlord engagement, housing search, and complete paperwork related to the initial lease up including rent reasonableness and housing inspections.

All youth in the program will have the opportunity to engage in care conferencing, employment and education services, mental health counseling, substance use/abuse services, medical services, and life skills attainment. Services will be provided to youth regardless if they are in the TH or RRH portion of the project.

8c. Please describe waivers/special activities attached to the original YHDP project being replaced and if you plan to reapply for the same waivers/special activities or new waivers/special activities.

We request to reapply for all previously granted alternative requirements, apply for several new special activities, and apply for a waiver exemption.

See attached letter from HUD approving 6 alternative requirements requested for the SYAH project on September 9, 2020. We request to reapply for all previously granted alternative requirements.

We are requesting approval for 12 new special activities listed in the FY2021 NOFO to ensure youth served by this project will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient: use project administration funds to support costs associated with involving youth with lived experience in project implementation, execution, and improvement; use project administrative funds to attend conferences and trainings that are not HUD-sponsored or HUD-approved; employ youth who are receiving services; costs to pay for any damage to housing; household cleaning supplies; housing start-up expenses; one-time cost of purchasing a cellular
phone; up to 3 months of utilities; gas and mileage costs; legal fees; past driving fines/finances and insurance/registration; and up to 24 months of supportive service aftercare.

We are requesting approval for 7 new special activities approved by our Youth Action Committee (YAC) to help youth either obtain stable housing, develop permanent connections, achieve education/employment goals, and/or and sustain their well-being: landlord Incentives; hotel use for TH; driver's education/testing and minor repairs; one-time payment/deposit for a starter credit card; tuition education assistance; employment retention incentives; medical costs that are not prescribed by a licensed medical professional and are needed to address the health of a participant.

We also requesting approval for a match exemption for this project.

See attached special activity and waiver exemption request for more details.

8d. How will this YHDP Replacement project meet the goals established in the Coordinated Community Plan (CCP) developed by the applicant’s YHDP community?

This project will provide young adults with immediate access to housing without precondition. Staff will engage participants and set goals in each of the four outcome areas. Case management will include individualized plans for utilizing resources and meeting needs. Achieving stable housing is the primary goal with the understanding that educational achievement, employment, well-being, and permanent connections are integral to maintaining long-term success.

Consistent with the PYD framework, Cocoon House staff empower YYA to move through the process of shifting from low-barrier service to more structured service such as case management and goal setting. Staff assist YYA in recognizing and building on their strengths and resources. YYA are recognized as full partners in the process of participating in services. Cocoon House staff work side-by-side with YYA to explore strengths, needs, and goals and start from there to develop a service plan.

TIC is used throughout Cocoon House programs. Staff are trained to recognize that all homeless YYA have experienced (or are currently experiencing) trauma which have an ongoing impact in their lives. Childhood trauma and ACEs affect brain development and the creation of appropriate coping skills later in life. YYA who have experienced trauma may exhibit problematic behavior issues, have difficulty trusting providers or engaging in services, and face additional barriers to resolving problems in their lives. These factors are taken into account when working with individual YYA to set goals and address needs.

Permanent supports, including healthy family relationships, are key to long-term success. YYA accessing services are often experiencing multiple challenges - severe family conflict, histories of abuse/trauma, mental health issues, substance use disorders, and other barriers to family stability. Staff provide youth the opportunity to gain the skills and resources needed to improve relationships and communication.
3B. Project Description

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

This Joint TH-RRH program establishes a formal partnership between Cocoon House and CCS to provide both TH and RRH units. Cocoon House provides the TH component via master leased units where each tenant has an occupancy agreement and the goal is to transition youth from TH into RRH within 90 days. Cocoon House and CCS work together to provide the RRH component that provides housing search and short- and medium-term rental assistance to move homeless young adults as rapidly as possible into permanent housing. Young adults served in this project will have the option to utilize a TH unit while they work with program staff to find a RRH unit, or they can opt out of the TH component and utilize the RRH component only.

Cocoon House and CCS collaborate with other providers to improve RRH practice and outcomes, troubleshoot challenges, and coordinate strategies used in, and communication with, the community. Case managers will work with young adults in both TH and RRH units to provide individualized services including initial and ongoing assessment, coordinated referrals to supportive services, and aftercare. An Employment and Education Case Manager will also work directly with young adults in both TH and RRH units to provide educational and employment supportive services. A CCS RRH Housing Placement Specialist will provide early landlord engagement, housing search, and complete paperwork related to the initial lease up including rent reasonableness and housing inspections.

All young adults in the program will have the opportunity to engage in the following supportive services: care conferencing, employment and education services, mental health counseling, substance use/abuse services, medical services, and life skills attainment. All services will be provided to youth once they are enrolled in the program and will be provided to them regardless if they are in the TH or RRH portion of the project. Services are also client-driven, individualized, and incorporate youth choice. Staff are trained in the evidence-based practice of Motivational Interviewing to assist young people in identifying needs and goals in a way that allows youth to lead the process without a provider directing change.

To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support this replacement project plans to incorporate all previously granted alternative requirements and new special activities listed in part 3A question 8c of the application.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.
### Project Milestones

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement A</th>
<th>Days from Execution of Grant Agreement B</th>
<th>Days from Execution of Grant Agreement C</th>
<th>Days from Execution of Grant Agreement D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

- N/A - Project Serves All Subpopulations
- Domestic Violence
- Veterans
- Substance Abuse
- Youth (under 25)
- Mental Illness
- Families with Children
- HIV/AIDS
- Chronic Homeless
- Other (Click ‘Save’ to update)

4. Will your project participate in the CoC’s Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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
5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5d. Will the project follow a "Housing First" approach? Yes

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No
1. Will this project divert or assist homeless youth and households to rapidly exit homelessness? Yes

1a. Identify the list of housing problem solving activities that will occur in this project (You may select more than one)

<table>
<thead>
<tr>
<th>Activity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Search Assistance</td>
<td>X</td>
</tr>
<tr>
<td>Case Management</td>
<td>X</td>
</tr>
<tr>
<td>Deposits</td>
<td>X</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

<table>
<thead>
<tr>
<th>Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant/Parenting</td>
<td>X</td>
</tr>
<tr>
<td>Minors</td>
<td></td>
</tr>
<tr>
<td>Foster care/justice involved youth</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

4. Does this project plan to use Rental Assistance in the 2021 CoC Competition? Yes
   4a. Will this project use Rental Deposits? Yes
   4b. Will this project cover first months rent? Yes
       4c. Short Term Rental Assistance: Yes
       4d. Medium Term Rental Assistance: Yes

5. Was this project awarded a waiver/YHDP Special Activity in the last YHDP or CoC Competition? Yes
   a. If yes, what was the waiver/YHDP special activity?
HUD approved the following alternative requirements on September 9, 2020:
1. Participants receiving rental assistance can enter into an initial lease of less than one year but more than one month
2. Rental assistance can be provided up to 36 months to a household for RRH projects
3. Participants can be provided with moving costs more than one time as needed
4. Housing for which rental assistance payments are made must meet the habitability standards in 24 CFR 576.403(c)
5. The recipient can pay for the cost of internet in a program participant’s unit
6. The recipient can pay rental arrears consisting of a one-time payment for up to six months of rent in arrears, including any late fees on those arrears. The recipient can pay utility arrears of up to six months per service

6. Does the project plan on applying for a YHDP Special Activity in the 2021 CoC Competition?
   Yes

a. If yes, what is the YHDP Special Activity?

We are requesting approval for 12 new special activities listed in the FY2021 NOFO to ensure youth served by this project will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient: use project administration funds to support costs associated with involving youth with lived experience in project implementation, execution, and improvement; use project administrative funds to attend conferences and trainings that are not HUD-sponsored or HUD-approved; employ youth who are receiving services; costs to pay for any damage to housing; household cleaning supplies; housing start-up expenses; one-time cost of purchasing a cellular phone; up to 3 months of utilities; gas and mileage costs; legal fees; past driving fines/fines and insurance/registration; and up to 24 months of supportive service aftercare.

We are requesting approval for 7 new special activities approved by our Youth Action Committee (YAC) to help youth either obtain stable housing, develop permanent connections, achieve education/employment goals, and/or sustain their well-being: landlord Incentives; hotel use for TH; driver’s education/testing and minor repairs; one-time payment/deposit for a starter credit card; tuition education assistance; employment retention incentives; medical costs that are not prescribed by a licensed medical professional and are needed to address the health of a participant.

We also requesting approval for a match exemption for this project.

See attached special activity and waiver exemption request for more details.
4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

This joint project will provide immediate access to short term housing (TH) with a connection to long term housing (RRH) on the back end. Cocoon House will provide 2 TH units and 17 RRH units to move homeless young adults as rapidly as possible into permanent housing.

Case managers will work with young adults in both TH and RRH units to provide individualized services including initial and ongoing assessment, coordinated referrals to supportive services, and aftercare. A RRH Housing Placement Specialist will provide low-barrier and trauma-informed services to clients and serves as a liaison to landlords and property owners. They will also provide early landlord engagement, housing search, and complete paperwork related to the initial lease up including rent reasonableness and housing quality standards inspections.

To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support and help participants obtain and remain in housing, this program plans to incorporate all previously granted alternative requirements and new special activities listed in part 3A question 8c of the application.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

An Employment and Education Case Manager will support both TH and RRH program participants in identifying goals and needs, accessing educational programs and resources, and gaining employment and employment skills. Education support will be individualized with participants pursuing goals from starting GED preparation courses to succeeding in 4-year college programs. Employment goals for program participants will be reached through established partnerships with Job Corps and WorkForce Snohomish to enhance professional development and resume building skills.

Non-employment income: Will help youth to obtain: SSI/SSDI, SNAP, emergency COVID funds when appropriate, TANF when appropriate

Social Services: Childcare, food assistance, TANF, Early childhood education, education enrollment, (Drug and alcohol) Recovery programs, (Behavioral health) support groups.

Access to healthcare benefits and resources: Help with enrollment with state insurance, and using Medicaid, Medicare, or private insurance to obtain needed resources. Cocoon House has a Nurse Practitioner from Community Health Clinic provide on-site services at least once a week.
To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support and help participants obtain and remain in housing, this program plans to incorporate all previously granted alternative requirements and new special activities listed in part 3A question 8c of the application.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR No
training in the past 24 months?
4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Longitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

6. Does your organization conduct a background check for all employees who access and view HMIS data?

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?

8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)?
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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Scattered-site ap...</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>---</td>
<td>Scattered-site ap...</td>
<td>17</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>TH</th>
<th>RRH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Units:</td>
<td>2</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Total Beds:</td>
<td>5</td>
<td>22</td>
<td>27</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project?  
   TH

1a. Does this TH portion of the project have private rooms per household?  
   Yes

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

3. What is the funding source for these units and beds?  
   CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for program participants at the selected housing site.
   a. Units: 2
   b. Beds: 5

5. Beds for Youth: 5

6. 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: 3530 Colby Ave
   Street 2: 
   City: Everett
   State: Washington
   ZIP Code: 98201
7. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   530480 Everett

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project?  RRH

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

3. What is the funding source for these units and beds?  CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for program participants at the selected housing site.
   a. Units:  17
   b. Beds:  22

5. Beds for Youth:  22

6. 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:  3530 Colby Ave
Street 2:

City: Everett
State: Washington
ZIP Code: 98201

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

530480 Everett
## 4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Enter date of last training or proposed next training (mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Computer Training</td>
<td></td>
</tr>
<tr>
<td>HMIS Software Training for Sys Admin</td>
<td></td>
</tr>
<tr>
<td>HMIS Software Training</td>
<td></td>
</tr>
<tr>
<td>Data Quality Training</td>
<td></td>
</tr>
<tr>
<td>Security Training</td>
<td></td>
</tr>
<tr>
<td>Privacy/Ethics Training</td>
<td></td>
</tr>
<tr>
<td>HMIS PIT Count Training</td>
<td></td>
</tr>
<tr>
<td>Other (must specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Applicant:** Snohomish County

**Project:** YHDP Snohomish Young Adult Housing

**Project:** YHDP Replacement Project Application FY2021

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11/03/2021
### 5A. Program Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>6</td>
<td>16</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>6</td>
<td>16</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>6</td>
<td></td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>16</td>
<td>0</td>
<td>28</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Program Participants - Subpopulations

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

The youth not represented by the above listed subpopulations include those who may not qualify for "chronic substance use" and "severe mental illness" eligibility, but may still experience challenges with substance abuse and mental health. Youth not represented may also include those who identify as LGBTQ,
are pregnant, who are victims of sexual trafficking/exploitation, or who have been involved with juvenile justice and/or foster care systems.
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? YHDP Replacement

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.

3a. Complete the indirect cost rate table below.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Date approved or enter “NA” if using 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>18%</td>
<td>$5,542,553</td>
<td>07/01/2020</td>
</tr>
</tbody>
</table>

4. Select a Grant Term: 1 Year

5. Select the costs for which funding is requested:

- Leased Units X
- Leased Structures
- Rental Assistance X
- Supportive Services X
- Operating X
- HMIS
6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No
6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA - Seattle-Bell...</td>
<td>2</td>
<td>$55,200</td>
<td>$55,200</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $55,200

Grant Term: 1 Year

Total Request for Grant Term: $55,200

Total Units: 2

Applicant: Snohomish County

Project: YHDP Snohomish Young Adult Housing

079247979

189863

YHDP Replacement Project Application FY2021

Page 50

11/03/2021
Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>2</td>
<td>$55,200</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$55,200</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>17</td>
<td>$342,792</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $342,792

Total Units: 17
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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,142</td>
<td>$1,142</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>2 x</td>
<td>$1,523</td>
<td>$1,523</td>
<td>x 12</td>
<td>= $36,552</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>10 x</td>
<td>$1,599</td>
<td>$1,599</td>
<td>x 12</td>
<td>= $191,880</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5 x</td>
<td>$1,906</td>
<td>$1,906</td>
<td>x 12</td>
<td>= $114,360</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,694</td>
<td>$2,694</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,172</td>
<td>$3,172</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,648</td>
<td>$3,648</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,124</td>
<td>$4,124</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,599</td>
<td>$4,599</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,075</td>
<td>$5,075</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,551</td>
<td>$5,551</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td>$342,792</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$342,792</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
# 6E. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>Move in fees for approx 12 households</td>
<td>$2,024</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>2 FTE- Case Manager, 1 FTE-Program Manager, .25 Director Young Adult Housing</td>
<td>$173,200</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td>.5 FTE education employment case manager ($23,317); materials/supplies for 15 clients ($5,000)</td>
<td>$28,317</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>.5 FTE education employment case manager</td>
<td>$23,317</td>
</tr>
<tr>
<td>7. Food</td>
<td>Meals and groceries</td>
<td>$4,800</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>.5 FTE Housing Placement Specialist plus benefits ($24,997); application fees ($5,600)</td>
<td>$30,597</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>Obtaining identifying documentation 20 youth ($2,500); .5 FTE peer mentor ($19,998)</td>
<td>$29,890</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Staff mileage ($1,400); bus tickets and fares ($2,500)</td>
<td>$3,900</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>Deposits for youth</td>
<td>$4,800</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>Computers, phones and other office supplies</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $307,845

Grant Term: 1 Year

Total Request for Grant Term: $307,845

Click the 'Save' button to automatically calculate totals.
6F. Operating

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Maintenance and repair for the TH units</td>
<td>$5,000</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Insurance for operating the TH location</td>
<td>$5,000</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Utility costs for TH units – PSE, PUD, Everett</td>
<td>$600</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$10,600</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$183,220</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$183,220</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Dummy</td>
<td>$183,220</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Dummy
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $183,220
6l. 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$55,200</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$342,792</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$307,845</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$10,600</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$716,437</td>
</tr>
<tr>
<td>7. Admin</td>
<td>$71,643</td>
</tr>
<tr>
<td>(Up to 10%)</td>
<td></td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$788,080</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$183,220</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$183,220</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$971,300</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CH and CCS Nonpro...</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>HUD Approval Lett...</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>Special Activity ...</td>
<td>10/26/2021</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  CH and CCS Nonprofit Status

Attachment Details

Document Description:  HUD Approval Letter_SnoCo Request_FY2018
E-Snaps

Attachment Details

Document Description:  Special Activity and Waiver Exemption Request
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:**  10/27/2021

**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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

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Attachment #1 Cover Page: CH and CCS Nonprofit Status

Cocoon House Non-Profit Status

Catholic Community Services Nonprofit Status
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.
Internal Revenue Service  
District Director

Date: July 1, 2006

Department of the Treasury
P. O. Box 2508  
Cincinnati, OH 45201

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

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

Dear Ms. Desningue:

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,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
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 OCD². 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

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. Services performed by diocesan priests in the exercise of their ministry are not considered

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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, 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. 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.

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. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; 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; and certain church-affiliated

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4 I.R.C. § 3121(b)(8)(A).


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.

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**

\(^{10}\) 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](http://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.

\(^{14}\) 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.
Attachment #2 Cover Page: HUD Approval Letter and SnoCo Request

HUD Approval Letter......................................................................................................................... 2
Snohomish County Request to HUD.................................................................................................... 5
FY2018 E-Snaps Joint TH-RRH Project Export.................................................................................. 16
September 9, 2020

Ms. Jackie Anderson  
Division Manager  
Snohomish County Human Services  
3000 Rockefeller Avenue, M/S 305  
Everett, WA  98201-4046

Dear Ms. Anderson:

This is in response to Snohomish County Office of Community and Homeless Services’ (OCHS) request for approval to operate special activities in its FY 2017 Youth Homelessness Demonstration Program (YHDP) projects: Snohomish Young Adult Housing (SYAH) project – WA0431Y0T041700 and Youth Engagement Team (YET) project – WA0430Y0T041700.

While the Continuum of Care (CoC) Interim Rule at 24 CFR 578 limits certain activities, Section II.C.3 of the FY 2017 YHDP NOFA allows YHDP projects to operate under special activities with approval from HUD. HUD determines that OCHS detailed good cause to operate their SYAH and YET projects under the following special activities:

- 24 CFR 578.3 and 24 CFR 578.51(l) – Requires participants receiving rental assistance to enter into a lease agreement for a term of at least one year.
  - Approved alternative requirement determination – Participants receiving rental assistance can enter into an initial lease of less than one year but more than one month.

- 24 CFR 578.37(a)(1)(ii)(C) – RRH projects must limit rental assistance to no more than 24 months to a household.
  - Approved alternative requirement determination – Rental assistance can be provided up to 36 months to a household for RRH projects. The recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.

- 24 CFR 578.53(d) and 24 CFR 578.53(e) – Any cost not included in 24 CFR 578.53(e) is not an eligible cost of providing supportive services using CoC program funds.
  - Approved alternative requirement determination – The recipient can pay for the cost of internet in a program participant’s unit.
  - Approved alternative requirement determination – The recipient can pay rental arrears consisting of a one-time payment for up to six months of rent in arrears,
including any late fees on those arrears.
  o Approved alternative requirement determination – The recipient can pay utility arrears of up to six months per service.

- 24 CFR 578.53(e)(2) – Allows for reasonable one-time moving costs including truck rental and hiring a rental company.
  o Approved alternative requirement determination – Participants can be provided with moving costs more than one time as needed.

- 24 CFR 578.75(b) – Requires housing leased with CoC program funds or for which rental assistance payments are made with CoC program funds must meet the applicable housing quality standards under 24 CFR 982.401.
  o Approved alternative requirement determination – Housing leased with CoC program funds or for which rental assistance payments are made must meet the habitability standards in 24 CFR 576.403(c).

HUD determines that OCHS detailed good cause to operate their YET project under the following special activities:
- 24 CFR 578.53(d) and 24 CFR 578.53(e) – Any cost not included in 24 CFR 578.53(e) is not an eligible cost of providing supportive services using CoC program funds.
  o Approved alternative requirement determination – The recipient may pay for the one-time cost of purchasing a cellular phone for program participant use, provided access to a cellular phone is necessary to obtain or maintain housing.
  o Approved alternative requirement determination – Security deposits for units in an amount not to exceed two months of rent.

- 24 CFR 578.73(a) – Limits the use of cash match for the costs of activities that are eligible under subpart D of 24 CFR 578, except that High Performing Communities may use such match for the costs of activities that are eligible under § 578.71.
  o Approved alternative requirement determination – The recipient may use cash match to reassess youth who are participating in the University of Washington research study and reassess youth who screen out of the program based on their HUD eligibility but score high due to other risk factors. This alternative requirement does not waive the match requirement.

The following alternative requirement request is not approved:
- 24 CFR 578.37(a)(1)(ii)(B) – Defines rent for rapid rehousing as the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority (PHA) for the area in which the housing is located.
  o Alternative requirement determination – For rapid rehousing projects, recipients must use the monthly allowance for utilities established by the PHA for the area in which the housing is located.

- 24 CFR 578.53(e) – Lists eligible costs for supportive services:
  o Alternative requirement determination – While the cost of providing meals or
groceries to program participants is eligible per 24 CFR 578.53(e)(7), program recipients may not provide a food stipend directly to program participants.

- 24 CFR 578.73(a) – Requires the recipient or subrecipient to match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources.
  - Alternative requirement determination – All YHDP projects must follow the match requirements as stated in 24 CFR 578.73(a)

These determinations apply to this YHDP project and if the project renews under the Continuum of Care program without significant changes.

If you have questions regarding this determination, please contact Nili Soni, Division Director, State Assistance Division at Nili.Soni@hud.gov or (202) 402-2973.

Sincerely,

Matthew Ammon
Acting General Deputy Assistant Secretary for Community Planning and Development
April 7, 2020

Jemine Bryon, Deputy Assistant Secretary Office of Special Need
U.S. Department of Housing and Urban Development
451 7th St SW,
Washington, DC 20410

Re: Youth Homelessness Demonstration Program
CoC: WA-504 Snohomish County/Everett
YHDP Snohomish Young Adult Housing Project
YHDP Youth Engagement Team Project

Dear Ms. Bryon:

Snohomish County Office of Community and Homeless Services (OCHS) is the Collaborative Applicant for the Everett/Snohomish County CoC and the grantee of the FY2017 Youth Homelessness Demonstration Program funding (WA-504). OCHS is requesting alternative requirements for the YHDP Snohomish Young Adult Housing (SYAH) project for eight parts of 24 CFR 578 in order to successfully serve youth ages 18-24 experiencing homelessness. OCHS is also requesting alternative requirements for the YHDP Youth Engagement Team (YET) project for three parts of 24 CFR 578 in order to successfully serve youth ages 12-21 experiencing homelessness.

We are requesting the following alternative requirements for the SYAH project:

1. 24 CFR 578.51(l)(1): The requirement for tenant-based rental assistance program participants to enter into a lease agreement for a term of at least one year. We propose to allow lease terms under 12 months, but not fewer than three months.
2. 24 CFR 578.37(a)(1)(ii)(C): The regulation to limit rental assistance to no more than 24 months per household. We propose to waive this citation and extend the limitation of rental assistance to 36 months per household.
3. 24 CFR 578.53(e)(2): The regulation to allow one-time assistance with moving costs. We propose to waive this citation and allow assistance with moving costs on an as need basis.
4. 24 CFR 578.75(b): The requirement for subrecipients to inspect a unit to assure it meets Housing Quality Standards (HQS). We propose all units to be inspected using Habitability standards.
5. 24 CFR 578.73(a): The requirement for subrecipient to match all grant funds, except leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. We propose to waive this requirement for the YHDP SYAH project only.
6. 24 CFR 578.37(a)(1)(ii)(B): The regulation for utilities paid separately by the tenant to be paid monthly using a monthly allowance established by the public housing authority for the area in which housing is located. We propose waiving this requirement and allowing full utility assistance as needed without the public housing authority’s monthly allowance calculation.
7. 24 CFR 578.53(d) and 24 CFR 578.53(e): The list of eligible costs under Supportive Services does not include internet costs. We propose to expand allowable costs under Supportive Services to include monthly internet cost.
8. 24 CFR 578.53(d) and 24 CFR 578.53(e)(8)(ii)(B): The list of eligible costs under Supportive Services does not include rental and utility arrears. We propose to expand allowable costs under Supportive Services to include rental and utility arrears for youth as needed.

We are requesting the following alternative requirements for the YET project:
1. 24 CFR 578.73(a): The requirement to ensure cash match funds used are for eligible activities and populations. We propose cash match funds be allowed to provide services to youth experiencing homelessness as defined in 24 CFR 578.3 categories 1, 2, and 4 of the CoC definition of homelessness.
2. 24 CFR 578.53(d) and 24 CFR 578.53(e): The list of eligible costs under Supportive Services does not include cell phone cost. We propose to expand allowable costs under Supportive Services to include a one-time cell phone purchase, not including a service plan.
3. 24 CFR 578.53(d) and 24 CFR 578.53(e)(2): The regulation to allow one-time assistance with moving costs. We propose to expand allowable cost to include moving-in assistance such as security deposit and first and last month rent for family reunification and other permanent placements.
4. We would like to provide food and utility allowance to youth similar to the kinship care model of up to $500 per month per youth, and we are unsure if we need a specific alternative requirement request through CFR 578.53(d) or if we can resolve through a contract amendment.

Program Descriptions

The YHDP Snohomish Young Adult Housing (SYAH) project will serve youth ages 18-24 who are experiencing homelessness as defined in 24 CFR 578.3 categories 1, 2, and 4 of the CoC definition of homelessness. This will be the first project in our community to provide immediate short-term transitional housing (TH) with a connection to permanent rapid re-housing (RRH) for youth at-imminent-risk of or currently experiencing homelessness. Both TH and RRH components will utilize low barrier and Housing First practices and the resources and services provided will be tailored to the individual needs of the youth being served. Supportive services connected to both the TH and RRH components will include housing stability services, education and employment services, life skills trainings, and opportunities to develop permanent connections for improved social and emotional well-being. Connecting participants with social supports and mainstream resources for stabilization will be critical components to ensuring positive outcomes for project participants.

The YHDP Youth Engagement Team (YET) project will serve youth ages 12-21 who are experiencing homelessness as defined in 24 CFR 578.3 categories 1, 2, and 4 of the CoC definition of homelessness. This project will provide a team of mobile navigators to work with youth to identify natural supports, community resources, and secure safe, viable housing options. The target population is youth 12-18 but services will continue for those youth enrolled in the project up to 21 and for youth up to 21 that are transitioning from public systems of care such as juvenile justice and child welfare. This team will provide consistent support to youth regardless of which homeless response system services they are enrolled in, therefore building important relationships and continuity for the youth. As the subrecipient, Cocoon House will implement this project and partner with Denney Juvenile Justice Center (DJJC), the Department of Children Youth and Families (DCYF), behavioral health services, and school districts to identify youth and coordinate services. Regular case conferencing will occur between the navigation team and these cross-sector partners to quickly identify, engage, and assist youth who are at-risk of becoming homeless or who are currently experiencing homelessness with the resources and services they need to achieve housing stability.

Justification of Alternative Requirements

The following alternative requirement requests will help us ensure youth served by these projects will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient.
Minimum Lease Agreement:

Snohomish County has deficits of 27,752 and 24,179 units which are affordable and available for extremely low-income households (< 30% AMI) and for very low-income households (30% - 50% AMI), respectively. Based on average rents in 2019, an individual would need to earn $62,280 annually ($29.94 hourly/full-time worker) to afford a one-bedroom unit in Snohomish County without being cost burdened (one-bedroom Fair Market Rent is $1,557). The rental vacancy rate in Snohomish County is also very low, 3.7%. This combined with increasing rents, put youth with little to no tenant histories at a strong disadvantage. Locally, we have found in our non-CoC funded rapid rehousing programs that landlords are often more willing to rent for a shorter period as a trial basis before committing long-term.

The housing needs of youth, especially with those 18 through 21, often can change once their housing crisis is stabilized. Youth may experience more life transitions which inhibit their ability to keep a 12 month lease. The flexibility of a shorter lease will accommodate this unique characteristic and allow for movement to permanent housing options which fit their lives, without the fear of eviction or cost of breaking a lease. For example, after signing a lease and settling in to their new home, a youth may find employment, a mental health counselor, community supports, an education opportunity, or one of many other stabilizing factors in a location far removed from their current living place. Allowing youth the ability to move somewhere closer to these new supports sooner and without violating lease terms would ease the barriers to establishing long-term supports and relationships.

In our experience many landlords prefer shorter-term leases, especially for clients with barriers such as negative rental histories or criminal convictions. An otherwise ideal apartment for a client may not be an option because of the requirement that they sign a year-long lease, whereas if the landlord had the option of a shorter-term lease with a potentially risky client, they may be more willing to offer the unit on a trial basis. Removing the one-year lease requirement will also increase the housing options available to youth in this project.

Our local Youth Action Committee initially had reservations about the RRH model for younger youth due the concerns listed above, however, after discussing programmatic options such as the requested alternative requirement, the group was enthusiastically supportive of the project and the permanent housing option it will provide for youth. Support services staff will work with the youth to ensure these moves will be planned and intentional but also allow for contingencies without lasting penalty (that would impact their housing options in the future).

Increase Rental Assistance to 36 Months:

Providing rental assistance for a longer period of time will help establish permanency for youth by allowing them to remain connected to the community where they live, attend school, and have family or other permanent connections. The request to extend assistance to 36 months would be the exception, not the norm. Based on our Coordinated Entry data (2018 HMIS), we do not anticipate a very high percentage of the youth will need the extra assistance (less than 20%); this is consistent with the number of young adults we see returning to the system following a permanent housing exit. As mentioned above, the program will operate using a progressive engagement framework. The initial assessment of strengths, needs, and barriers to stable housing would inform the initial level of financial assistance and supportive services to be provided by the project, however each youth would be re-assessed throughout the duration of the program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by the project are effectively targeted and responsive to the diverse needs of youth experiencing homelessness.

The project aims to lay the groundwork for independence by assisting youth in making connections with the services and supports needed to prevent the loss of housing again. The project will strive to evaluate each youth’s
current resources, problem-solving abilities, and financial life skills, then provide the appropriate amount of assistance to ensure the greatest chance of a successful transition to independence after program exit. However, when serving this unique population, especially youth aged 18-20, additional time may be needed to obtain housing stability. With only 24 months of total assistance, some on the youth would only be 20-22 years old at exit.

The goal is that when the RRH assistance ends, the youth should have developed a natural support system, if possible, that will allow them to address obstacles that might later arise with employment, childcare, or transportation. The added flexibility to extend the rental assistance up to 36 months may make a difference in sustaining housing stability, especially in conjunction with the alternative requirement request to provide moving or move-in assistance more than once.

**Moving/Move-In Costs**

Allowing moving or move-in assistance more than once will help youth establish stability during times of transition. The request to allow this type of assistance more than once would be the exception, not the norm. At program entry a youth may know what community, career path, and educational opportunities they want to pursue, but as a youth is connected to more resources and stabilizes, these plans may change. For example, a youth might find stable employment serval miles away from their housing which may prompt them to move at the end of their lease, or a youth may struggle with following lease agreements due to addiction, behavioral health issues, lack of life skills, or being unfamiliar with lease terminology and may face an eviction. This is especially true from a racial or equity lens and understanding many youth of color did not grow up with the same privilege and education which would set them up for success in their first lease. Providing assistance during a time of transition or hardship would eliminate the financial burden for youth who are still on their path toward independence and stability.

While this assistance would benefit many youth, the program would operate with the understanding that youth may receive financial assistance associated with moving as needed. The project will work with youth on financial planning and budget management to help youth understand and plan for big events in their lives, such as moving. The goal of this program is to ensure youth have developed the life skills needed which allow them to address obstacles that might arise later with employment, education, or transportation. The added flexibility to allow moving or move-in assistance more than once will make a difference in sustaining housing stability, especially in conjunction with the alternative requirement request to increase rental assistance to 36 months.

**Habitability Instead of HQS**

In Snohomish County, there are an abundance of units that may not pass inspection due to the relatively stringent HQS that is required, but would still be a safe, stable, and desirable location for a youth to move into. For example, one requirement includes failing a unit if it does not have a sink in the kitchen area while another includes failing any non-efficiency (studio) unit if it does not have a living room. Allowing Habitability inspections instead of HQS inspections, would expand the number of units available to youth while maintaining a safety standard that will ensure youth are still moving into safe locations. Furthermore, units that may not pass HQS inspections on a technicality (i.e. the sink is in an adjoining room instead of the kitchen) may be more affordable. Allowing habitability inspections would also increase the likelihood of youth finding an affordable and potentially long-term stable housing.

Snohomish County already utilizes a habitability inspection form for several other programs in the County which assesses whether the property is safe, sanitary, structurally sound and livable. Therefore, units which pass habitability inspections are certain to be a quality housing options for youth in the project. Please see the attached Habitability inspection form.
Rental and Utility Arrears

Youth who are age 18-24 with rental and/or utility arrears face additional barriers to obtaining housing. Any property management firm, agency that runs background checks, apartment complex that screens for rental history, or in some cases private landlords, will not rent to an applicant if that applicant has unpaid past rent. Similarly, many utility agencies will not allow youth with previous unpaid dues to take on a new bill. Youth aged 18-24 are often more susceptible for having past dues because they are at the beginning of their careers without employment or earning low wages at an entry level job. Youth may also lack the life skills needed to plan, save, and pay for past dues. Without the skills and income needed to pay for past dues it is difficult for youth to establish positive rental history. For example, many youth in our Youth Action Committee and have participated in Cocoon House services, have had no criminal history/other barriers and sufficient income to afford an apartment, but have been denied housing due to owed past rent. These past dues essentially closed off much of the rental market in our community to them, meaning youth who were well on their way to stability instead spent months looking for a landlord willing to give them a second chance.

The request to pay rental and/or utility arrears is the exception, not the norm. Program staff will offer this assistance to youth as needed. All youth participating in our program will work with staff to strengthen financial management and other life skills needed to sustain financial independence and maintain housing. Allowing our program to pay for these rental arrears would eliminate one of the biggest barriers to obtaining housing for youth in our community.

Required 25% Match for SYAH Project

There are several potential partners in the community that Cocoon House can work with to provide support for youth, and each individual partnership could develop in a variety of ways. Writing MOUs and agreeing to formalize potentially rigid partnerships could be limiting to youth in several ways. For example, if Cocoon House and a partner agency create a referral and support system prior to program participants utilizing that support system, some elements of that system may not work best for the circumstances that youth faces. Additionally, Cocoon House may establish a partnership with an agency that provides a service, but that agency might not be as well suited to provide support as another agency which provides similar services in a more trauma-informed, client-centered or youth-focused way. By foregoing the need to seek out match requirement-fulfilling MOUs, youth would be able to select the partnerships that best support them and help Cocoon House and their partner agencies best identify how these partnerships can function to provide genuinely effective services. This would increase the capacity to involve youth voice in the design and implementation of the project.

In designing the program based on youth input, Cocoon House will have the opportunity to seek guidance and input from Snohomish County’s established Youth Advisory Committee (YAC). The YAC meets monthly and has already shared valuable insight on the various providers and partners available in the region. Given the latitude to continue working in partnership with the YAC without pressure of having to complete MOUs as soon as possible, Cocoon House can continue to allow youth voice to guide the pursuit of partnerships that will best serve our youth.

Additionally, in creating said partnerships (including having to speculate on the exact nature of those relationships, as the program is new and there is limited information to base said partnership agreements on), staff at multiple levels are diverting time that could be spent on program design and refinement, and youth identification and support. By delaying the requirement for match, Cocoon House staff can focus on responding to youth needs and adjusting programs according to their feedback. By engaging in this process, Cocoon House can develop long-term MOUs that will genuinely support youth while also building viable partnerships that will help fulfill future match requirements in the continuation of this project.
Cocoon House has already engaged partnership with some local agencies, such as signed MOU documentation with an employment assistance program HopeWorks and with Compass Health for counseling services. Other Agencies Cocoon House currently sends referrals to and has discussed YHDP collaboration with are WorkSource for employment and education assistance, Community Health Center for medical assistance, Sunrise services for mental health services, and Catholic Community Services for chemical dependency needs. As exciting as these partnerships have been to identify, allowing Cocoon House the flexibility to experiment with different partnerships and prioritize youth choice in which services they receive or are referred to, Cocoon House will have the ability to provide unique and targeted support to program participants.

Furthermore, during our current state of emergency with COVID-19 building relationships has proven difficult. Many youth and family resources are currently unavailable as they are either being diverted to respond to the crisis or disappearing as agencies shut down. Cocoon House is the leading youth agency in our community and despite the lack of external resources, is still able to provide a variety of resources and supports to youth who enter their program. During this crisis, program staff will work with youth to the best of their ability to meet their unique needs and leverage all resources and services possible, however many of which may come from previously established in house programs. Removing the 25% match requirement for the SYAH project would allow Cocoon House more time and effort to respond to the crisis while ensuring youth’s needs are met.

**Full Utility Cost Instead of Utility Allowance**

Allowing for the full cost of utilities instead of a calculated utility allowance would better assist youth in the program. The request to allow for the full utility cost would be the exception, not the norm. While this assistance would benefit many youth, the program would operate with the understanding that youth may receive financial assistance associated with utility costs as needed. The program will operate using a progressive engagement framework including an initial assessment of strengths, needs, and barriers to stable housing that would inform the initial level of financial assistance and supportive services to be provided by the project. Each youth would be re-assessed throughout the duration of their program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by the project are effectively targeted and responsive to the diverse needs of youth experiencing homelessness.

This request is especially needed during the winter months when utility costs often exceed the utility allowance. For youth that are working towards stability, having to navigate the complicated process of paying a portion of utilities and a portion of rent by conducting different calculations overly complicates the budgeting process. If staff are able to help youth create a uniform budget and pay according to their capacity, that will both simplify the process and ultimately set youth up for long term success in budgeting and paying rent by teaching the life skill of consolidating their budget.

Youth who have recently moved into a unit may also face the reality of not being able to pay utilities, even when factoring in the utility allowance. In such an instance, a program would be bound from paying the remainder of a client’s utility bill, potentially leading to eviction. Our community currently operates a small youth dedicated RRH project and has found a majority of youth participants do not have adequate funds for their utilities. Having the capacity to incorporate utilities into rental payments would ensure that programs are better suited to keep moving youth towards stability and avoid interruptive evictions or other budgetary challenges during the critical first few months of their enrollment.

**Allowing Internet Costs**

Youth and young adults who are experiencing homelessness may have more difficulty completing educational or career goals and often are only able to communicate via the internet, whether though an online platform, or by
connecting their phone to the internet to make phone calls or send texts. Without reliable access to internet youth face barriers to basics such as the ability to participate in school, apply for employment, or connect to their supports and potential community members. In order to access internet youth might have to take multiple buses to utilize public spaces which provide free internet access. These public spaces typically allow less privacy, are busy with other people and may require youth to wait for internet use, or provide sub-standard or limited connection to internet.

Furthermore, during our current state of emergency with COVID-19, providing youth with stable internet is essential for communication and the need for this request is heightened. Providing program participants with internet will create a variety of options for maintaining regular contact with program staff, even if a program participant were to become sick and require self-isolation. Case managers would be able to set up video meetings that would provide youth with virtual contact as well as an opportunity to discuss a variety of issues in a more personal way.

**Match Funds to Serve HUD Ineligible Youth**

Snohomish County, along with the University of Washington, created a screening tool to assess youth referred into this project based on a variety of questions that we believe are red flags in predicting future housing instability in youth ages 12-21. Our request for an alternative requirement is two-fold: one, to allow for the re-assessment of youth who are participating in the UW research study and secondly, to reassess youth who screen out of the program based on their HUD eligibility but score high due to other risk factors. In both situations, youth may not categorize as homeless as defined in 24 CFR 578.3 for categories 1, 2, and 4 of the CoC definition of homelessness.

Cocoon House is partnering with the University of Washington and Denney Juvenile Justice Center to identify court-involved youth who are at risk of housing instability. This partnership aims to identify court-involved youth who are at risk of housing instability and identify what interventions are successful in preventing and/or reducing the length of time a young person spends in homelessness. The University of Washington has agreed to partially fund a Navigator position specifically for this work and Denney has agreed to let this Navigator physically work at their facility to ensure youth are identified and assisted. Allowing the Youth Engagement Team to reassess youth enrolled in this University of Washington study at 3 and 6 months after an initial assessment will help our community identify which interventions have been successful, and ultimately help redefine best practices in prevention. This will also allow us to test the accuracy of the assessment tool created for this project and see if it accurately assesses a youth’s level of intervention needed at the time of referral.

The Youth Engagement Team will also receive referrals for youth from other systems outside of juvenile justice and would like the ability to reassess youth who fall just outside of the criteria needed in order to be HUD eligible (homeless categories 1,2, or 4), but score high in other risk factors. These other risk factors may include substance use, mental health, housing placements over the past 12 months, family dynamics, or other household relationships. Noting these other risk factors will help our us identify other sources of housing instability which are unique to youth 12-21, and in understanding these differences this project will more effectively respond to our community’s needs.

Youth who are at risk of homelessness often find themselves in situations that can change rapidly. For example, youth may initially believe they have the resources and connections necessary to navigate the situation they are in during an initial assessment, however a few weeks later that may not be the case. Or a youth who scores relatively high because of other risk factors, but does not fall under HUD categories 1, 2, or 3 of homelessness may also experience a shift in their stability days later. Youth in both scenarios might become hesitant to reach out in the future because they were initially turned down service and unintentionally place vulnerable youth in the position to find alternative sources of housing and/or services on their own. This oftentimes leads to victimization of youth in our community. However, should Cocoon House be allowed to reassess youth who score into
moderate to high need categories at 3 and 6 month follow up periods, program staff will be able to offer interventions at the earliest stage of housing instability regardless of their HUD eligibility. This will ultimately reduce the amount of trauma and prevent youth from falling through the cracks of services in Snohomish County.

Snohomish County is also unique that we have fairly large rural community. We received comprehensive feedback from our YAC members that live in more rural areas regarding the unique obstacles they encounter in receiving appropriate resources and tailored services. There are no shelter options which often forces them to double-up and move often without seeking services due to lack of transportation to get to services. 2018 McKinney-Vento data for Snohomish County indicates that over 600 unaccompanied youth reported being double up, compared to only 33 reporting they were unsheltered (and 79 sheltered).This group of youth may not meet the definition of homeless as outlined in 24 CFR 578.3(2) because they may be able to stay in their current housing situation for longer than 14 days in their current housing situation or 24 CFR 578.3(4) because the current housing situation is safe, however their housing instability (couch surfing over the course of the year) creates barriers for youth in reaching their education and employment goals, increasing their risk of exploitation and substance use, and increases their risk of eventually experiencing literal homelessness. Our request to reassess these rural youth who are doubled up at 3 and 6 month follow up periods is the exception, not the norm. Rural youth who fall into this category are narrowed down based on their initial assessment score, meaning project staff will only reassess the youth who fall under moderate to high need categories on their initial assessment. Allowing Cocoon House to complete these 3 and 6 month follow up assessments will allow staff to better understand and effectively responds to the unique needs of youth in our rural community.

**Allowing One Time Cell Phone Cost**

The Federal government has the Lifeline Assistance program in place for adults to have access to free cell phones with minutes, but this program does not cover minors. Youth who are experiencing homelessness are at an increased risk of victimization and have less access to stable communication with providers and family. Even youth who are staying in shelters have an increased barrier for maintaining contact with supports as they are more likely to lose contact information and service providers often lose track of clients due to the transient nature of homelessness. In order for staff to maintain contact with the most vulnerable youth it is important for the youth to have a cell phone. This does not require a top of the line phone but rather a phone that is functional and able to connect over Wi-Fi. We expect 20-30% of our participants annually will need financial assistance in accessing a cell phone.

Furthermore, during our current state of emergency with COVID-19 meeting youth in person has been difficult due to the recent proclamations and stay at home orders. While program staff understand the need to practice social distancing, there are still youth who need housing and other supportive services who are unable to receive them without access to a phone. Allowing for one-time cell phone expense (not including a service plan) will not only decrease barriers for youth accessing necessary services but will also allow program staff to more effectively support program participants.

**Allowing Security Deposit and Rent under SSO YET Project**

The allowable costs for youth receiving navigation services does include money to help obtain and maintain housing, however this does not include financial assistance for moving costs such as security deposits or first and last month of rent. This request is the exception, not the norm. Program staff will provide this type assistance as needed and as a one-time moving cost, not as on-going rental assistance to youth. The YET project aims to support youth up to age 21 through system navigation and housing stability. For youth, housing stability could mean securing safe and stable housing through family reunification, moving in with other identified supports, or signing their own lease.
Youth in the program who are 18-21 can sign a lease and would benefit from expanded move-in assistance during this transition period. Many of these youth will enter into a lease on their own for the first time and this type of assistance will help them gain a permanent placement without the fear of going into debt or selecting substandard housing. Program staff would then continue to work with them for up to 6 months to strengthen financial management and other life skills needed to sustain financial independence and maintain housing.

Youth who are age 17 or younger may find housing stability through reunification with identified family or other natural supports and would also benefit from expanded move-in assistance. Many of these youth often experience family instability which lead to their homelessness. Therefore, this one-time moving assistance might be the difference for some youth in finding and maintaining a permanent placement with their identified supports. Once housed, program staff would then continue to work with youth for up to 6 months to strengthen financial management and other life skills needed to maintain housing.

Conclusion

In summary, by removing the minimum 12 month lease agreement, extending the limitation of rental assistance from 24 to 36 months, providing more than one-time moving assistance, utilizing Habitability Inspections instead of HQS, removing the 25% match, expanding allowable utility expenses, adjusting the lesser of FRMs or rent reasonable, allowing match funds to serve HUD ineligible youth, and expanding allowable supportive service expenses, the SYAH and YET projects will respond to the unique and individual needs of youth in a housing crisis with the most appropriate level of support. While not every youth in this project will need the level of support from these alternative requirement requests, some youth will drastically benefit from their approval.

We are excited for the opportunity the YHDP projects provide our community to meet the unique needs of youth in our community. We are dedicated to implementing a project that provides the maximum amount of flexibility for youth to resolve their episode of homelessness while obtaining the appropriate level of supports needed to obtain housing stability and thrive. Our community prides itself in its data driven culture and we intend to use our local HMIS data to evaluate the performance of this project, and in coordination with the Youth Action Committee and project participants, gathering feedback to undertake continuous quality improvement and share our learnings with other communities.

Please see the attached detailed project description for further information about the project. Please contact Debbi Trosvig, OCHS Supervisor at 425-388-7116 or debbi.trosvig@snoco.org with any questions, or if you need addition information regarding this request. Thank you for your consideration.

Sincerely,

Jackie Anderson, Division Manager
Housing & Community Services
Snohomish County Human Services

dt
cc: Debbi Trosvig, Supervisor, Office of Community and Homeless Services
# Habitability Checklist

**Client Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**# of bedrooms:**

**Built before 1978:**

**Child under the age of 6 or pregnant woman living in the unit:**

**Unit Type:**

- Single Family
- Duplex
- Mobile Home
- Multi-Family Apt
- Single Room Occupancy
- Condo

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

<table>
<thead>
<tr>
<th>Approved</th>
<th>Deficient</th>
<th><strong>Standard</strong> (24 CFR part 576.403(c))</th>
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<td>1. <em>Structure and materials:</em> The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.</td>
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<td>2. <em>Space and security:</em> Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.</td>
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<td>3. <em>Interior air quality: Each room or space has a natural or mechanical means of ventilation.</em> The interior air is free of pollutants at a level that might threaten or harm the health of residents. A carbon monoxide detector is installed outside of each separate sleeping area in the immediate vicinity of the bedrooms and on each occupied level of the unit per WAC 51-51-0315.</td>
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<td>4. <em>Water Supply:</em> The water supply is free from contamination.</td>
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<td>5. <em>Sanitary Facilities:</em> Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</td>
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<td>6. <em>Thermal environment:</em> The housing has any necessary heating/cooling facilities in proper operating condition.</td>
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<td>7. <em>Illumination and electricity:</em> The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.</td>
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<td>8. <em>Food preparation:</em> All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</td>
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<td>9. <em>Sanitary condition:</em> The housing is maintained in sanitary condition.</td>
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10. **Fire safety:**
   a. **There is a second means of exiting the building in the event of fire or other emergency.**
   b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.
   c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
   d. **The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors.** Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

11. **Lead-based paint visual assessment (if applicable):** Unit contains no deteriorated paint. If the unit contains paint it has been properly stabilized and repaired.

   (If not applicable, indicate “N/A,” and check the box(es) below to indicate the reason(s) the visual assessment is not applicable:
   - [ ] The unit was constructed in 1978 or after.
   - [ ] There are no children under the age of six (6) or a pregnant woman who is, or will be, living in the unit.)

12. Meets additional funder/Agency standards (if any).

**Certification Statement**

I certify that I have evaluated the property located at the address above to the best of my ability and find the following:

- [ ] Property meets all of the above standards.
- [ ] Property does not meet all of the above standards.

Inspector Name: ___________________________ Date: _______________________

Inspector Signature: ___________________________

**Comments**

---

Habitability Checklist  
Page 2 of 2
HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Technical Submission.

Technical Submission

Congratulations on your FY 2018 Continuum of Care (CoC) Program conditional New, CoC Planning or UFA Costs Project award. All conditionally selected New, CoC Planning, and UFA Costs grant recipients must go through a "Technical Submission" process before HUD can execute a grant agreement. This process includes the acknowledgment and resolution of Issues and Conditions, the submission of additional project detail concerning administration costs and project milestones, and in some cases, minor adjustments to project information.

Completing the Technical Submission process in e-snaps ensures that accurate and current project information is available to HUD and the recipient at all times and that it will be correct for the next competition in which the grant is eligible for renewal. The screens in e-snaps that follow are very similar to the screens from the Project Application, and so should be easy to navigate.

Communication between HUD and recipients is essential to the proper and timely completion of the Technical Submission process. If you have questions about the specific information that you need to provide, contact your local HUD CPD field office for guidance. If you have technical questions about completing this form in e-snaps, please submit a question to the HUD Exchange via Ask A Question, which is accessible online at https://hudexchange.info/ask-a-question/.

Grant Agreements

HUD will enter into a grant agreement with the recipient who applied for and was conditionally awarded funding once the information provided at this step is received and approved by the local HUD CPD field office.

Things to Remember

- Only adjustments to project information submitted with the project application that resolve issues and conditions, reconcile budget changes or indirect cost information made by HUD are allowed before grant agreement. Open conversation with the local HUD CPD field office is key to quickly addressing required adjustments and completing the technical submission. Adjustment requests must be addressed with HUD before submitting this form to make sure that the requests are eligible.
- Throughout the Technical Submission you will see frequent reference to the following terms:
  - Form: The word "form" is used to describe the entire submission - e.g. The Technical Submission Form
  - Screen: The word "screen" is used to describe each screen within a Form - e.g. The Attachments Screen
  - 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 Technical Submission in e-snaps may be directed to HUD through the HUD Exchange via Ask A Question, which is accessible online at https://hudexchange.info/ask-a-question/.
  - To ensure that this form is completed correctly, refer to 24 CFR 578, the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- All grant recipients should verify the accuracy of their applicant profile in e-snaps before submitting this form.
- HUD reserves the right to reject any New, CoC Planning, or UFA Costs Project that fails to acknowledge and then satisfy Issues and Conditions as listed on this form, or that fails to satisfy the requirements detailed in this technical submission request.
Recipient Acknowledgement

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions.

Note on Operating costs. Many of these costs (security system, furniture, laundry machine) are one time costs (to be purchased in first year of grant). As a 2-year grant, these costs would not be allowed in 2nd year.

Remember to complete an environmental review.

Additional alert(s) for recipients:

Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.

HUD has made at least one budget change that may require reconciliation before submission by adjusting budget subcategories on the following screen(s). This may also require a change to the total match commitment on the Match/Leverage screen.

- Rental Assistance
- Match

<table>
<thead>
<tr>
<th>HUD Award</th>
<th>Recipient Acknowledgement</th>
<th>Conditions Applicable to ALL Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. SAM - No active record in the System of Award Management.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Code of Conduct not on file with HUD or does not comply with 2 CFR part 200.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. HUD SF 2880 - Incomplete Recipient Disclosure/Update Report</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>4. Match amount update needed in e-snaps and/or match documentation required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Additional match commitment amount is required to be added to the esnaps Match Screen due to a budget adjustment.</td>
</tr>
</tbody>
</table>
### 4. Match Commitment

- **a.** Applicant must increase the match commitment amount due to a budget adjustment. Match must be cash or in-kind contributions for no less than 25 percent of the total conditionally awarded amount, excluding leasing funds (if applicable), as provided under 24 CFR 578.73.
- **b.** For new and renewal conditionally awarded projects that indicate match commitments from in-kind contributions provided by a third party to be used as match must attach a memorandum of understanding (MOU) between the applicant and the third party. The MOU must meet the criteria provided under 24 CFR 578.73(c)(3).
- **c.** For new conditionally awarded projects, the applicant must attach match documentation in e-snaps that shows match commitment no less than 25 percent of the total grant amount, excluding leasing funds (if applicable), with cash or in-kind contributions as provided under 24 CFR 578.73.

### 5. Performance or Capacity Concern(s)

- **a.** APRs have been consistently submitted late.
- **b.** Applicant has a history of poor financial management / drawdown issues.
- **c.** Applicant has unresolved HUD monitoring or audit findings.
- **d.** Applicant has outstanding obligation to HUD that is in arrears or no repayment schedule established.
- **e.** Other capacity concerns (details specified below in #22).

### 6. Homeless Eligibility

- **a.** Updates needed to Project Description on Screen 3A and/or Project Outreach Plan on Screen 5C.
- **b.** The project application identified 100% Dedicated to CH but Screen 5B tables did not identify a sufficient number of CH persons to equal the number of Dedicated CH Beds on Screen 4B.
- **c.** PH-PSH or SH project application is unclear if proposing to serve program participants with an eligible disability. Updates must be made to the disability category numbers in the tables on Screen 5B. If this is a Safe Haven component project; Screen 5B numbers under “SMI” must match the household count from 5A.

### 7. Services

- **a.** #2 Describe how participants will be assisted to obtain and remain in permanent housing.
- **b.** #3 Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.
- **c.** #4 For all supportive services available to participants, indicate who will provide them and how often they will be provided.
- **d.** #5a Transportation assistance to clients to attend mainstream benefit appointments, employment training, or Jobs.
- **e.** #5b At least annual follow-ups with participants to ensure mainstream benefits are received and renewed.
- **f.** #6 Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

### 8. Unit/Bed Counts

- **a.** Clarification is needed to unit and/or bed counts on Screen 4B and/or updates are needed to other numbers in the project application for a general correlation between Screens 4B, 5A, or 5B tables.
9. Transition Projects

   a. Applicant and CPD Field Office must agree on a final budget for the 1-year transition grant term.

   b. Applicant must clarify the description how it will transition the eliminated component within 1-year.

   c. Applicant must attach a copy of the most recent renewal application (e-snaps PDF) for the project being eliminated.

11. Expansion Project

   a. The applicant of this CoC Program funded expansion of a renewal must update the project information to reflect expanded project.

   b. The applicant must clarify this non-CoC Program funded expansion project as the project application does not clearly or sufficiently explain the expansion of an existing non-CoC funded project.

12. Joint TH & PH-RRH component project application needs updating for:

   a. Screen 3B questions identifying a commitment to a housing first model must be updated to “Yes.”

   b. This project application requested rental assistance funds for the TH portion of the project, instead of leasing funds. HUD edited the budget and the applicant must confirm its agreement with the revised budget.

13. Housing Type - Clarification is needed for the Housing Type selection(s) on Screen 4B for the component type identified below.

   a. Joint TH/PH-RRH component project (details specified below in #22).

   b. PH- PSH component project.

   c. PH-RRH component project.

15. Eligible Costs

   a. One or multiple budget line item (BLI) cost requests lacks sufficient detail necessary for HUD to determine the cost’s eligibility; clarification required.

   b. One or multiple budget line item (BLI) cost requests has been determined to be ineligible. The requested cost has been removed from the project application and the amount requested has been reduced from the conditional award. Applicant must confirm agreement with the revised budget.

   a. One or multiple budget line item (BLI) cost requests lacks sufficient detail necessary for HUD to determine the cost’s eligibility. Cost must be clarified or moved to an eligible cost. The recipient must either add sufficient cost quantity and description detail or adjust the BLIs to be in compliance with 24 CFR 578.53, 578.55, and 578.57.

   b. One or multiple budget line item (BLI) cost requests has been determined by HUD to be ineligible for CoC Program funding. The amount of this requested cost has been removed from the project application and amount requested has been reduced from the conditional award. 24 CFR 578.53, 578.55, and 578.57. The applicant must confirm agreement with the revised budget before the grant agreement will be executed.

16a. Coordinated Entry - The project application indicated on Screen 3B that the project will not participate in coordinated entry and it is unclear if the applicant is a victim service provider using an equivalent system.

19. HMIS Lead in the project application does not match the HMIS Lead listed in the CoC’s Applicant Profile in eSnaps; update required.

22. Other policy and program related conditions:

   Other 1

   Other 2
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Other 3</th>
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</thead>
<tbody>
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For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</thead>
<tbody>
<tr>
<td>01) Match Documentation</td>
<td>Yes</td>
<td>Match Letter</td>
<td>08/08/2019</td>
</tr>
<tr>
<td>02) Site Control 1</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>03) Site Control 2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>04) Site Control 3</td>
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<td></td>
<td></td>
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<tr>
<td>05) Environmental Review 1</td>
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<td>06) Environmental Review 2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>07) Environmental Review 3</td>
<td>No</td>
<td></td>
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</tr>
<tr>
<td>08) Documentation of Financial Feasibility (New Construction, Acquisition, Rehabilitation)</td>
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<td></td>
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<tr>
<td>09) Restrictive Covenant</td>
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<tr>
<td>10) Zoning Documentation</td>
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<tr>
<td>11) Other Attachment(s)</td>
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</tbody>
</table>
Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Document Description:
Attachment Details

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Document Description:

Attachment Details

Document Description:
Adjustments

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions, to reconcile budget changes made by HUD or are you requesting to update/add indirect cost information?  

Yes

Adjustments can only be made to resolve issues and conditions, to reconcile budget changes made by HUD or to update/add indirect cost information. No other requests for changes to your project may be initiated using this Post Award step unless requested by HUD. All adjustments will be reviewed by HUD before grant agreement and may be rejected.

Briefly describe the adjustments being requested.

4a - 6J: Additional match added to meet minimum requirement; 4c - Match Commitment Documentation: See attachments for match letter; 15a&b - HUD indicated this has been addressed and no other information is needed; and Other - Adjusted 4B, 5A, 5B, 6A, 6C, 6E, and 6F to reflect changes to increase TH and RRH housing and decrease staffing as follows: 4B: Housing Type and Location - Adjusted the number of units and beds for both TH and RRH components; 5A: Project Participants Households - Adjusted the number of households to reflect increase in TH and RRH units; 5B – Project Participants Subpopulations - Adjusted subpopulation numbers to reflect the increase in persons served; 6A – Funding Request: Changed leased structures to leased units for TH; 6C – Leased Units: Moved $65,004 which was in leased structures budget to leased units budget; 6E – Adjusted number of RRH units to 11 one bedroom units and 6 two bedroom units; and 6F – Adjusted supportive services budget to reflect new staff ratio and services provided.
1A. Application Type

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

1. Type of Submission:
2. Type of Application: New Project Application
If Revision, select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/09/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0431Y0T041700
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
1C. Application Details

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

9. Type of Applicant: B. County Government
If "Other" please specify:

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-5900-N-18B
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

For help in completing Post Award steps, please take a look at the FY2017 Recipients Post-Award Instructional Guide available on the Hud Exchange.

14. Area(s) affected by the project (State(s) only):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: YHDP Joint TH-RRH

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: 10/01/2019
   b. End Date: 09/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. Compliance

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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. 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/09/2019
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: $1,553,647
Number of Subrecipients: 2

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$1,491,042</td>
</tr>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$62,605</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

a. Organization Name  Cocoon House

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

If "Other" specify:

c. Employer or Tax Identification Number:  91-1497667

d. Organizational DUNS:  803301167

e. Physical Address
   Street 1  3530 Colby Ave
   Street 2
   City  Everett
   State  Washington
   Zip Code  98201

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

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:  $1,491,042

j. Contact Person
   Prefix  Mrs.
   First Name  Rachel
Middle Name  Mathison
Last Name  M
Suffix
Title  Director of Housing
E-mail Address  rachel.mathison@cocoonhouse.org
Confirm E-mail Address  rachel.mathison@cocoonhouse.org
Phone Number  425-259-5802
Extension  109
Fax Number

2A. Project Subrecipients

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

a. Organization Name  Catholic Community Services

b. Organization Type  M. Nonprofit with 501C3 IRS Status
If "Other" specify:

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):  WA-001, WA-002
(for multiple selections hold CTRL key)
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:  $62,605

j. Contact Person
   Prefix  Mrs.
   First Name  Sarah Jayne
   Middle Name
   Last Name  Barrett
   Suffix
   Title  Director of Housing Services
   E-mail Address  SarahB@ccsww.org
   Confirm E-mail Address  SarahB@ccsww.org
   Phone Number  425-374-6366
   Extension
   Fax Number
2B. Experience of Applicant, Subrecipient(s), and Other Partners

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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 sources for several years. The County is currently the recipient of 23 CoC grants and has been designated as a Unified Funding Agency since FY2018. The County has a history of successful implementation of various program types.

Cocoon House, the subrecipient, has experience/expertise in the following:
1. Working with/addressing the target population’s identified housing and supportive service needs: Since 1991, Cocoon House has been the only agency in Snohomish County with a mission focused solely on homeless and at-risk youth and young adults (ages 12-24). The organization provides a continuum of services including outreach, drop-in, emergency shelter, transitional housing, and rapid rehousing. Cocoon House is uniquely positioned and qualified to serve the population of homeless youth and young adults in our community. The agency utilizes interventions proven to be effective with youth and young adults who have experienced homelessness and trauma.
2. Developing and implementing relevant program systems/services: Cocoon House is the lead agency for Snohomish County Youth and Young Adult Coordinated Entry. Coordinated Entry is the means by which youth ages 18 through 24 access community services and resources. Cocoon House’s Outreach programs provide a variety of services to Snohomish County youth, including mobile outreach, stationary outreach (at the full-service drop-in center), case management, and other supportive services. Outreach case managers are trained in working with young people who are experiencing crises, specializing in individual, client-directed care.
3. Identifying and securing matching funds from a variety of sources: Cocoon House is currently managing 30 government contracts from all levels of government: federal, state, county, and city. Matching funds are secured through private giving (which account for nearly 50% of agency revenue).
4. Managing basic organization operations including financial accounting systems: Cocoon House has extensive experience managing and accounting for public funding. Cocoon House is well-versed in all aspects of determining client eligibility and in understanding and adhering to rules and standards set forth by public funding entities. The Chief Financial Officer monitors adherence to Board-approved Internal Control Policies (available for review), which specify proper segregation of duties between staff that handle each type of financial transaction within the Agency.

Catholic Community Services, the subrecipient, has experience/expertise in the
following:
1. Working with/addressing the target population’s identified housing and supportive service needs: CCS has provided case management and housing services in Snohomish County since 1993 and in that time has successfully utilized federal funding to help individuals and families obtain safe and affordable housing. CCS has a successful history of providing permanent supportive housing and case management services for individuals and families experiencing chronically homeless. CCS utilizes a well-developed, goal oriented, individualized case management process to ensure housing retention and self-sufficiency growth. Specifically, CCS currently operates 7 CoC-funded permanent supportive housing projects that are dedicated to individuals and/or families experiencing chronic homelessness.
2. Developing and implementing relevant program systems/services: CCS is the subrecipient of several CoC funded projects and has been since the inception of the CoC Program. CCS has systems in place to ensure the project is operated in accordance with the CoC interim rule and Snohomish County Local Standards.
3. Identifying and securing matching funds from a variety of sources: Since its inception in 1942, CCS has secured dollars for matching and services through a variety of sources including private and corporate donors, as well as private and government (city, county, state, and federal) funders. CCS currently holds federal contracts for programs for chemical dependency, housing, volunteer services, and veteran services.
4. Managing basic organization operations including financial accounting systems: CCS tracks spending and outcomes on an ongoing basis and reviews the tracking at least once a month.

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 Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

Cocoon House maintains strong relationships with government and private funders, as well as with the community in general. Cocoon House’s CEO, COO, and the Board of Directors are dedicated to diversifying funding sources to ensure the sustainability of the organization. This commitment is reflected in the agency’s four-year strategic plan. Cocoon House employs a seasoned 4.0 FTE person development office. General fundraising efforts include a growing annual fund, an annual gala dinner/auction event, a spring fundraising event, private grants, and workplace giving.

Though most funding sources are provided to Cocoon House on a yearly basis, government funding reductions have recently presented a new challenge and opportunity to rely more on the community. Intensified fund development efforts have resulted in an increase in both grant funds and private donations. Private funding now accounts for approximately 36% of the operational revenue in the organization. In 2016, Cocoon House secured two federal RHY grants for Basic Center Prevention Services and Street Outreach Program.

Catholic Community Services currently is the recipient of a mix of federal, state, local, and private funds. CCS has experience providing leverage for CoC (and
SHP) projects for the past 10 years through collaboration and coordination with community partners. Some of these partner agencies are: Community Health Center for primary medical care and pharmaceutical services; CCS Recovery Services for behavioral health services; Volunteers of America for renter certification classes and food bank access; Work Source and Conviction Careers for employment readiness and job placement. These services are funded through various government and private sources.

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 Grants & Program Specialists, from OCHS within Snohomish County Human Services Department, manage subrecipient grants, including conducting annual monitoring for compliance, and provide overall project and CoC Program management and oversight. Regular OCHS staff meetings and Supervisor project and Program review ensure work is completed and consistent with CoC requirements and HUD grant agreements.

The Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants & Program Specialists to resolve 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.

Cocoon House’s organizational structure includes a 16 member Board of Directors that oversees the CEO of the organization and assists with strategy and vision for the organization. The CEO and COO oversee the directors of programs, fundraising, human resources, administration, and finance. Cocoon House maintains an accounting, financial reporting and financial management and operations system in order to comply with Generally Accepted Accounting Principles (GAAP). Cocoon House’s corporate governing body, officers, and management personnel exercise due vigilance and diligence to assure all financial transactions, accounts, records, and reports comply with these standards. All uses of program income are accurately reflected in the agency’s records and are subject to review and audit by an independent auditor and agents of a granting authority.

CCS’ Housing Department management consists of a Director of Housing Services, 3 Program Managers, and a Contract Administrator. Legal Protocols Notice of Delegation ensures managers meet standards and consistently follow organizational leadership practices. CCS operates a Quality Improvement Committee (QIC), which addresses progress on yearly goals and outcome measures, corrective action requirements and response strategies, and areas of concern about quality raised by consumers, staff, advocates, contractors, or other entities to which the agency is accountable. CCS maintains a financial policy manual to ensure the internal accounting procedures safeguard assets and financial statements are in conformity with generally accepted accounting principles, and to ensure finances are managed with responsible stewardship. An annual audit is conducted by a certified public accounting firm, in accordance with OMB Circular A-133, to obtain reasonable assurance that the financial statements are free of material misstatements. Contracts are evaluated using a multi-level review process including insurance, legal and financial.
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

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

2. Project Name: YHDP Joint TH-RRH

3. Project Status: Standard

<table>
<thead>
<tr>
<th></th>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
</table>

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

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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

This project will provide both transitional housing (TH) and rapid rehousing (RRH) units. Cocoon House will provide the TH component with a rental home, where each tenant will have an occupancy agreement. Our goal is to transition youth from TH into RRH within 90 days. The RRH component will provide housing search and short- and medium-term rental assistance up to 36 months (pending waiver approval) to move homeless young adults as rapidly as possible into permanent housing. To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support this program will allow for less than one year lease agreements (pending waiver approval) as well as allow young adults to access intermittent rental assistance without performing an annual eligibility review (pending waiver approval).

Cocoon House will provide a house with 4 TH units and 13 RRH units throughout Snohomish County, including traditionally underserved areas. Case managers will work with young adults in both TH and RRH units to provide individualized services including initial and ongoing assessment, coordinated referrals to supportive services, and aftercare. An Employment and Education Case Manager will also work directly with young adults in both TH and RRH units to provide educational and employment supportive services. A RRH Housing Placement Specialist will provide early landlord engagement, housing search, and complete paperwork related to the initial lease up including rent reasonableness and housing quality standards inspections.

All young adults in the program will have the opportunity to engage in the following supportive services: care conferencing, employment and education services, mental health counseling, substance use/abuse services, medical services, and life skills attainment. All services will be provided to youth once they are enrolled in the program and will be provided to them regardless if they are in the TH or RRH portion of the project.

1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

This project will provide both transitional housing (TH) and rapid rehousing (RRH) units. Cocoon House will provide the TH component with a rental home, where each tenant will have an occupancy agreement. Our goal is to transition youth from TH into RRH within 90 days. The RRH component will provide housing search and short- and medium-term rental assistance up to 36 months (pending waiver approval) to move homeless young adults as rapidly as possible into permanent housing. To accommodate the unique and
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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.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Will your project participate in a CoC Coordinated Entry Process?  Yes

(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families</td>
<td>HIV/AIDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Click ‘Save’ to update)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Housing First

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

b. Does the project ensure that participants are screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

| 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 in the project’s geographic area. | X |

Applicant: Snohomish County
Project: YHDP Joint TH-RRH

Applicant Technical Submission  Page 29  10/01/2019
d. Will the project follow a "Housing First" approach?  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.

Not applicable.

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

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?  No
4A. Supportive Services for Participants

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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.

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

This joint project will provide immediate access to short term housing (TH) with a connection to long term housing (RRH) on the back end. Cocoon House will provide 4 TH units and 13 RRH units to move homeless young adults as rapidly as possible into permanent housing. Case managers will work with young adults in both TH and RRH units to provide individualized services including initial and ongoing assessment, coordinated referrals to supportive services, and aftercare. A RRH Housing Placement Specialist will provide low-barrier and trauma-informed services to clients and serves as a liaison to landlords and property owners. They will also provide early landlord engagement, housing search, and complete paperwork related to the initial lease up including rent reasonableness and housing quality standards inspections.

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

An Employment and Education Case Manager will support both TH and RRH program participants in identifying goals and needs, accessing educational programs and resources, and gaining employment and employment skills. Education support will be individualized with participants pursuing goals from starting GED preparation courses to succeeding in 4-year college programs. Employment goals for program participants will be reached through established partnerships with Job Corps and WorkForce Snohomish to enhance
professional development and resume building skills.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

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

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

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>---</td>
<td>Shared housing</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>---</td>
<td>Scattered-site ap...</td>
<td>17</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TH</th>
<th>RRH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>23</td>
<td>28</td>
</tr>
</tbody>
</table>

Total Units: 3
Total Beds: 5

Applicant: Snohomish County
Project: YHDP Joint TH-RRH

WA0431Y0T041700
079247979
4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
   1a. Does this TH portion of the project have private rooms per household? Yes
   1b. Is this a private or semi private room? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? CoC
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 5

5. 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: 3530 Colby Ave
   Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98201
6. 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)

530480 Everett

4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

1. Is this housing type and location for the TH portion or the RRH portion of the project? RRH

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

3. What is the funding source for these units and beds? CoC 
   (If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 17
   b. Beds: 23

5. 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.

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   Street 2:
City: Everett
State: Washington
ZIP Code: 98201

6. 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)

530480 Everett
5A. Project Participants - Households

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>6</td>
<td>16</td>
<td></td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>6</td>
<td>16</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>16</td>
<td>0</td>
<td>28</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total Persons</td>
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<td>0</td>
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<td>4</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

The youth not represented by the above listed subpopulations include those who may not qualify for “chronic substance use” and “severe mental illness” eligibility, but may still experience challenges with substance abuse and mental health. Youth not represented may also include those who identify as LGBTQ, are pregnant, who are victims of sexual trafficking/exploitation, or who have been involved with juvenile justice and/or foster care systems.
5C. Outreach for Participants

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>10%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>50%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>5%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from transitional housing.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

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

Participants are identified and connected to services through the county’s Coordinated Entry (CE) system. Because Cocoon House is the lead agency for Youth and Young Adult Coordinated Entry, referrals will be easily made between CE and the TH-RRH project. The referral for this project will allow young adults to access either TH or RRH openings, depending on their preference. Eligible young adults will then be referred to a TH-RRH program Case Manager to develop an individualized plan and obtain housing.
6A. Funding Request

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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? Reallocation

<table>
<thead>
<tr>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

a. Please complete the indirect cost rate schedule below

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

Please enter all values for at least one line item.

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

<table>
<thead>
<tr>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Years</td>
<td>2 Years</td>
<td>2 Years</td>
</tr>
</tbody>
</table>

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

- Leased Units [X]
- Leased Structures

Applicant: Snohomish County
Project: YHDP Joint TH-RRH

079247979  WA0431Y0T041700

Applicant Technical Submission  Page 42  10/01/2019
6C. Leased Units Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Requested:</td>
<td>$65,004</td>
<td></td>
</tr>
<tr>
<td>Grant Term:</td>
<td>2 Years</td>
<td>2 Years</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$130,008</td>
<td></td>
</tr>
<tr>
<td>Total Units:</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>$65,004</td>
<td>$130,008</td>
</tr>
</tbody>
</table>
Leased Units Budget Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)</td>
</tr>
</tbody>
</table>

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (New Submission)</th>
<th># of Units (HUD Award)</th>
<th># of Units (Adjustment)</th>
<th>Total Request (New Submission)</th>
<th>Total Request (HUD Award)</th>
<th>Total Request (Adjustment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Units</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$65,004</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 Years</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$130,008</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate Total Units.
6E. Rental Assistance Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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.

<table>
<thead>
<tr>
<th>Rental Assistance Type (Applicant)</th>
<th>Rental Assistance Type (Award)</th>
<th>Rental Assistance Type (Adjustment)</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>TRA</td>
<td>TRA</td>
<td>17</td>
<td>$674,088</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Request for Grant Term:</td>
<td>$396,768</td>
<td>$485,424</td>
</tr>
<tr>
<td>Total Units:</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>
Rent Assistance Budget Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

Type of Rental Assistance: TRA
Rental Assistance Type: Applicant
Rental Assistance Type: From Award
Rental Assistance Type: Adjustment

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project can only use PRA and SRA or the Leased Units budget.

All RRH and JOINT projects with CoC funded units must select TRA as the Rental Assistance Type.

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (New Submission)</th>
<th># of Units (HUD Award)</th>
<th># of Units (Adjustment)</th>
<th>FMR Area (New Submission)</th>
<th>FMR Area (HUD Award)</th>
<th>FMR Area (Adjustment)</th>
<th>12 Month Total Request</th>
<th>Total Request (New Submission)</th>
<th>Total Request (HUD Award)</th>
<th>Total Request (Adjustment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$820</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>12</td>
<td>$1,033</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>12</td>
<td>$1,249</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x</td>
<td>12</td>
<td>$179,856</td>
<td>$210,828</td>
<td>$201,828</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>1</td>
<td>$1,544</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x</td>
<td>12</td>
<td>$18,528</td>
<td>$22,536</td>
<td>$139,216</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,240</td>
<td>$2,719</td>
<td>$2,719</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>1</td>
<td>$2,654</td>
<td>$3,219</td>
<td>$3,219</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>1</td>
<td>$3,052</td>
<td>$3,702</td>
<td>$3,702</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>1</td>
<td>$3,450</td>
<td>$4,185</td>
<td>$4,185</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>1</td>
<td>$3,848</td>
<td>$4,668</td>
<td>$4,668</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>1</td>
<td>$4,246</td>
<td>$5,150</td>
<td>$5,150</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>1</td>
<td>$4,645</td>
<td>$5,633</td>
<td>$5,633</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>=</td>
<td>=</td>
<td>=</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>13</td>
<td>13</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$198,384</td>
<td>$242,712</td>
<td>$337,044</td>
</tr>
<tr>
<td>Grant Term</td>
<td>2 Years</td>
<td>2 Years</td>
<td>2 Years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
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<td>---------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$396,768</td>
<td>$485,424</td>
<td>$674,088</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 6F. Supportive Services Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters) (New Submission)</th>
<th>Annual Assistance Requested (New Submission)</th>
<th>Annual Assistance Requested (HUD Award)</th>
<th>Quantity AND Description (max 400 characters) (Adjustment)</th>
<th>Annual Assistance Requested (Adjustment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>Move in fees for approx 8 households</td>
<td>$1,600</td>
<td></td>
<td>Move in fees for approx 12 households</td>
<td>$1,800</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.5 FTE Associate Director, 1 FTE Program Manager, 1 FTE Employment and Education Case Manager, and 3 FTE Case Managers plus benefits</td>
<td>$293,425</td>
<td></td>
<td>.5 FTE Associate Director, 1 FTE Program Manager, and 1 FTE Case Managers plus benefits</td>
<td>$151,250</td>
</tr>
<tr>
<td>4. Child Care</td>
<td>Childcare vouchers</td>
<td>$897</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>Materials/supplies for 15 clients</td>
<td>$2,500</td>
<td></td>
<td>.5 FTE Employment and Education Case Manager</td>
<td>$25,713</td>
</tr>
<tr>
<td>7. Food</td>
<td>Meals and groceries at $250/month</td>
<td>$3,000</td>
<td></td>
<td>.5 FTE Employment and Education Case Manager</td>
<td>$25,713</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>1 FTE Housing Placement Specialist plus benefits</td>
<td>$27,394</td>
<td></td>
<td>.5 FTE Housing Placement Specialist plus benefits</td>
<td>$27,397</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>.5 FTE Peer Mentor plus benefits</td>
<td>$22,651</td>
<td></td>
<td>.5 FTE Peer Mentor plus benefits</td>
<td>$26,000</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Bus tickets/fares and gas assistance</td>
<td>$2,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>$160/deposit</td>
<td>$4,800</td>
<td></td>
<td></td>
<td>$4,800</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>Training for 6 FTE $5,500; tech supplies for staff (computers and office supplies) $6,00; Federal rate of reimbursement ($0.55/mile) $90/staff/month; office supplies and equipment</td>
<td>$9,250</td>
<td></td>
<td>Tech supplies for staff (computers and office supplies) $6,00; Federal rate of reimbursement ($0.55/mile, 85 miles/month for 4.5 FTEs $2,662; and phone at $45/month for 4.5 FTE (45<em>12</em>5 = $2,430)</td>
<td>$11,092</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$367,517</strong></td>
<td><strong>$367,517</strong></td>
<td></td>
<td><strong>$275,185</strong></td>
</tr>
</tbody>
</table>
### Grant Term

<table>
<thead>
<tr>
<th>Grant Term</th>
<th>2 Years</th>
<th>2 Years</th>
<th>2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td>$735,034</td>
<td>$735,034</td>
<td>$550,370</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
# 6G. Operating Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (New Submission)</th>
<th>Annual Assistance Requested (HUD Award)</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Adjustment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Maintenance and repair at the 4 units of TH</td>
<td>$8,000</td>
<td></td>
<td>Maintenance and repair for the TH units</td>
<td>$7,000</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Insurance on operating the TH location</td>
<td>$9,000</td>
<td></td>
<td>Insurance on operating the TH location</td>
<td>$9,000</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>Security monitoring system/bedroom locks</td>
<td>$2,000</td>
<td></td>
<td>Security monitoring system/bedroom locks</td>
<td>$2,000</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Utility costs for 4 TH units – PSE, PUD, Everett</td>
<td>$6,000</td>
<td></td>
<td>Utility costs for 4 TH units – PSE, PUD, Everett</td>
<td>$6,000</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>Furniture for kitchens and units</td>
<td>$8,000</td>
<td></td>
<td>Furniture for kitchens and units</td>
<td>$7,000</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>Laundry machine for TH location</td>
<td>$2,000</td>
<td></td>
<td>Laundry machine for TH location</td>
<td>$2,000</td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$35,000</td>
<td>$35,000</td>
<td></td>
<td>$33,000</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>2 Years</td>
<td>2 Years</td>
<td></td>
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<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$70,000</td>
<td>$70,000</td>
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</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6J. 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: | $151,716 |
| Total Value of In-Kind Commitments: | $204,194 |
| Total Value of All Commitments: | $355,910 |

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

Note: 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.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
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<th>Value of Commitments</th>
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<tr>
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<td>In-Kind</td>
<td>Private</td>
<td>Snohomish County</td>
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<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>General fundrais...</td>
<td>06/27/2019</td>
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Sources of Match

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

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) Snohomish County EHP for Outreach
5. Date of Written Commitment: 06/27/2019
6. Value of Written Commitment: $204,194

Note: 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

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

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) General fundraising by Cocoon House
5. Date of Written Commitment: 06/27/2019
6. Value of Written Commitment: $151,716
6K. Summary Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Note that it may be necessary to manually adjust the budget values in the individual budget formlets, to match the budget values awarded by HUD, if the budgets do not match in the HUD Award and Adjustment columns on this screen. Budgets affected include: Leased Structures, Operating.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for Grant Term (New Submission)</th>
<th>Total Assistance Requested for Grant Term (HUD Award)</th>
<th>Total Assistance Requested for Grant Term (Adjustment)</th>
<th>Budget Change (Adjustment)</th>
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<td>1b. Rehabilitation</td>
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<td>1c. New Construction</td>
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<td>6. HMIS</td>
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7. Sub-total Costs Requested $1,331,810 $1,420,466 $1,420,466

8. Admin (Up to 10%) $133,181 $133,181 $133,181

9. Total Assistance plus Admin Requested $1,464,991 $1,553,647 $1,553,647

10. Cash Match $151,716 $151,716 $151,716

11. In-Kind Match $200,000 $200,000 $204,194

12. Total Match $351,716 $351,716 $355,910
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**Applicant:** Snohomish County  
**Project:** YHDP Joint TH-RRH
## Submission Summary

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**Applicant:** Snohomish County  
**Project:** YHDP Joint TH-RRH  
**ID:** WA0431Y0T041700  
**ID:** 079247979
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<td>3B. Description</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
<td>07/11/2019</td>
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<td>6C. Leased Units</td>
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<td>6E. Rental Assistance</td>
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<td>6F. Supp. Srvcs. Budget</td>
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<td>6G. Operating Budget</td>
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<td>6J. Match</td>
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<tr>
<td>6K. Summary Budget</td>
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</tr>
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</table>
July 29, 2019

Snohomish County Human Services
Office of Community & Homeless Services
3000 Rockefeller Ave. M/S 305
Everett, WA 98201

Re: Letter of Commitment — YHDP Joint TH-RRH
   Sponsor Organization: Snohomish County

Dear Snohomish County,

This letter certifies that Cocoon House will provide a Match contribution valued at $355,910 for participants of the Joint TH-RRH project which is funded by HUD through the FY2018 Youth Homelessness Demonstration Program competition.

This $204,194 in-kind match commitment of will be available for the 2019-2021 program years. The commitment is calculated based on 7600 hours of screening, assessment, and urgent need services, valued at Cocoon House’s normal rate of $27 per hour that will be provided to over 60 program participants. The contribution comes from local government EHP funding.

This $151,716 match commitment of cash will be available for the 2019-2021 program years. This amount comprises staff time needed for other approved services including supplemental case management and mental and chemical health support for youth. The contribution comes from the agency’s private fundraising.

Please feel free to contact me if you would like further Information on Compass Health’s commitment to this important program.

Sincerely,

Joseph Alonzo
CEO
Attachment #3 Cover Page: Special Activity and Waiver Request

Snohomish County Special Activity and Waiver Request

YAC Approval of Special Activity Request
October 25, 2021

Re: SYAH Special Activity and Waiver Exemption Request
CoC: WA-504 Snohomish County/Everett
YHDP Snohomish Young Adult Housing Project

To Whom it May Concern:

Snohomish County Office of Community and Homeless Services (OCHS) is the Collaborative Applicant for the Everett/Snohomish County CoC and the grantee of the FY2021 Continuum of Care (CoC)/Youth Homelessness Demonstration Program (YHDP) funding (WA-504). To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support and to help participants obtain and remain in housing, OCHS requests to reapply/apply for the alternative requirements, special activities, and waiver exemption outlined in this letter for the YHDP Snohomish Young Adult Housing (SYAH) project.

Approved Alternative Requirements

HUD granted approval for the below alternative requirements to be utilized by the SYAH project on September 9, 2020. We request to reapply for all previously granted alternative requirements.

1. Less than One Year Lease: Participants receiving rental assistance can enter into an initial lease of less than one year but more than one month.

2. Limitation on RA: Rental assistance can be provided up to 36 months to a household for RRH projects. The recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.

3. Moving Costs: Participants can be provided with moving costs more than one time as needed.

4. Housing Inspections: Housing for which rental assistance payments are made must meet the habitability standards in 24 CFR 576.403(c).

5. Internet Costs: The recipient can pay for the cost of internet in a program participant’s unit.

6. Rental and Utility Arrears: The recipient can pay rental arrears consisting of a one-time payment for up to six months of rent in arrears, including any late fees on those arrears. The recipient can pay utility arrears of up to six months per service.

Special Activity Requests Outlined in FY2021 NOFO

We are requesting approval for twelve (12) new special activities listed in the FY2021 NOFO to ensure youth served by this project will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient.

Paying for Youth Involvement: In addition to the eligible costs listed in 24 CFR 578.59(a), may use project administration funds to support costs associated with involving youth with lived experience in project implementation, execution, and improvement.
**Conferences/Trainings:** May use project administrative funds to attend conferences and trainings that are not HUD-sponsored or HUD-approved, provided that the subject matter is relevant to youth homelessness.

**Hiring Youth:** May employ youth who are receiving services, including housing, from the recipient organization. Recipients that utilize this special YHDP activity must maintain documentation that discloses the nature of work that the youth does, and that the youth is not in a position that creates a conflict of interest.

**Damage to Unit:** The costs to pay for any damage to housing due to the action of a program participant, which may be paid while the youth continues to reside in the unit. The total costs paid for damage per program participant may not exceed the cost of two-months’ rent. Many young adults served by this program have not lived on their own before and are unlikely to have savings to cover unexpected expenses. Allowing this flexibility will help youth from receiving an eviction or leaving a unit with money owed, both of which will make finding future housing extremely difficult. If this assistance is needed, program staff will work with participants to identify ways they can cover costs (participant share, other community resources) and assess how much assistance is needed. Staff will also help participants coordinate with landlords to determine a reasonable payment plan.

**Cleaning Supplies:** The costs of providing household cleaning supplies to clients. When youth move into stable housing after experiencing homelessness, it can often feel overwhelming dealing with new financial burdens such as rent, security deposits, utilities, cost transportation, and groceries. Many youth served by this program have not lived on their own before and providing cleaning supplies and products may assist with the transition. Program staff also believe that providing cleaning supplies to youth entering a RRH unit will set a positive precedent for teaching them how to clean and maintain their new living space. Program staff will provide youth with a cleaning move-in kit as needed, review any safety concerns or explain how to supplies are used, and help youth develop a regular schedule for cleaning their new living space.

**Housing Start Up Costs:** Housing startup expenses for program participants, including furniture, pots and pans, linens, toiletries, and other household goods, not to exceed $300 in value per program participant. Youth who enter this program are typically coming from the street, living in their car, or staying a night here and there with friends and have little to no belongings. It can feel exciting and overwhelming moving into a new and unfurnished space. Providing housing start expenses to participants as needed will allow youth to feel more comfortable and at home in their new living environment. Staff will work with youth to seek out local and affordable and help youth with setting a budget to help them understand housing startup costs associated with moving into a new space.

**Cell Phone:** The one-time cost of purchasing a cellular phone and service for program participant use, provided access to a cellular phone is necessary to obtain or maintain housing and the costs of the phone and services are reasonable per 2 CFR 200.404. Youth in this program who do not have access to a phone have an increased barrier for maintaining contact with housing providers or other supports and may therefore take longer to secure stable housing. Having immediate access to a cell phone would allow youth to regularly communicate with program staff, property managers, or future employers while they search for housing. In receiving a phone youth will also develop new life skills on keeping their phone charged, setting up a voicemail inbox, checking voicemails, and returning missed calls. At program intake, staff will determine best means of communication with youth and identify if youth need assistance acquiring a phone for communication purposes. Staff will also work with youth to identify long term solutions for communication needs through financial planning and budget management so they can eventually purchase their own phone.

**Utilities:** Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location. While this assistance would benefit many youth, the program would operate with the understanding that youth may receive financial assistance associated with utility costs as needed. The program will operate using a progressive engagement framework including an initial assessment of strengths, needs, and
barriers to stable housing that would inform the initial level of financial assistance and supportive services to be provided by the project. Each youth would be re-assessed throughout the duration of their program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by the project are effectively targeted and responsive to the diverse needs of youth experiencing homelessness.

*Client Gas/Mileage Costs:* In addition to transportation costs eligible in 24 CFR 578.53(e)(15), a recipient may pay gas and mileage costs for a program participant’s personal vehicle for trips to and from medical care, employment, childcare, or other services eligible under this section. Youth served in this program who may have cars cannot always afford gas. For example, a participant who recently started a job may take awhile to receive their first paycheck, but they still need the ability to drive to and from their new job and possible childcare, doctors’ appointments, court dates, or other crucial appointments. This flexibility would be provided as needed and youth would work with program staff to map out upcoming transportation needs and calculate mileage to provide gas cards or cash payments for gas.

*Legal Fees:* Legal fees, including court fees, bail bonds, and required courses and equipment. Outstanding legal fees can be an issue for leasing an apartment or finding employment and overtime can spiral into a warrant. These fees also disproportionately impact BIPOC program participants. Program staff will help youth coordinate a payment plan, determine ways to reduce fees, and obtain/track all paperwork needed.

*Driving Fees:* Program participant’s past driving fines and fees that are blocking a young person from being able to obtain or renew a driver’s license and impacting their ability to obtain or maintain housing. Additionally, recipients may pay for program participants costs for insurance and registration for personal vehicles, if the personal vehicle is necessary to reach medical care, employment, childcare, or other services eligible under this section. The ability to pay for listed driving fees, insurance, and registration will help youth obtain housing and avoid possible legal fees while driving. Program staff will work with youth to determine their level of need, identify alternative ways to pay, and outline steps needed to pay driving fees or other fines.

*Aftercare/Supportive Services:* May continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the program participant.

Providing supportive services for a longer period of time after a youth exits this project will help establish permanency by allowing them to remain connected to supports that maintain stability. The request to extend supportive services from 6 months to 24 months would be provided in certain circumstances and will not be the norm. Based on participants who have already exited the project, we anticipate about two (2) youth per year may need the additional supportive service assistance. Program staff have indicated a few youth who have exited and surpassed their 6 months of supportive services could have benefited from an additional safety net of case management that provides youth with extended support in maintaining recently achieved sobriety, managing a tight monthly budget, enhancing life skills, addressing a mental health crisis, or dealing with an unexpected setback. Also, youth served by this project often cannot rely on family support as many of their peers ages 18-24 who did not experience homelessness, making this extended support vital for their continued stability. Therefore, allowing for supportive services to be extended up to 24 months may prevent youth from re-entering the homeless system during a crisis or other hardship that threatens their housing stability since they have been exited and are no longer receiving rental assistance.

The program would operate with the understanding that youth will be provided additional supportive services up to 24 months as needed. After program exit, staff will continue to assess the level of support youth need with
quarterly check-ins which will help enhance a youth’s independence while also providing a safety net to identify any on-going or unexpected needs and develop action steps to address them. Quarterly check-ins will allow for staff to ensure a former client’s needs aren’t slipping through the cracks while also giving youth the space to embrace their independence and focus on building a supportive network outside of those funded by this project. Youth who may especially benefit from extended supportive services are those who are new parents, still enrolled in school, or recently sober. Extending the duration of allowable supportive services post exit from 6 months to 12 months will provide additional time for youth to develop the life skills needed to independently address obstacles that might arise later with employment, education, behavioral health, or other setbacks that threaten housing stability.

**Youth Action Committee Special Activity Requests**

We are requesting approval for seven (7) new special activities approved by our Youth Action Committee (YAC) to help youth either obtain stable housing, develop permanent connections, achieve education and/or employment goals, or and sustain their well-being.

*Landlord Incentives:* The ability to pay for landlord incentives, not to exceed 3 months of rent, including signing bonuses, security deposits, costs to repair damages, extra cleaning fees, and application administration fees. Program staff have worked with many landlords who are hesitant to rent to youth participants because they had a negative experience with tenants damaging property from a similar housing program or the youth applying had a history of evictions. Locally, we have found that participants in our non-CoC funded rapid rehousing programs been able to obtain housing faster because landlords are often more willing to rent units to participants with housing barriers if they are provided with incentives such as signing bonuses, security deposits, costs to repair damages, and extra cleaning fees. Allowing financial incentives to be provided to landlords would help offset the potential risk of renting to youth who are served in this project. Also, youth with housing barriers in this project have had limited options for housing and have had to select units that are not geographically ideal for employment, school, or other needed community supports. The ability to provide financial incentives to landlords would dramatically improve the rate at which youth move into housing and would also provide more successful housing placements in areas with the most stability for each youth. Allowing our program to pay for landlord incentives would eliminate one of the biggest barriers to obtaining housing for youth ages 18-24 in our community. If allowed, these incentives would not exceed three times the rent charged for a unit and will be determined as reasonable and necessary to obtain housing.

*Hotels used for Transitional Housing:* The ability to utilize hotels for the TH component to provide crisis housing for youth in this project. Snohomish County is the thirteenth largest county in Washington state (in land size) and is made up of 68% forest land, 18% rural, 9% urban/city, and 5% agricultural and the third most populated county in the state. With much of the county devoted to forest, rural, and agricultural use there are limited housing options for people in our community. Finding crisis housing for our Joint Component project has been difficult and we would like the ability to utilize hotels or motels to provide more adequate temporary stays for youth experiencing homelessness throughout our county. Hotels or motels are a natural fit for this project in our community as they provide a brief and temporary stay where a youth feels most connected while they search for a more permanent unit. Our two current TH locations are in Everett and have often been difficult for youth who are more rurally based to utilize and stay connected to school, jobs, or other supports that are on the other side of the county. Each hotel or motel temporary stay would be offered as needed to youth who have a unique reason for residing outside of Everett. To confirm rent reasonableness of hotel, we will conduct our own rent reasonableness of the cost per night for an individual hotel or motel room in relation to the cost per night for comparable hotel or motel rooms, considering the location, size, type, quality, amenities, facilities, and services. Program staff will work to ensure rent reasonableness conducted for all hotel or motel rooms are appropriately documented in each client file, including why a hotel or motel stay was necessary.
Associated Driving Costs: The ability to pay for a participants diver’s education and testing costs, including driver’s education courses, materials, and testing. The ability to pay for minor car repairs to a participant’s vehicle, not to exceed $100. If youth are given the opportunity to learn how to drive, they may become more self-sufficient, stay connected to identified supports, and establish a sense of normalcy with their peers. Snohomish County is also predominantly rural and the ability to drive a car could save youth time. For example, one youth enrolled in the project could turn their typical 2-hour bus commute into a 30-minute drive.

One-Time Payment/Deposit for a Starter Credit Card: The ability to assist some older participants in making a one-time payment/Deposit to build or rebuild their credit would allow youth to become more independent and self-sufficient. For example, Capital One has a rebuilding credit card with an initial credit line of $200 that requires a security deposit up to $200. Program staff would make the one-time payment/Deposit to help youth obtain the card and provide additional education around financial management and other life skills needed to obtain housing due to good credit.

Tuition Education Assistance: The ability to provide up to $2,000 of one-time tuition assistance to help youth begin a secondary education at a community college or technical institution. Also, the ability to pay to obtain transcripts needed to enter a secondary education. Youth will work with program staff to obtain necessary documentation and complete a FAFSA application prior to determining the level of education assistance provided.

Employment Retention Incentives: The ability to provide job incentive rewards, via cash payments, to participants who have maintained employment for 3 months, 6 months, and 1 year time periods. Youth must communicate regularly with program staff regarding their employment and will have the ability to have a two-week gap in employment, otherwise they will need to restart their employment duration calculation.

Associated Medical Costs: The ability to pay for over the counter medicine or other general medical supplies, not to exceed $50, that are not prescribed by a licensed medical professional and are needed to address the health of a participant such as allergy medication, cold/flu medication, pregnancy tests, first aid supplies, etc.

Match Exemption Request

We request a match exemption for this project. The subrecipient, Cocoon House, spends more than 25% of the total project funds to assist youth experiencing homelessness in the community. This includes several projects that serve the target population, including a Snohomish County funded young adult coordinated entry project with a $232,791 budget and a separate CoC funded young adult rapid rehousing project with a $120,132 budget. Several other Cocoon House projects, including a program supporting youth and young adult survivors of human trafficking, a street outreach program, and a drop-in center program directly support the same target population. The total budget of the listed programs is higher than the total cost of the YHDP project in question.

As the primary agency supporting youth and young adults experiencing homelessness in Snohomish County, Cocoon House offers a broad continuum of services to the target population including drop-in basic need services, street outreach, employment support, advocacy support and specialized support for survivors of human trafficking. Many of these services are utilized by young adults in this program who know and trust Cocoon House already, but because many of those programs/services do not qualify for the match requirement. Cocoon House also seeks out and maintains effective partnerships with community agencies offering complementary services, such as mental health and substance use disorder services, which our target population may choose to access. Cocoon House’s service continuum and community partnerships will continue regardless of match requirements, and staff encourage and facilitate connections to these vital services whenever possible.

Please contact Debbi Trosvig, OCHS Supervisor at 425-388-7116 or debbi.trosvig@snoco.org with any questions, or if you need addition information regarding this request. Thank you for your consideration.
Sincerely,

Jackie Anderson, Division Manager
Housing & Community Services
Snohomish County Human Services

dt
cc: Debbi Trosvig, Supervisor, Office of Community and Homeless Services
Youth Action Committee
Youth Homelessness Demonstration Program Special Activities

The Snohomish County Youth Action Committee (YAC) has approved the special activities outlined below for the Snohomish Young Adult Housing (SYAH) project. Each special activity was developed to accommodate the unique and individualized needs of youth experiencing homelessness with the most appropriate level of support and to help participants either obtain stable housing, develop permanent connections, achieve education/employment goals, and/or and sustain their well-being.

**Landlord Incentives:** The ability to pay for landlord incentives, not to exceed 3 months of rent, including signing bonuses, security deposits, costs to repair damages, extra cleaning fees, and application administration fees.

**Hotels used for Transitional Housing:** The ability to utilize hotels for the TH component to provide crisis housing for youth in this project.

**Associated Driving Costs:** The ability to pay for a participants diver’s education and testing costs, including driver’s education courses, materials, and testing. The ability to pay for minor car repairs to a participant’s vehicle, not to exceed $100.

**One-Time Payment/Deposit for a Starter Credit Card:** The ability to assist some older participants in making a one-time payment/deposit to build or rebuild their credit would allow youth to become more independent and self-sufficient.

**Tuition Education Assistance:** The ability to provide up to $2,000 of one-time tuition assistance to help youth begin a secondary education at a community college or technical institution.

**Employment Retention Incentives:** The ability to provide job incentive rewards, via cash payments, to participants who have maintained employment for 3 months, 6 months, and 1 year time periods.

**Associated Medical Costs:** The ability to pay for over the counter medicine or other general medical supplies, not to exceed $50, that are not prescribed by a licensed medical professional and are needed to address the health of a participant.

**Youth Action Committee Signatures:**

[Signatures]

[Signatures]
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 CoC Program Competition NOFO.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: YHDP Replacement Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/27/2021

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. 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: 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-6500-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: YHDP Youth Engagement Team

16. Congressional District(s):
   16a. Applicant: WA-001, WA-002
   16b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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:
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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
4a. Total Amount Requested for this project: $416,973.00
(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.
Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

Certification

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

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

I AGREE: 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: 10/27/2021
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees ——</td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
</tr>
<tr>
<td>(2) The Applicant’s policy of maintaining a drug-free workplace;</td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>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.;</td>
</tr>
<tr>
<td>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>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 ---</td>
</tr>
<tr>
<td>(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</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
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: 10/27/2021
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM’s Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.</strong> Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
<td></td>
</tr>
<tr>
<td><strong>10.</strong> Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
<td></td>
</tr>
<tr>
<td><strong>11.</strong> Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).</td>
<td></td>
</tr>
<tr>
<td><strong>12.</strong> Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.</td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong> Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong> Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong> Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
<td></td>
</tr>
<tr>
<td><strong>17.</strong> Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, &quot;Audits of States, Local Governments, and Non-Profit Organizations.&quot;</td>
<td></td>
</tr>
<tr>
<td><strong>18.</strong> Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
<td></td>
</tr>
<tr>
<td><strong>19.</strong> Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
<td></td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** Snohomish, County of  
**Prefix:** Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/27/2021
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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$416,973</td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $416,973
2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

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

c. Employer or Tax Identification Number: 91-1497667

d. Organizational DUNS: 803301167

  PLUS 4

e. Physical Address
  Street 1: 3530 Colby Ave
  Street 2:
    City: Everett
    State: Washington
    Zip Code: 98201

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

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: $416,973

j. Contact Person
  Prefix: Mrs.
  First Name: Rachel
  Middle Name: Mathison
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Snohomish County has been the recipient of multiple federal funding sources for several years. The County is currently the recipient of 23 CoC grants and has been designated as a Unified Funding Agency since FY2018. The County has a history of successful implementation of various program types.

Cocoon House, the subrecipient, has experience/expertise in the following:
1. Working with/addressing the target population’s identified housing and supportive service needs: Since 1991, Cocoon House has been the only agency in Snohomish County with a mission focused solely on homeless and at-risk youth and young adults (ages 12-24). The organization provides a continuum of services including outreach, drop-in, emergency shelter, transitional housing, and rapid rehousing. Cocoon House is uniquely positioned and qualified to serve the population of homeless youth and young adults in our community. The agency utilizes interventions proven to be effective with youth and young adults who have experienced homelessness and trauma.
2. Developing and implementing relevant program systems/services: Cocoon House is the lead agency for Snohomish County Youth and Young Adult Coordinated Entry. Coordinated Entry is the means by which youth ages 18 through 24 access community services and resources. Cocoon House’s Outreach programs provide a variety of services to Snohomish County youth, including mobile outreach, stationary outreach (at the full-service drop-in center), case management, and other supportive services. Outreach case managers are trained in working with young people who are experiencing crises, specializing in individual, client-directed care.
3. Identifying and securing matching funds from a variety of sources: Cocoon House is currently managing 30 government contracts from all levels of government: federal, state, county, and city. Matching funds are secured through private giving (which account for nearly 50% of agency revenue).
4. Managing basic organization operations including financial accounting systems: Cocoon House has extensive experience managing and accounting for public funding. Cocoon House is well-versed in all aspects of determining client eligibility and in understanding and adhering to rules and standards set forth by public funding entities. The Chief Financial Officer monitors adherence to Board-approved Internal Control Policies (available for review), which specify proper segregation of duties between staff that handle each type of financial transaction within the Agency.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Snohomish County has several years of experience managing federal, state,
and local funds. As the Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

Cocoon House maintains strong relationships with government and private funders, as well as with the community in general. Cocoon House’s CEO, COO, and the Board of Directors are dedicated to diversifying funding sources to ensure the sustainability of the organization. This commitment is reflected in the agency’s four-year strategic plan. Cocoon House employs a seasoned 4.0 FTE person development office. General fundraising efforts include a growing annual fund, an annual gala dinner/auction event, a spring fundraising event, private grants, and workplace giving. Though most funding sources are provided to Cocoon House on a yearly basis, government funding reductions have recently presented a new challenge and opportunity to rely more on the community. Intensified fund development efforts have resulted in an increase in both grant funds and private donations. Private funding now accounts for approximately 36% of the operational revenue in the organization. In 2016, Cocoon House secured two federal RHY grants for Basic Center Prevention Services and Street Outreach Program.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

The Grants & Program Specialists, from OCHS within Snohomish County Human Services Department, manage subrecipient grants, including conducting annual monitoring for compliance, and provide overall project and CoC Program management and oversight. Regular OCHS staff meetings and Supervisor project and Program review ensure work is completed and consistent with CoC requirements and HUD grant agreements. The Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants & Program Specialists to resolve 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.

Cocoon House’s organizational structure includes a 16 member Board of Directors that oversees the CEO of the organization and assists with strategy and vision for the organization. The CEO and COO oversee the directors of programs, fundraising, human resources, administration, and finance. Cocoon House maintains an accounting, financial reporting and financial management and operations system in order to comply with Generally Accepted Accounting Principles (GAAP). Cocoon House’s corporate governing body, officers, and management personnel exercise due vigilance and diligence to assure all financial transactions, accounts, records, and reports comply with these standards. All uses of program income are accurately reflected in the agency’s records and are subject to review and audit by an independent auditor and agents of a granting authority.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants  No
(including ESG) under your organization?
3A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2. CoC Collaborative Applicant Name: Snohomish, County of
3. Project Name: YHDP Youth Engagement Team
4. Project Status: Standard
5. Component Type: SSO
5a. Select the type of SSO project: Housing Project or Housing Structure Specific
6. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3?
   No
8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient? (Attachment Requirement)
   Yes
8a. List the YHDP project being replaced.

<table>
<thead>
<tr>
<th>Full Grant Number</th>
<th>Operating Start Date</th>
<th>Expiration Date</th>
<th>Component Type</th>
<th>Waiver</th>
<th>YHDP Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA0430U0T042001</td>
<td>07/01/2021</td>
<td>06/30/2022</td>
<td>SSO</td>
<td>Yes</td>
<td>Round 2</td>
</tr>
</tbody>
</table>

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2019 CoC Program Competition, a copy of the FY 2019 CoC Program Competition project application).

YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.

8b. Provide a brief description that addresses the scope of the proposed YHDP Replacement project, how the Replacement project differs from the
YHDP project being replaced, and why the YHDP Replacement project is being applied for.

The YHDP Youth Engagement Team (YET) project is replacing the YHDP Youth Navigation Team project. This replacement project will continue to operate as a SSO intervention once renewed, there will be no gap in services. To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support this replacement project requests to reapply for all previously granted alternative requirements and apply for new special activities listed in part 3A question 8c.

The project provides direct support to youth up 21 experiencing homelessness to identify natural supports, community resources and secure safe, viable housing options. The target population is youth 12-18 but services will continue for youth up to 21 who are engaged in services or are transitioning from public systems of care such juvenile justice, DCYF, and high school.

Direct program staff include 3 system navigators (Juvenile Justice, DCYF, and School), a peer navigator, a licensed mental health professional, and a family engagement prevention specialist. Each navigator has tailored knowledge within their identified system which allow them to share resources, system linkages, and community connections. Working with youth from intake to housing placement, staff have the ability to provide continued support until the youth reach housing stability. This process will also account for self-identified housing placements by youth through natural supports such as family, friends, and other kinship care opportunities. A partnership was made with THS to staff the licensed mental health professional position to assist youth (and their families) with counseling, family conflict resolution, mental health diagnosis, chemical dependency, and referrals to psychologists or other services. The family engagement specialist, provided within Cocoon House’s prevention program, also bridges any additional family strengthening or support needs.

8c. Please describe waivers/special activities attached to the original YHDP project being replaced and if you plan to reapply for the same waivers/special activities or new waivers/special activities.

We request to reapply for previously granted alternative requirements, apply for several new special activities, and apply for a waiver exemption.

See attached letter from HUD approving 3 alternative requirements requested for the YET project on September 9, 2020. We request to reapply for 2 previously granted alternative requirements.

We are requesting approval for 14 new special activities listed in the FY2021 NOFO to ensure youth served by this project will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient: use project admin funds to support costs associated with involving youth with lived experience; use project admin funds to attend conferences and trainings that are not HUD-sponsored/approved; employ youth who are receiving services; provide moving expenses more than one-time; the costs to pay for any damage to housing; the costs of providing household cleaning supplies to clients; housing start-up expenses for program participants; the cost of internet; payment of rental arrears; payment of utility arrears; up to three months of utilities; gas and mileage costs for a program participant’s
personal vehicle; legal fees; past driving fines/fees and costs for insurance/registration; up to 24 months of supportive service aftercare.

We are requesting approval for 7 new special activities to help youth either obtain stable housing, develop permanent connections, achieve education/employment goals, and/or sustain their well-being: driver's education/testing and minor repairs; serve category 3; expanded housing support; one-time payment/deposit for a starter credit card; tuition education assistance; bicycle costs; medical costs that are not prescribed by a licensed medical professional and are needed to address the health of a participant.

We also requesting approval for a match exemption for this project.

See attached special activity and waiver exemption request for more details.

8d. How will this YHDP Replacement project meet the goals established in the Coordinated Community Plan (CCP) developed by the applicant’s YHDP community?

This project will provide youth with immediate access to services without precondition. Staff will engage participants and set goals in each of the four outcome areas. Case management will include individualized plans for utilizing resources and meeting needs. Achieving stable housing is the primary goal with the understanding that educational achievement, employment, well-being, and permanent connections are integral to maintaining long-term success. These goals are supported by the activities and partnerships detailed throughout this application.

Consistent with the PYD framework, Cocoon House staff empower YYA to move through the process of shifting from low-barrier service to more structured service such as case management and goal setting. Staff assist YYA in recognizing and building on their strengths and resources. YYA are recognized as full partners in the process of participating in services. Cocoon House staff work side-by-side with YYA to explore strengths, needs, and goals and start from there to develop a service plan.

Permanent supports, including healthy family relationships, are key to long-term success. Cocoon House provides services for parents and youth with the goals of strengthening families and preventing youth homelessness. The families accessing services at Cocoon House are often experiencing multiple challenges including severe family conflict, histories of abuse and trauma, mental health issues, substance use disorders, and other barriers to family stability. By giving parents and youth the skills and resources needed to improve relationships, communication, and family management, Cocoon House provides an early intervention that helps prevent youth homelessness. For youth who have already left the home, these services can shorten the length of time a youth is homeless and prevent future occurrences. Working with families when these problems first arise can help break the cycle of homelessness in our community.
3B. Project Description

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

This project provides direct support to youth up 21 years old experiencing homelessness to identify natural supports, community resources and secure safe, viable housing options. The target population is youth 12-18 but services will continue for youth up to 21 for those youth engaged in services or are transitioning from public systems of care such juvenile justice, child welfare, and high school.

Direct program staff include 3 system navigators (Juvenile Justice, DCYF, and School), a peer navigator, a licensed mental health professional, and family engagement prevention specialist. Each navigator has tailored knowledge within their identified system which all them to share resources, system linkages, and community connections with youth they are serving as well as each other. Working with youth from intake to housing placement, staff will have the ability to provide continued support until the youth reach housing stability. This process will also account for self-identified housing placements by youth through natural supports such as family, friends, and other kinship care opportunities. Therapeutic Health Services staffs the licensed mental health professional position to assist youth (and their families) with counseling, family conflict resolution, mental health diagnosis, chemical dependency, and referrals to psychologists or other services. The family engagement specialist, provided within Cocoon House’s prevention program, also bridges any additional family strengthening or support needs.

Program staff will provide aftercare once placed in housing to ensure smooth transitions and consistent support. Barriers to services will be minimized, including movement between systems and housing situations or youth aging out of the project’s target age range. This program allows program staff are to assist young people on their journey through the system of service providers and resources, providing navigation from the time needs are identified until housing stability is achieved. This shift will eliminate many of the barriers young people currently face when changing circumstances require them to “start over” with new providers multiple times as they move through the system. Often, homeless youth may exit and re-enter systems several times while they work to achieve housing stability. This program allows staff to continue to work with youth until permanent housing is obtained.

To accommodate the unique and individualized needs of young adults experiencing homelessness with the most appropriate level of support this replacement project plans to incorporate all previously granted alternative requirements and new special activities listed in part 3A question 8c of the application.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.
### Project Milestones

<table>
<thead>
<tr>
<th>Project Milestone</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td>A: 0</td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td>B: 0</td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td>C: 0</td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td>D: 90</td>
</tr>
</tbody>
</table>

### 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Mental Illness</th>
<th>HIV/AIDS</th>
<th>Chronic Homeless</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. Housing First

5a. Will the project quickly move participants into permanent housing? **Yes**

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>选中标志</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>选中标志</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5d. Will the project follow a "Housing First" approach? **Yes**

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? **No**

7. Will more than 16 persons live in a single structure? **No**
Youth Homeless Demonstration Projects

1. Will this project divert or assist homeless youth and households to rapidly exit homelessness?  Yes

1a. Identify the list of housing problem solving activities that will occur in this project (You may select more than one)

- Housing Search Assistance
- Case Management [X]
- Deposits
- Other

2. Is this a Host Homes Project?  No

3. Please identify the specific populations addressed in this project

- Pregnant/Parenting
- Minors [X]
- Foster care/justice involved youth
- Other

4. Does this project plan to use Rental Assistance in the 2021 CoC Competition?  Yes

4a. Will this project use Rental Deposits?  Yes

4b. Will this project cover first months rent?  Yes

4c. Short Term Rental Assistance:  Yes

4d. Medium Term Rental Assistance:  No

5. Was this project awarded a waiver/YHDP Special Activity in the last YHDP or CoC Competition?  Yes

   a. If yes, what was the waiver/YHDP special activity?
HUD approved the following alternative requirements on September 9, 2020:
1. The recipient may use cash match to reassess youth who are participating in the University of Washington research study and reassess youth who screen out of the program based on their HUD eligibility but score high due to other risk factors. This alternative requirement does not waive the match requirement.
2. The recipient may pay for the one-time cost of purchasing a cellular phone for program participant use, provided access to a cellular phone is necessary to obtain or maintain housing.
3. Security deposits for units in an amount not to exceed two months of rent.

6. Does the project plan on applying for a YHDP Special Activity in the 2021 CoC Competition? Yes

a. If yes, what is the YHDP Special Activity?
We are requesting approval for 14 new special activities listed in the FY2021 NOFO to ensure youth served by this project will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient: use project admin funds to support costs associated with involving youth with lived experience; use project admin funds to attend conferences and trainings that are not HUD-sponsored/approved; employ youth who are receiving services; provide moving expenses more than one-time; the costs to pay for any damage to housing; the costs of providing household cleaning supplies to clients; housing start-up expenses for program participants; the cost of internet; payment of rental arrears; payment of utility arrears; up to three months of utilities; gas and mileage costs for a program participant’s personal vehicle; legal fees; past driving fines/fees and costs for insurance/registration; up to 24 months of supportive service aftercare.

We are requesting approval for 7 new special activities to help youth either obtain stable housing, develop permanent connections, achieve education/employment goals, and/or sustain their well-being: driver’s education/testing and minor repairs; serve category 3; expanded housing support; one-time payment/deposit for a starter credit card; tuition education assistance; bicycle costs; medical costs that are not prescribed by a licensed medical professional and are needed to address the health of a participant.

We also requesting approval for a match exemption for this project.

See attached special activity and waiver exemption request for more details.
4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Youth Navigators will provide mobile, individualized services to engage youth across a variety of systems. Youth who access this program will be offered an immediate assessment to determine needs. A Youth Navigator will provide services including initial and ongoing assessment to determine needs, strengths, and goals; assistance accessing available resources through referrals and warm hand offs; and ongoing support as needed toward the goals of achieving and maintaining long-term housing stability. Family reconciliation will be supported by the family engagement prevention specialist and if needed the licensed mental health professional. Aftercare and ongoing services will be available to assist youth and families in maintaining reunification. Services will be delivered throughout the county, available to youth in their own communities and neighborhoods as well as at Cocoon House facilities and satellite offices.

To accommodate the unique and individualized needs of youth experiencing homelessness with the most appropriate level of support and help participants obtain and remain in housing, this program plans to incorporate all previously granted alternative requirements and new special activities listed in part 3A question 8c of the application.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Cocoon House has established relationships with providers across the county and a variety of systems. With this funding, the agency will work to strengthen those relationships, especially in rural or underserved areas. This will be achieved by partnering with community resources to provide drop-in services or regular staff visits within isolated communities (both those that are geographically isolated and those marginalized due to group identity). These efforts will lower barriers by making Navigators more immediately available to youth and allowing them to serve as strong partners to other community providers. Navigators will also facilitate wraparound meetings for individual youth, bringing together involved parties and resources from all domains of the youth’s life.

Youth who are in need of education and employment assistance will work with Navigators who will connect them with the appropriate resources. Navigators will also build strong relationships with student support advocates, McKinney-Vento liaisons, counselors, and homeless education liaisons within school districts to ensure educational success. The Navigators will also work with local programs, including Housing Hope/Hopeworks, Worksource/Workforce, Everett Community College/U3, Edmonds community college/EDCap. Cocoon House recently added a WIOA grant to its programming, which has staff focused on offering employment and education opportunities to marginalized populations, including homeless youth.
The YET project will be well-versed in helping youth obtain or use health insurance as needed, especially for youth seeking health services without permission from a parent/guardian. Staff will provide help with enrollment with state insurance, using Medicaid, Medicare, or private insurance to obtain needed resources. Cocoon House has a Nurse Practitioner from Community Health Clinic provide on-site services at least once a week.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

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

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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
4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Longitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

6. Does your organization conduct a background check for all employees who access and view HMIS data?

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?

8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)?
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.

<table>
<thead>
<tr>
<th>Total Units:</th>
<th>Total Beds:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Type</td>
<td>Housing Type (JOINT)</td>
</tr>
<tr>
<td>None</td>
<td>---</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: YHDP Youth Engagement Team 189864
4B. Housing Type and Location Detail

1. Housing Type: None
### 4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Enter date of last training or proposed next training (mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Computer Training</td>
<td></td>
</tr>
<tr>
<td>HMIS Software Training for Sys Admin</td>
<td></td>
</tr>
<tr>
<td>HMIS Software Training</td>
<td></td>
</tr>
<tr>
<td>Data Quality Training</td>
<td></td>
</tr>
<tr>
<td>Security Training</td>
<td></td>
</tr>
<tr>
<td>Privacy/Ethics Training</td>
<td></td>
</tr>
<tr>
<td>HMIS PIT Count Training</td>
<td></td>
</tr>
<tr>
<td>Other (must specify)</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County

Project: YHDP Youth Engagement Team

079247979
189864

YHDP Replacement Project Application FY2021   Page 41   11/03/2021
## 5A. Program Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>5</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>75</td>
<td></td>
<td>75</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>80</td>
<td>80</td>
</tr>
</tbody>
</table>

**Total Number of Households** 80

Click Save to automatically calculate totals
5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Describe the unlisted subpopulations referred to above:
The youth not represented by the above listed subpopulations include those who may not qualify for “chronic substance use” and “severe mental illness” eligibility due to their age (12-17), but may still experience challenges with substance abuse and mental health. Youth not represented may also include those who identify as LGBTQ, are pregnant, who are victims of sexual trafficking/exploitation, or who have been involved with juvenile justice and/or
foster care systems.
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023?
   Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition?
   YHDP Replacement

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.

3a. Complete the indirect cost rate table below.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Date approved or enter “NA” if using 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>18%</td>
<td>$5,542,553</td>
<td>07/01/2020</td>
</tr>
</tbody>
</table>

4. Select a Grant Term: 1 Year

5. Select the costs for which funding is requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating
   - HMIS
6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No
6E. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE program manager, 3 FTE navigators, .4 Director of services plus benefits</td>
<td>$245,209</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>Meals and groceries for youth</td>
<td>$8,061</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>Peer mentor 1 FTE ($48,688), Obtaining identifying documentation, ($800)</td>
<td>$49,488</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>Basic needs supplies for youth experiencing homelessness including blankets, clothes, toiletries and supplies (22 youth, $225/youth)</td>
<td>$45,000</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Mileage for staff meetings with youth ($2,044); Bus tickets/fares for youth ($2,400)</td>
<td>$4,444</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>Building utilities ($400) and insurance ($200); staff/program supplies ($7,800), staff phones ($12,000)</td>
<td>$27,000</td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested** $379,202

**Grant Term** 1 Year

**Total Request for Grant Term** $379,202

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$104,243</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$104,243</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?  

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Dummy</td>
<td>$104,243</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Dummy
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $104,243
6I. 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$379,202</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$379,202</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$37,771</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$416,973</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$104,243</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$104,243</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$521,216</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
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<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CH Nonprofit Status</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>HUD Approval Letter...</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>Special Activity ...</td>
<td>10/26/2021</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CH Nonprofit Status

Attachment Details

Document Description: HUD Approval Letter_SnoCo Request_FY2018 E-Snaps

Attachment Details

Document Description: Special Activity and Waiver Exemption Request
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: 10/27/2021

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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tr>
<td>1A. SF-424 Application Type</td>
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<tr>
<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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Applicant: Snohomish County
Project: YHDP Youth Engagement Team

YHDP Replacement Project Application FY2021
Page 56
11/03/2021
<table>
<thead>
<tr>
<th>1D. SF-424 Congressional District(s)</th>
<th>10/11/2021</th>
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<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
<td>10/11/2021</td>
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<td>1G. HUD 2880</td>
<td>10/11/2021</td>
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<tr>
<td>1H. HUD 50070</td>
<td>10/11/2021</td>
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<td>1I. Cert. lobbying</td>
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<td>1J. SF-LLL</td>
<td>10/11/2021</td>
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<td>IK. SF-424B</td>
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<td>10/11/2021</td>
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<td>2B. Experience</td>
<td>10/26/2021</td>
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<td>3A. Project Detail</td>
<td>10/26/2021</td>
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<tr>
<td>3B. Description</td>
<td>10/26/2021</td>
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<td>Youth Homeless Demonstration Projects</td>
<td>10/26/2021</td>
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<td>4A. Services</td>
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<td>4A. HMIS Standards</td>
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<td>4B. Housing Type</td>
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<td>4B. HMIS Training</td>
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<tr>
<td>5A. Households</td>
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</tr>
<tr>
<td>5B. Subpopulations</td>
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<tr>
<td>6A. Funding Request</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>6E. Supp Srvcs Budget</td>
<td>10/26/2021</td>
</tr>
<tr>
<td>6H. Match</td>
<td>10/15/2021</td>
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<tr>
<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>10/27/2021</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>10/15/2021</td>
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</tbody>
</table>
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.
Attachment #2 Cover Page: HUD Approval Letter and SnoCo Request

HUD Approval Letter.................................................................................................................................................. 2
Snahomish County Request to HUD..................................................................................................................................... 5
FY2018 E-Snaps YNT Project Export...................................................................................................................................... 16
Ms. Jackie Anderson  
Division Manager  
Snohomish County Human Services  
3000 Rockefeller Avenue, M/S 305  
Everett, WA  98201-4046  

Dear Ms. Anderson:

This is in response to Snohomish County Office of Community and Homeless Services’ (OCHS) request for approval to operate special activities in its FY 2017 Youth Homelessness Demonstration Program (YHDP) projects: Snohomish Young Adult Housing (SYAH) project – WA0431Y0T041700 and Youth Engagement Team (YET) project – WA0430Y0T041700.

While the Continuum of Care (CoC) Interim Rule at 24 CFR 578 limits certain activities, Section II.C.3 of the FY 2017 YHDP NOFA allows YHDP projects to operate under special activities with approval from HUD. HUD determines that OCHS detailed good cause to operate their SYAH and YET projects under the following special activities:

- 24 CFR 578.3 and 24 CFR 578.51(l) – Requires participants receiving rental assistance to enter into a lease agreement for a term of at least one year.  
  - Approved alternative requirement determination – Participants receiving rental assistance can enter into an initial lease of less than one year but more than one month.

- 24 CFR 578.37(a)(1)(ii)(C) – RRH projects must limit rental assistance to no more than 24 months to a household.  
  - Approved alternative requirement determination – Rental assistance can be provided up to 36 months to a household for RRH projects. The recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.

- 24 CFR 578.53(d) and 24 CFR 578.53(e) – Any cost not included in 24 CFR 578.53(e) is not an eligible cost of providing supportive services using CoC program funds.  
  - Approved alternative requirement determination – The recipient can pay for the cost of internet in a program participant’s unit.  
  - Approved alternative requirement determination – The recipient can pay rental arrears consisting of a one-time payment for up to six months of rent in arrears,
including any late fees on those arrears.
  o Approved alternative requirement determination – The recipient can pay utility arrears of up to six months per service.

- 24 CFR 578.53(e)(2) – Allows for reasonable one-time moving costs including truck rental and hiring a rental company.
  o Approved alternative requirement determination – Participants can be provided with moving costs more than one time as needed.

- 24 CFR 578.75(b) – Requires housing leased with CoC program funds or for which rental assistance payments are made with CoC program funds must meet the applicable housing quality standards under 24 CFR 982.401.
  o Approved alternative requirement determination – Housing leased with CoC program funds or for which rental assistance payments are made must meet the habitability standards in 24 CFR 576.403(c).

HUD determines that OCHS detailed good cause to operate their YET project under the following special activities:

- 24 CFR 578.53(d) and 24 CFR 578.53(e) – Any cost not included in 24 CFR 578.53(e) is not an eligible cost of providing supportive services using CoC program funds.
  o Approved alternative requirement determination – The recipient may pay for the one-time cost of purchasing a cellular phone for program participant use, provided access to a cellular phone is necessary to obtain or maintain housing.
  o Approved alternative requirement determination – Security deposits for units in an amount not to exceed two months of rent.

- 24 CFR 578.73(a) – Limits the use of cash match for the costs of activities that are eligible under subpart D of 24 CFR 578, except that High Performing Communities may use such match for the costs of activities that are eligible under § 578.71.
  o Approved alternative requirement determination – The recipient may use cash match to reassess youth who are participating in the University of Washington research study and reassess youth who screen out of the program based on their HUD eligibility but score high due to other risk factors. This alternative requirement does not waive the match requirement.

The following alternative requirement request is **not** approved:

- 24 CFR 578.37(a)(1)(ii)(B) – Defines rent for rapid rehousing as the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority (PHA) for the area in which the housing is located.
  o Alternative requirement determination – For rapid rehousing projects, recipients must use the monthly allowance for utilities established by the PHA for the area in which the housing is located.

- 24 CFR 578.53(e) – Lists eligible costs for supportive services:
  o Alternative requirement determination – While the cost of providing meals or
groceries to program participants is eligible per 24 CFR 578.53(e)(7), program recipients may not provide a food stipend directly to program participants.

- 24 CFR 578.73(a) – Requires the recipient or subrecipient to match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources.
  - Alternative requirement determination – All YHDP projects must follow the match requirements as stated in 24 CFR 578.73(a)

These determinations apply to this YHDP project and if the project renews under the Continuum of Care program without significant changes.

If you have questions regarding this determination, please contact Nili Soni, Division Director, State Assistance Division at Nili.Soni@hud.gov or (202) 402-2973.

Sincerely,

Matthew Ammon
Acting General Deputy Assistant Secretary for Community Planning and Development
April 7, 2020

Jemine Bryon, Deputy Assistant Secretary Office of Special Need
U.S. Department of Housing and Urban Development
451 7th St SW,
Washington, DC 20410

Re: Youth Homelessness Demonstration Program
CoC: WA-504 Snohomish County/Everett
YHDP Snohomish Young Adult Housing Project
YHDP Youth Engagement Team Project

Dear Ms. Bryon:

Snohomish County Office of Community and Homeless Services (OCHS) is the Collaborative Applicant for the Everett/Snohomish County CoC and the grantee of the FY2017 Youth Homelessness Demonstration Program funding (WA-504). OCHS is requesting alternative requirements for the YHDP Snohomish Young Adult Housing (SYAH) project for eight parts of 24 CFR 578 in order to successfully serve youth ages 18-24 experiencing homelessness. OCHS is also requesting alternative requirements for the YHDP Youth Engagement Team (YET) project for three parts of 24 CFR 578 in order to successfully serve youth ages 12-21 experiencing homelessness.

We are requesting the following alternative requirements for the SYAH project:

1. 24 CFR 578.51(l)(1): The requirement for tenant-based rental assistance program participants to enter into a lease agreement for a term of at least one year. We propose to allow lease terms under 12 months, but not fewer than three months.
2. 24 CFR 578.37(a)(1)(ii)(C): The regulation to limit rental assistance to no more than 24 months per household. We propose to waive this citation and extend the limitation of rental assistance to 36 months per household.
3. 24 CFR 578.53(e)(2): The regulation to allow one-time assistance with moving costs. We propose to waive this citation and allow assistance with moving costs on an as need basis.
4. 24 CFR 578.75(b): The requirement for subrecipient to inspect a unit to assure it meets Housing Quality Standards (HQS). We propose all units to be inspected using Habitability standards.
5. 24 CFR 578.73(a): The requirement for subrecipient to match all grant funds, except leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. We propose to waive this requirement for the YHDP SYAH project only.
6. 24 CFR 578.37(a)(1)(ii)(B): The regulation for utilities paid separately by the tenant to be paid monthly using a monthly allowance established by the public housing authority for the area in which housing is located. We propose waiving this requirement and allowing full utility assistance as needed without the public housing authority’s monthly allowance calculation.
7. 24 CFR 578.53(d) and 24 CFR 578.53(e): The list of eligible costs under Supportive Services does not include internet costs. We propose to expand allowable costs under Supportive Services to include monthly internet cost.
8. 24 CFR 578.53(d) and 24 CFR 578.53(e)(8)(ii)(B): The list of eligible costs under Supportive Services does not include rental and utility arrears. We propose to expand allowable costs under Supportive Services to include rental and utility arrears for youth as needed.

We are requesting the following alternative requirements for the YET project:

1. 24 CFR 578.73(a): The requirement to ensure cash match funds used are for eligible activities and populations. We propose cash match funds be allowed to provide services to youth experiencing homelessness as defined in 24 CFR 578.3 categories 1, 2, and 4 of the CoC definition of homelessness.
2. 24 CFR 578.53(d) and 24 CFR 578.53(e): The list of eligible costs under Supportive Services does not include cell phone cost. We propose to expand allowable costs under Supportive Services to include a one-time cell phone purchase, not including a service plan.
3. 24 CFR 578.53(d) and 24 CFR 578.53(e)(2): The regulation to allow one-time assistance with moving costs. We propose to expand allowable cost to include moving-in assistance such as security deposit and first and last month rent for family reunification and other permanent placements.
4. We would like to provide food and utility allowance to youth similar to the kinship care model of up to $500 per month per youth, and we are unsure if we need a specific alternative requirement request through CFR 578.53(d) or if we can resolve through a contract amendment.

Program Descriptions

The YHDP Snohomish Young Adult Housing (SYAH) project will serve youth ages 18-24 who are experiencing homelessness as defined in 24 CFR 578.3 categories 1, 2, and 4 of the CoC definition of homelessness. This will be the first project in our community to provide immediate short-term transitional housing (TH) with a connection to permanent rapid re-housing (RRH) for youth at-imminent-risk of or currently experiencing homelessness. Both TH and RRH components will utilize low barrier and Housing First practices and the resources and services provided will be tailored to the individual needs of the youth being served. Supportive services connected to both the TH and RRH components will include housing stability services, education and employment services, life skills trainings, and opportunities to develop permanent connections for improved social and emotional well-being. Connecting participants with social supports and mainstream resources for stabilization will be critical components to ensuring positive outcomes for project participants.

The YHDP Youth Engagement Team (YET) project will serve youth ages 12-21 who are experiencing homelessness as defined in 24 CFR 578.3 categories 1, 2, and 4 of the CoC definition of homelessness. This project will provide a team of mobile navigators to work with youth to identify natural supports, community resources, and secure safe, viable housing options. The target population is youth 12-18 but services will continue for those youth enrolled in the project up to 21 and for youth up to 21 that are transitioning from public systems of care such as juvenile justice and child welfare. This team will provide consistent support to youth regardless of which homeless response system services they are enrolled in, therefore building important relationships and continuity for the youth. As the subrecipient, Cocoon House will implement this project and partner with Denney Juvenile Justice Center (DJJC), the Department of Children Youth and Families (DCYF), behavioral health services, and school districts to identify youth and coordinate services. Regular case conferencing will occur between the navigation team and these cross-sector partners to quickly identify, engage, and assist youth who are at-risk of becoming homeless or who are currently experiencing homelessness with the resources and services they need to achieve housing stability.

Justification of Alternative Requirements

The following alternative requirement requests will help us ensure youth served by these projects will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient.
Minimum Lease Agreement:

Snohomish County has deficits of 27,752 and 24,179 units which are affordable and available for extremely low-income households (< 30% AMI) and for very low-income households (30% - 50% AMI), respectively. Based on average rents in 2019, an individual would need to earn $62,280 annually ($29.94 hourly/full-time worker) to afford a one-bedroom unit in Snohomish County without being cost burdened (one-bedroom Fair Market Rent is $1,557). The rental vacancy rate in Snohomish County is also very low, 3.7%. This combined with increasing rents, put youth with little to no tenant histories at a strong disadvantage. Locally, we have found in our non-CoC funded rapid rehousing programs that landlords are often more willing to rent for a shorter period as a trial basis before committing long-term.

The housing needs of youth, especially with those 18 through 21, often can change once their housing crisis is stabilized. Youth may experience more life transitions which inhibit their ability to keep a 12 month lease. The flexibility of a shorter lease will accommodate this unique characteristic and allow for movement to permanent housing options which fit their lives, without the fear of eviction or cost of breaking a lease. For example, after signing a lease and settling in to their new home, a youth may find employment, a mental health counselor, community supports, an education opportunity, or one of many other stabilizing factors in a location far removed from their current living place. Allowing youth the ability to move somewhere closer to these new supports sooner and without violating lease terms would ease the barriers to establishing long-term supports and relationships.

In our experience many landlords prefer shorter-term leases, especially for clients with barriers such as negative rental histories or criminal convictions. An otherwise ideal apartment for a client may not be an option because of the requirement that they sign a year-long lease, whereas if the landlord had the option of a shorter-term lease with a potentially risky client, they may be more willing to offer the unit on a trial basis. Removing the one-year lease requirement will also increase the housing options available to youth in this project.

Our local Youth Action Committee initially had reservations about the RRH model for younger youth due the concerns listed above, however, after discussing programmatic options such as the requested alternative requirement, the group was enthusiastically supportive of the project and the permanent housing option it will provide for youth. Support services staff will work with the youth to ensure these moves will be planned and intentional but also allow for contingencies without lasting penalty (that would impact their housing options in the future).

Increase Rental Assistance to 36 Months:

Providing rental assistance for a longer period of time will help establish permanency for youth by allowing them to remain connected to the community where they live, attend school, and have family or other permanent connections. The request to extend assistance to 36 months would be the exception, not the norm. Based on our Coordinated Entry data (2018 HMIS), we do not anticipate a very high percentage of the youth will need the extra assistance (less than 20%); this is consistent with the number of young adults we see returning to the system following a permanent housing exit. As mentioned above, the program will operate using a progressive engagement framework. The initial assessment of strengths, needs, and barriers to stable housing would inform the initial level of financial assistance and supportive services to be provided by the project, however each youth would be re-assessed throughout the duration of the program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by the project are effectively targeted and responsive to the diverse needs of youth experiencing homelessness.

The project aims to lay the groundwork for independence by assisting youth in making connections with the services and supports needed to prevent the loss of housing again. The project will strive to evaluate each youth’s
current resources, problem-solving abilities, and financial life skills, then provide the appropriate amount of assistance to ensure the greatest chance of a successful transition to independence after program exit. However, when serving this unique population, especially youth aged 18-20, additional time may be needed to obtain housing stability. With only 24 months of total assistance, some on the youth would only be 20-22 years old at exit.

The goal is that when the RRH assistance ends, the youth should have developed a natural support system, if possible, that will allow them to address obstacles that might later arise with employment, childcare, or transportation. The added flexibility to extend the rental assistance up to 36 months may make a difference in sustaining housing stability, especially in conjunction with the alternative requirement request to provide moving or move-in assistance more than once.

### Moving/Move-In Costs

Allowing moving or move-in assistance more than once will help youth establish stability during times of transition. The request to allow this type of assistance more than once would be the exception, not the norm. At program entry a youth may know what community, career path, and educational opportunities they want to pursue, but as a youth is connected to more resources and stabilizes, these plans may change. For example, a youth might find stable employment miles away from their housing which may prompt them to move at the end of their lease, or a youth may struggle with following lease agreements due to addiction, behavioral health issues, lack of life skills, or being unfamiliar with lease terminology and may face an eviction. This is especially true from a racial or equity lens and understanding many youth of color did not grow up with the same privilege and education which would set them up for success in their first lease. Providing assistance during a time of transition or hardship would eliminate the financial burden for youth who are still on their path toward independence and stability.

While this assistance would benefit many youth, the program would operate with the understanding that youth may receive financial assistance associated with moving as needed. The project will work with youth on financial planning and budget management to help youth understand and plan for big events in their lives, such as moving. The goal of this program is to ensure youth have developed the life skills needed which allow them to address obstacles that might arise later with employment, education, or transportation. The added flexibility to allow moving or move-in assistance more than once will make a difference in sustaining housing stability, especially in conjunction with the alternative requirement request to increase rental assistance to 36 months.

### Habitability Instead of HQS

In Snohomish County, there are an abundance of units that may not pass inspection due to the relatively stringent HQS that is required, but would still be a safe, stable, and desirable location for a youth to move into. For example, one requirement includes failing a unit if it does not have a sink in the kitchen area while another includes failing any non-efficiency (studio) unit if it does not have a living room. Allowing Habitability inspections instead of HQS inspections, would expand the number of units available to youth while maintaining a safety standard that will ensure youth are still moving into safe locations. Furthermore, units that may not pass HQS inspections on a technicality (i.e. the sink is in an adjoining room instead of the kitchen) may be more affordable. Allowing habitability inspections would also increase the likelihood of youth finding an affordable and potentially long-term stable housing.

Snohomish County already utilizes a habitability inspection form for several other programs in the County which assesses whether the property is safe, sanitary, structurally sound and livable. Therefore, units which pass habitability inspections are certain to be a quality housing options for youth in the project. Please see the attached Habitability inspection form.
Rental and Utility Arrears

Youth who are age 18-24 with rental and/or utility arrears face additional barriers to obtaining housing. Any property management firm, agency that runs background checks, apartment complex that screens for rental history, or in some cases private landlords, will not rent to an applicant if that applicant has unpaid past rent. Similarly, many utility agencies will not allow youth with previous unpaid dues to take on a new bill. Youth aged 18-24 are often more susceptible for having past dues because they are at the beginning of their careers without employment or earning low wages at an entry level job. Youth may also lack the life skills needed to plan, save, and pay for past dues. Without the skills and income needed to pay for past dues it is difficult for youth to establish positive rental history. For example, many youth in our Youth Action Committee and have participated in Cocoon House services, have had no criminal history/other barriers and sufficient income to afford an apartment, but have been denied housing due to owed past rent. These past dues essentially closed off much of the rental market in our community to them, meaning youth who were well on their way to stability instead spent months looking for a landlord willing to give them a second chance.

The request to pay rental and/or utility arrears is the exception, not the norm. Program staff will offer this assistance to youth as needed. All youth participating in our program will work with staff to strengthen financial management and other life skills needed to sustain financial independence and maintain housing. Allowing our program to pay for these rental arrears would eliminate one of the biggest barriers to obtaining housing for youth in our community.

Required 25% Match for SYAH Project

There are several potential partners in the community that Cocoon House can work with to provide support for youth, and each individual partnership could develop in a variety of ways. Writing MOUs and agreeing to formalize potentially rigid partnerships could be limiting to youth in several ways. For example, if Cocoon House and a partner agency create a referral and support system prior to program participants utilizing that support system, some elements of that system may not work best for the circumstances that youth faces. Additionally, Cocoon House may establish a partnership with an agency that provides a service, but that agency might not be as well suited to provide support as another agency which provides similar services in a more trauma-informed, client-centered or youth-focused way. By foregoing the need to seek out match requirement-fulfilling MOUs, youth would be able to select the partnerships that best support them and help Cocoon House and their partner agencies best identify how these partnerships can function to provide genuinely effective services. This would increase the capacity to involve youth voice in the design and implementation of the project.

In designing the program based on youth input, Cocoon House will have the opportunity to seek guidance and input from Snohomish County’s established Youth Advisory Committee (YAC). The YAC meets monthly and has already shared valuable insight on the various providers and partners available in the region. Given the latitude to continue working in partnership with the YAC without pressure of having to complete MOUs as soon as possible, Cocoon House can continue to allow youth voice to guide the pursuit of partnerships that will best serve our youth.

Additionally, in creating said partnerships (including having to speculate on the exact nature of those relationships, as the program is new and there is limited information to base said partnership agreements on), staff at multiple levels are diverting time that could be spent on program design and refinement, and youth identification and support. By delaying the requirement for match, Cocoon House staff can focus on responding to youth needs and adjusting programs according to their feedback. By engaging in this process, Cocoon House can develop long-term MOUs that will genuinely support youth while also building viable partnerships that will help fulfill future match requirements in the continuation of this project.
Cocoon House has already engaged partnership with some local agencies, such as signed MOU documentation with an employment assistance program HopeWorks and with Compass Health for counseling services. Other Agencies Cocoon House currently sends referrals to and has discussed YHDP collaboration with are WorkSource for employment and education assistance, Community Health Center for medical assistance, Sunrise services for mental health services, and Catholic Community Services for chemical dependency needs. As exciting as these partnerships have been to identify, allowing Cocoon House the flexibility to experiment with different partnerships and prioritize youth choice in which services they receive or are referred to, Cocoon House will have the ability to provide unique and targeted support to program participants.

Furthermore, during our current state of emergency with COVID-19 building relationships has proven difficult. Many youth and family resources are currently unavailable as they are either being diverted to respond to the crisis or disappearing as agencies shut down. Cocoon House is the leading youth agency in our community and despite the lack of external resources, is still able to provide a variety of resources and supports to youth who enter their program. During this crisis, program staff will work with youth to the best of their ability to meet their unique needs and leverage all resources and services possible, however many of which may come from previously established in house programs. Removing the 25% match requirement for the SYAH project would allow Cocoon House more time and effort to respond to the crisis while ensuring youth’s needs are met.

**Full Utility Cost Instead of Utility Allowance**

Allowing for the full cost of utilities instead of a calculated utility allowance would better assist youth in the program. The request to allow for the full utility cost would be the exception, not the norm. While this assistance would benefit many youth, the program would operate with the understanding that youth may receive financial assistance associated with utility costs as needed. The program will operate using a progressive engagement framework including an initial assessment of strengths, needs, and barriers to stable housing that would inform the initial level of financial assistance and supportive services to be provided by the project. Each youth would be re-assessed throughout the duration of their program enrollment so that housing stability plans and supportive services can be increased or decreased, as appropriate. This approach ensures that the financial and supportive services provided by the project are effectively targeted and responsive to the diverse needs of youth experiencing homelessness.

This request is especially needed during the winter months when utility costs often exceed the utility allowance. For youth that are working towards stability, having to navigate the complicated process of paying a portion of utilities and a portion of rent by conducting different calculations overly complicates the budgeting process. If staff are able to help youth create a uniform budget and pay according to their capacity, that will both simplify the process and ultimately set youth up for long term success in budgeting and paying rent by teaching the life skill of consolidating their budget.

Youth who have recently moved into a unit may also face the reality of not being able to pay utilities, even when factoring in the utility allowance. In such an instance, a program would be bound from paying the remainder of a client’s utility bill, potentially leading to eviction. Our community currently operates a small youth dedicated RRH project and has found a majority of youth participants do not have adequate funds for their utilities. Having the capacity to incorporate utilities into rental payments would ensure that programs are better suited to keep moving youth towards stability and avoid disruptive evictions or other budgetary challenges during the critical first few months of their enrollment.

**Allowing Internet Costs**

Youth and young adults who are experiencing homelessness may have more difficulty completing educational or career goals and often are only able to communicate via the internet, whether though an online platform, or by
connecting their phone to the internet to make phone calls or send texts. Without reliable access to internet youth face barriers to basics such as the ability to participate in school, apply for employment, or connect to their supports and potential community members. In order to access internet youth might have to take multiple buses to utilize public spaces which provide free internet access. These public spaces typically allow less privacy, are busy with other people and may require youth to wait for internet use, or provide sub-standard or limited connection to internet.

Furthermore, during our current state of emergency with COVID-19, providing youth with stable internet is essential for communication and the need for this request is heightened. Providing program participants with internet will create a variety of options for maintaining regular contact with program staff, even if a program participant were to become sick and require self-isolation. Case managers would be able to set up video meetings that would provide youth with virtual contact as well as an opportunity to discuss a variety of issues in a more personal way.

**Match Funds to Serve HUD Ineligible Youth**

Snohomish County, along with the University of Washington, created a screening tool to assess youth referred into this project based on a variety of questions that we believe are red flags in predicting future housing instability in youth ages 12-21. Our request for an alternative requirement is two-fold: one, to allow for the re-assessment of youth who are participating in the UW research study and secondly, to reassess youth who screen out of the program based on their HUD eligibility but score high due to other risk factors. In both situations, youth may not categorize as homeless as defined in 24 CFR 578.3 for categories 1, 2, and 4 of the CoC definition of homelessness.

Cocoon House is partnering with the University of Washington and Denney Juvenile Justice Center to identify court-involved youth who are at risk of housing instability. This partnership aims to identify court-involved youth who are at risk of housing instability and identify what interventions are successful in preventing and/or reducing the length of time a young person spends in homelessness. The University of Washington has agreed to partially fund a Navigator position specifically for this work and Denney has agreed to let this Navigator physically work at their facility to ensure youth are identified and assisted. Allowing the Youth Engagement Team to reassess youth enrolled in this University of Washington study at 3 and 6 months after an initial assessment will help our community identify which interventions have been successful, and ultimately help redefine best practices in prevention. This will also allow us to test the accuracy of the assessment tool created for this project and see if it accurately assesses a youth’s level of intervention needed at the time of referral.

The Youth Engagement Team will also receive referrals for youth from other systems outside of juvenile justice and would like the ability to reassess youth who fall just outside of the criteria needed in order to be HUD eligible (homeless categories 1,2, or 4), but score high in other risk factors. These other risk factors may include substance use, mental health, housing placements over the past 12 months, family dynamics, or other household relationships. Noting these other risk factors will help our us identify other sources of housing instability which are unique to youth 12-21, and in understanding these differences this project will more effectively respond to our community’s needs.

Youth who are at risk of homelessness often find themselves in situations that can change rapidly. For example, youth may initially believe they have the resources and connections necessary to navigate the situation they are in during an initial assessment, however a few weeks later that may not be the case. Or a youth who scores relatively high because of other risk factors, but does not fall under HUD categories 1, 2, or 3 of homelessness may also experience a shift in their stability days later. Youth in both scenarios might become hesitant to reach out in the future because they were initially turned down service and unintentionally place vulnerable youth in the position to find alternative sources of housing and/or services on their own. This oftentimes leads to victimization of youth in our community. However, should Cocoon House be allowed to reassess youth who score into
moderate to high need categories at 3 and 6 month follow up periods, program staff will be able to offer interventions at the earliest stage of housing instability regardless of their HUD eligibility. This will ultimately reduce the amount of trauma and prevent youth from falling through the cracks of services in Snohomish County.

Snohomish County is also unique that we have fairly large rural community. We received comprehensive feedback from our YAC members that live in more rural areas regarding the unique obstacles they encounter in receiving appropriate resources and tailored services. There are no shelter options which often forces them to double-up and move often without seeking services due to lack of transportation to get to services. 2018 McKinney-Vento data for Snohomish County indicates that over 600 unaccompanied youth reported being double up, compared to only 33 reporting they were unsheltered (and 79 sheltered).This group of youth may not meet the definition of homeless as outlined in 24 CFR 578.3(2) because they may be able to stay in their current housing situation for longer than 14 days in their current housing situation or 24 CFR 578.3(4) because the current housing situation is safe, however their housing instability (couch surfing over the course of the year) creates barriers for youth in reaching their education and employment goals, increasing their risk of exploitation and substance use, and increases their risk of eventually experiencing literal homelessness. Our request to reassess these rural youth who are doubled up at 3 and 6 month follow up periods is the exception, not the norm. Rural youth who fall into this category are narrowed down based on their initial assessment score, meaning project staff will only reassess the youth who fall under moderate to high need categories on their initial assessment. Allowing Cocoon House to complete these 3 and 6 month follow up assessments will allow staff to better understand and effectively responds to the unique needs of youth in our rural community.

**Allowing One Time Cell Phone Cost**

The Federal government has the Lifeline Assistance program in place for adults to have access to free cell phones with minutes, but this program does not cover minors. Youth who are experiencing homelessness are at an increased risk of victimization and have less access to stable communication with providers and family. Even youth who are staying in shelters have an increased barrier for maintaining contact with supports as they are more likely to lose contact information and service providers often lose track of clients due to the transient nature of homelessness. In order for staff to maintain contact with the most vulnerable youth it is important for the youth to have a cell phone. This does not require a top of the line phone but rather a phone that is functional and able to connect over Wi-Fi. We expect 20-30% of our participants annually will need financial assistance in accessing a cell phone.

Furthermore, during our current state of emergency with COVID-19 meeting youth in person has been difficult due to the recent proclamations and stay at home orders. While program staff understand the need to practice social distancing, there are still youth who need housing and other supportive services who are unable to receive them without access to a phone. Allowing for one-time cell phone expense (not including a service plan) will not only decrease barriers for youth accessing necessary services but will also allow program staff to more effectively support program participants.

**Allowing Security Deposit and Rent under SSO YET Project**

The allowable costs for youth receiving navigation services does include money to help obtain and maintain housing, however this does not include financial assistance for moving costs such as security deposits or first and last month of rent. This request is the exception, not the norm. Program staff will provide this type assistance as needed and as a one-time moving cost, not as on-going rental assistance to youth. The YET project aims to support youth up to age 21 through system navigation and housing stability. For youth, housing stability could mean securing safe and stable housing through family reunification, moving in with other identified supports, or signing their own lease.
Youth in the program who are 18-21 can sign a lease and would benefit from expanded move-in assistance during this transition period. Many of these youth will enter into a lease on their own for the first time and this type of assistance will help them gain a permanent placement without the fear of going into debt or selecting substandard housing. Program staff would then continue to work with them for up to 6 months to strengthen financial management and other life skills needed to sustain financial independence and maintain housing.

Youth who are age 17 or younger may find housing stability through reunification with identified family or other natural supports and would also benefit from expanded move-in assistance. Many of these youth often experience family instability which lead to their homelessness. Therefore, this one-time moving assistance might be the difference for some youth in finding and maintaining a permanent placement with their identified supports. Once housed, program staff would then continue to work with youth for up to 6 months to strengthen financial management and other life skills needed to maintain housing.

**Conclusion**

In summary, by removing the minimum 12 month lease agreement, extending the limitation of rental assistance from 24 to 36 months, providing more than one-time moving assistance, utilizing Habitability Inspections instead of HQS, removing the 25% match, expanding allowable utility expenses, adjusting the lesser of FRMs or rent reasonable, allowing match funds to serve HUD ineligible youth, and expanding allowable supportive service expenses, the SYAH and YET projects will respond to the unique and individual needs of youth in a housing crisis with the most appropriate level of support. While not every youth in this project will need the level of support from these alternative requirement requests, some youth will drastically benefit from their approval.

We are excited for the opportunity the YHDP projects provide our community to meet the unique needs of youth in our community. We are dedicated to implementing a project that provides the maximum amount of flexibility for youth to resolve their episode of homelessness while obtaining the appropriate level of supports needed to obtain housing stability and thrive. Our community prides itself in its data driven culture and we intend to use our local HMIS data to evaluate the performance of this project, and in coordination with the Youth Action Committee and project participants, gathering feedback to undertake continuous quality improvement and share our learnings with other communities.

Please see the attached detailed project description for further information about the project. Please contact Debbi Trosvig, OCHS Supervisor at 425-388-7116 or debbi.trosvig@snoco.org with any questions, or if you need addition information regarding this request. Thank you for your consideration.

Sincerely,

Jackie Anderson, Division Manager
Housing & Community Services
Snohomish County Human Services

dt
cc: Debbi Trosvig, Supervisor, Office of Community and Homeless Services
Habitability Checklist

Client Name: ________________________________________________________________

Street Address: ___________________________ Unit: ____________________________

City: ____________________ State: ___________ Zip: _______________

# of bedrooms: ____________________________ Built before 1978:  [ ] Yes  [ ] No

Child under the age of 6 or pregnant woman living in the unit: [ ] Yes  [ ] No

Unit Type:  [ ] Single Family  [ ] Duplex  [ ] Mobile Home

[ ] Multi-Family Apt  [ ] Single Room Occupancy  [ ] Condo

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

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<tr>
<th>Approved</th>
<th>Deficient</th>
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<td>1. <strong>Structure and materials</strong>: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.</td>
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</tr>
<tr>
<td>2. <strong>Space and security</strong>: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep.</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Interior air quality</strong>: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. A carbon monoxide detector is installed outside of each separate sleeping area in the immediate vicinity of the bedrooms and on each occupied level of the unit per WAC 51-51-0315.</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Water Supply</strong>: The water supply is free from contamination.</td>
<td></td>
</tr>
<tr>
<td>5. <strong>Sanitary Facilities</strong>: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</td>
<td></td>
</tr>
<tr>
<td>6. <strong>Thermal environment</strong>: The housing has any necessary heating/cooling facilities in proper operating condition.</td>
<td></td>
</tr>
<tr>
<td>7. <strong>Illumination and electricity</strong>: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure.</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Food preparation</strong>: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</td>
<td></td>
</tr>
<tr>
<td>9. <strong>Sanitary condition</strong>: The housing is maintained in sanitary condition.</td>
<td></td>
</tr>
</tbody>
</table>
10. **Fire safety:**
   a. There is a second means of exiting the building in the event of fire or other emergency.
   b. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.
   c. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
   d. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.

11. **Lead-based paint visual assessment (if applicable):** Unit contains no deteriorated paint. If the unit contains paint it has been properly stabilized and repaired.

   (If not applicable, indicate “N/A,” and check the box(es) below to indicate the reason(s) the visual assessment is not applicable:
   ☐ The unit was constructed in 1978 or after.
   ☐ There are no children under the age of six (6) or a pregnant woman who is, or will be, living in the unit.)

12. Meets additional funder/Agency standards (if any).

**Certification Statement**

I certify that I have evaluated the property located at the address above to the best of my ability and find the following:

☐ Property meets all of the above standards.

☐ Property does not meet all of the above standards.

Inspector Name: ___________________________ Date: ______________________

Inspector Signature: ___________________________

**Comments**
Before Starting Technical Submission

HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Technical Submission.

Technical Submission

Congratulations on your FY 2018 Continuum of Care (CoC) Program conditional New, CoC Planning or UFA Costs Project award. All conditionally selected New, CoC Planning, and UFA Costs grant recipients must go through a "Technical Submission" process before HUD can execute a grant agreement. This process includes the acknowledgment and resolution of Issues and Conditions, the submission of additional project detail concerning administration costs and project milestones, and in some cases, minor adjustments to project information.

Completing the Technical Submission process in e-snaps ensures that accurate and current project information is available to HUD and the recipient at all times and that it will be correct for the next competition in which the grant is eligible for renewal. The screens in e-snaps that follow are very similar to the screens from the Project Application, and so should be easy to navigate.

Communication between HUD and recipients is essential to the proper and timely completion of the Technical Submission process. If you have questions about the specific information that you need to provide, contact your local HUD CPD field office for guidance. If you have technical questions about completing this form in e-snaps, please submit a question to the HUD Exchange via Ask A Question, which is accessible online at https://hudexchange.info/ask-a-question/.

Grant Agreements

HUD will enter into a grant agreement with the recipient who applied for and was conditionally awarded funding once the information provided at this step is received and approved by the local HUD CPD field office.

Things to Remember

- Only adjustments to project information submitted with the project application that resolve issues and conditions, reconcile budget changes or indirect cost information made by HUD are allowed before grant agreement. Open conversation with the local HUD CPD field office is key to quickly addressing required adjustments and completing the technical submission. Adjustment requests must be addressed with HUD before submitting this form to make sure that the requests are eligible.
- Throughout the Technical Submission you will see frequent reference to the following terms:
  - Form: The word "form" is used to describe the entire submission - e.g. The Technical Submission Form
  - Screen: The word "screen" is used to describe each screen within a Form - e.g. The Attachments Screen
  - 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 Technical Submission in e-snaps may be directed to HUD through the HUD Exchange via Ask A Question, which is accessible online at https://hudexchange.info/ask-a-question/.
  - To ensure that this form is completed correctly, refer to 24 CFR 578, the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
  - All grant recipients should verify the accuracy of their applicant profile in e-snaps before submitting this form.
HUD reserves the right to reject any New, CoC Planning, or UFA Costs Project that fails to acknowledge and then satisfy Issues and Conditions as listed on this form, or that fails to satisfy the requirements detailed in this technical submission request.
Recipient Acknowledgement

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions.

Outreach Screen (5C) may need to be updated. Identify 50% coming from Safe Haven. Is there a Safe Haven in Snohomish County? Please clarify.

### Additional alert(s) for recipients:

Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.

<table>
<thead>
<tr>
<th>HUD Award</th>
<th>Recipient Acknowledgement</th>
<th>Conditions Applicable to ALL Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. SAM - No active record in the System of Award Management.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Code of Conduct not on file with HUD or does not comply with 2 CFR part 200.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. HUD SF 2880 - Incomplete Recipient Disclosure/Update Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Match amount update needed in e-snaps and/or match documentation required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Additional match commitment amount is required to be added to the esnaps Match Screen due to a budget adjustment.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>b. All new and renewal projects that indicated match commitments from in-kind contributions provided by a third party must attach MOU documentation in esnaps.</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>c. Match commitment documentation for this new conditionally awarded project must be attached in e-snaps.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a. Applicant must increase the match commitment amount to due to a budget adjustment. Match must be cash or in-kind contributions for no less than 25 percent of the total conditionally awarded amount, excluding leasing funds (if applicable), as provided under 24 CFR 578.73.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b. For new and renewal conditionally awarded projects that indicate match commitments from in-kind contributions provided by a third party to be used as match must attach a memorandum of understanding (MOU) between the applicant and the third party. The MOU must meet the criteria provided under 24 CFR 578.73(c)(3).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c. For new conditionally awarded projects, the applicant must attach match documentation in e-snaps that shows match commitment no less than 25 percent of the total grant amount, excluding leasing funds (if applicable), with cash or in-kind contributions as provided under 24 CFR 578.73.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Performance or capacity concern(s). The applicant must provide a written management plan addressing the capacity concern(s) identified below.</td>
</tr>
<tr>
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</tr>
<tr>
<td>a.</td>
<td>APRs have been consistently submitted late.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Applicant has a history of poor financial management /drawdown issues.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Applicant has unresolved HUD monitoring or audit findings.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Applicant has outstanding obligation to HUD that is in arrears or no repayment schedule established.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Other capacity concerns (details specified below in #22).</td>
<td></td>
</tr>
</tbody>
</table>

6. Homeless Eligibility - Clarification is needed in the project application to confirm homeless eligibility of proposed project participants.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Update(s) needed to Project Description on Screen 3A and/or Project Outreach Plan on Screen 5C.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>The project application identified 100% Dedicated to CH but Screen 5B tables did not identify a sufficient number of CH persons to equal the number of Dedicated CH Beds on Screen 4B.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>PH-PSH or SH project application is unclear if proposing to serve program participants with an eligible disability. Updates must be made to the disability category numbers in the tables on Screen 5B. If this is a Safe Haven component project; Screen 5B numbers under “SMI” must match the household count from 5A.</td>
<td></td>
</tr>
</tbody>
</table>

7. Services - Clarification(s) is needed about services to be provided to participants or updates are needed to the described plan for participant’s independence. Screen 4A question(s) are identified below.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>#2 Describe how participants will be assisted to obtain and remain in permanent housing.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>#3 Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>#4 For all supportive services available to participants, indicate who will provide them and how often they will be provided.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>#5a Transportation assistance to clients to attend mainstream benefit appointments, employment training, or Jobs.</td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>#5b At least annual follow-ups with participants to ensure mainstream benefits are received and renewed.</td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>#6 Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?</td>
<td></td>
</tr>
</tbody>
</table>

8. Unit/Bed Counts - Clarification is needed to unit and/or bed counts on Screen 4B and/or updates are needed to other numbers in the project application for a general correlation between Screens 4B, 5A, or 5B tables.

9. Transition Projects

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Applicant and CPD Field Office must agree on a final budget for the 1-year transition grant term.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Applicant must clarify the description how it will transition the eliminated component within 1-year.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Applicant must attach a copy of the most recent renewal application (e-snaps PDF) for the project being eliminated.</td>
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</tbody>
</table>

11. Expansion Project

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>The applicant of this CoC Program funded expansion of a renewal must update the project information to reflect expanded project.</td>
<td></td>
</tr>
</tbody>
</table>
b. The applicant must clarify this non-CoC Program funded expansion project as the project application does not clearly or sufficiently explain the expansion of an existing non-CoC funded project.

12. Joint TH & PH-RRH component project application needs updating for:
   a. Screen 3B questions identifying a commitment to a housing first model must be updated to “Yes.”
   b. This project application requested rental assistance funds for the TH portion of the project, instead of leasing funds. HUD edited the budget and the applicant must confirm its agreement with the revised budget.

13. Housing Type - Clarification is needed for the Housing Type selection(s) on Screen 4B for the component type identified below.
   a. Joint TH/PH-RRH component project (details specified below in #22).
   b. PH- PSH component project.
   c. PH-RRH component project.

15. Eligible Costs
   a. One or multiple budget line item (BLI) cost requests lacks sufficient detail necessary for HUD to determine the cost's eligibility; clarification required.
   b. One or multiple budget line item (BLI) cost requests has been determined to be ineligible. The requested cost has been removed from the project application and the amount requested has been reduced from the conditional award. Applicant must confirm agreement with the revised budget.

16a. Coordinated Entry - The project application indicated on Screen 3B that the project will not participate in coordinated entry and it is unclear if the applicant is a victim service provider using an equivalent system.

19. HMIS Lead in the project application does not match the HMIS Lead listed in the CoC’s Applicant Profile in esnaps; update required.

22. Other policy and program related conditions:

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Other 1
Adjust Supportive Service budget line item 17: Staff training should fall under admin costs.
## Attachments

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01) Match Documentation</td>
<td>Yes</td>
<td>YHPD Combined Mat...</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>02) Site Control 1</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03) Site Control 2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04) Site Control 3</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05) Environmental Review 1</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06) Environmental Review 2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07) Environmental Review 3</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08) Documentation of Financial Feasibility (New Construction, Acquisition, Rehabilitation)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09) Restrictive Covenant</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Zoning Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: YHPD Combined Match Letter & MOU

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
Adjustments

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions, to reconcile budget changes made by HUD or are you requesting to update/add indirect cost information?  Yes

Adjustments can only be made to resolve issues and conditions, to reconcile budget changes made by HUD or to update/add indirect cost information. No other requests for changes to your project may be initiated using this Post Award step unless requested by HUD. All adjustments will be reviewed by HUD before grant agreement and may be rejected.

Briefly describe the adjustments being requested.

4c- Match Commitment Documentation: See attachments for three match letters and one MOU - also note match change from SAJE to Snohomish County;
Other 1 - 6F. Supportive Services: Removed staff training costs from line item 17 and allocated money to other line items; and HUD Note - 5C. Outreach: Removed 50% allocation from safe havens category and adjusted other category percent values to reflect 100% total.
1A. Application Type

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

   If "Other", specify:

3. Date Received: 09/12/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0430Y0T041700

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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

Fax Number: (425) 388-3504

Email: jackiem.anderson@co.snohomish.wa.us
1C. Application Details

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

9. Type of Applicant: B. County Government
   If "Other" please specify:

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-5900-N-18B
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

For help in completing Post Award steps, please take a look at the FY2017 Recipients Post-Award Instructional Guide available on the Hud Exchange.

14. Area(s) affected by the project (State(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: YHDP Youth Navigator Team

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: 10/01/2019
   b. End Date: 09/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
1E. Compliance

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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. Declaration

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/12/2019
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: $833,946
Number of Subrecipients: 1

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$833,946</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

a. Organization Name  Cocoon House

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

If "Other" specify:

c. Employer or Tax Identification Number:  91-1497667

d. Organizational DUNS:  803301167

 e. Physical Address
   Street 1  3530 Colby Ave
   Street 2
   City  Everett
   State  Washington
   Zip Code  98201

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

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?  No

i. Expected Sub-Award Amount:  $833,946

j. Contact Person
   Prefix  Mrs.
   First Name  Rachel
Middle Name
Last Name   Mathison
Suffix
Title        Director of Programs
E-mail Address  rachel.mathison@cocoonhouse.org
Confirm E-mail Address  rachel.mathison@cocoonhouse.org
Phone Number   425-259-5802
    Extension   109
Fax Number
2B. Experience of Applicant, Subrecipient(s), and Other Partners

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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 sources for several years. The County is currently the recipient of 23 CoC grants and has been designated as a Unified Funding Agency since FY2018. The County has a history of successful implementation of various program types.

Cocoon House, the subrecipient, has experience/expertise in the following:
1. Working with/addressing the target population’s identified housing and supportive service needs: Since 1991, Cocoon House has been the only agency in Snohomish County with a mission focused solely on homeless and at-risk youth and young adults (ages 12-24). The organization provides a continuum of services including outreach, drop-in, emergency shelter, transitional housing, and rapid rehousing. Cocoon House is uniquely positioned and qualified to serve the population of homeless youth and young adults in our community. The agency utilizes interventions proven to be effective with youth and young adults who have experienced homelessness and trauma.
2. Developing and implementing relevant program systems/services: Cocoon House is the lead agency for Snohomish County Youth and Young Adult Coordinated Entry. Coordinated Entry is the means by which youth ages 18 through 24 access community services and resources. Cocoon House’s Outreach programs provide a variety of services to Snohomish County youth, including mobile outreach, stationary outreach (at the full-service drop-in center), case management, and other supportive services. Outreach case managers are trained in working with young people who are experiencing crises, specializing in individual, client-directed care.
3. Identifying and securing matching funds from a variety of sources: Cocoon House is currently managing 30 government contracts from all levels of government: federal, state, county, and city. Matching funds are secured through private giving (which account for nearly 50% of agency revenue).
4. Managing basic organization operations including financial accounting systems: Cocoon House has extensive experience managing and accounting for public funding. Cocoon House is well-versed in all aspects of determining client eligibility and in understanding and adhering to rules and standards set forth by public funding entities. The Chief Financial Officer monitors adherence to Board-approved Internal Control Policies (available for review), which specify proper segregation of duties between staff that handle each type of financial transaction within the Agency.

Catholic Community Services, the subrecipient, has experience/expertise in the
1. Working with/addressing the target population’s identified housing and supportive service needs: CCS has provided case management and housing services in Snohomish County since 1993 and in that time has successfully utilized federal funding to help individuals and families obtain safe and affordable housing. CCS has a successful history of providing permanent supportive housing and case management services for individuals and families experiencing chronically homeless. CCS utilizes a well-developed, goal oriented, individualized case management process to ensure housing retention and self-sufficiency growth. Specifically, CCS currently operates 7 CoC-funded permanent supportive housing projects that are dedicated to individuals and/or families experiencing chronic homelessness.

2. Developing and implementing relevant program systems/services: CCS is the subrecipient of several CoC funded projects and has been since the inception of the CoC Program. CCS has systems in place to ensure the project is operated in accordance with the CoC interim rule and Snohomish County Local Standards.

3. Identifying and securing matching funds from a variety of sources: Since its inception in 1942, CCS has secured dollars for matching and services through a variety of sources including private and corporate donors, as well as private and government (city, county, state, and federal) funders. CCS currently holds federal contracts for programs for chemical dependency, housing, volunteer services, and veteran services.

4. Managing basic organization operations including financial accounting systems: CCS tracks spending and outcomes on an ongoing basis and reviews the tracking at least once a month.

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 Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

Cocoon House maintains strong relationships with government and private funders, as well as with the community in general. Cocoon House’s CEO, COO, and the Board of Directors are dedicated to diversifying funding sources to ensure the sustainability of the organization. This commitment is reflected in the agency’s four-year strategic plan. Cocoon House employs a seasoned 4.0 FTE person development office. General fundraising efforts include a growing annual fund, an annual gala dinner/auction event, a spring fundraising event, private grants, and workplace giving.

Though most funding sources are provided to Cocoon House on a yearly basis, government funding reductions have recently presented a new challenge and opportunity to rely more on the community. Intensified fund development efforts have resulted in an increase in both grant funds and private donations. Private funding now accounts for approximately 36% of the operational revenue in the organization. In 2016, Cocoon House secured two federal RHY grants for Basic Center Prevention Services and Street Outreach Program.

Catholic Community Services currently is the recipient of a mix of federal, state, local, and private funds. CCS has experience providing leverage for CoC (and
SHP) projects for the past 10 years through collaboration and coordination with community partners. Some of these partner agencies are: Community Health Center for primary medical care and pharmaceutical services; CCS Recovery Services for behavioral health services; Volunteers of America for renter certification classes and food bank access; Work Source and Conviction Careers for employment readiness and job placement. These services are funded through various government and private sources.

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 Grants & Program Specialists, from OCHS within Snohomish County Human Services Department, manage subrecipient grants, including conducting annual monitoring for compliance, and provide overall project and CoC Program management and oversight. Regular OCHS staff meetings and Supervisor project and Program review ensure work is completed and consistent with CoC requirements and HUD grant agreements.

The Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants & Program Specialists to resolve 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.

Cocoon House’s organizational structure includes a 16 member Board of Directors that oversees the CEO of the organization and assists with strategy and vision for the organization. The CEO and COO oversee the directors of programs, fundraising, human resources, administration, and finance. Cocoon House maintains an accounting, financial reporting and financial management and operations system in order to comply with Generally Accepted Accounting Principles (GAAP). Cocoon House’s corporate governing body, officers, and management personnel exercise due vigilance and diligence to assure all financial transactions, accounts, records, and reports comply with these standards. All uses of program income are accurately reflected in the agency’s records and are subject to review and audit by an independent auditor and agents of a granting authority.

CCS’ Housing Department management consists of a Director of Housing Services, 3 Program Managers, and a Contract Administrator. Legal Protocols Notice of Delegation ensures managers meet standards and consistently follow organizational leadership practices. CCS operates a Quality Improvement Committee (QIC), which addresses progress on yearly goals and outcome measures, corrective action requirements and response strategies, and areas of concern about quality raised by consumers, staff, advocates, contractors, or other entities to which the agency is accountable. CCS maintains a financial policy manual to ensure the internal accounting procedures safeguard assets and financial statements are in conformity with generally accepted accounting principles, and to ensure finances are managed with responsible stewardship.

An annual audit is conducted by a certified public accounting firm, in accordance with OMB Circular A-133, to obtain reasonable assurance that the financial statements are free of material misstatements. Contracts are evaluated using a multi-level review process including insurance, legal and financial.
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

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1a. **CoC Number and Name:** WA-504 - Everett/Snohomish County CoC

2. **Project Name:** YHDP Youth Navigator Team

3. **Project Status:** Standard

<table>
<thead>
<tr>
<th>Component Type</th>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH</td>
<td>PH</td>
<td>PH</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will the PH project provide PSH or RRH? (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH</td>
</tr>
</tbody>
</table>

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

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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

This is a Supportive Services Only project and is not a DedicatedPLUS project. This project provides a team of mobile youth navigators to work with youth up to 21 years old to identify natural supports, community resources and secure safe, viable housing options. The target population is youth 12-18 but services will continue for youth up to 21 for those youth engaged in services or are transitioning from public systems of care such juvenile justice, child welfare, and high school. The Team will work in partnership with Denney Juvenile Justice Center, the Department of Children, Youth and Families (DCYF), behavioral health services, and schools to identify youth and coordinate services. Regular case conferencing will occur with cross-sector partners to quickly identify, engage, and assist youth who are at-risk of becoming homeless or are experiencing homelessness with the resources and services they need to achieve housing stability. Navigators will have tailored knowledge within the public systems of care in order to share resources, system linkages, and community connections with the youth they are serving as well as each other. Working with youth from coordinated entry through housing placement, the Team will have the ability to provide continued support until the youth reach housing stability. This process will also account for self-identified housing placements by youth through natural supports such as family, friends, and other kinship care opportunities. The Team will provide aftercare once placed in housing to ensure smooth transitions and consistent support. Barriers to services will be minimized, including movement between systems and housing situations or youth aging out of the project’s target age range.

The Youth Navigator program represents an important shift in how services are provided to homeless and at-risk youth in Snohomish County. With this program, Navigators are able to assist young people on their journey through the system of service providers and resources, providing navigation from the time needs are identified until housing stability is achieved. This shift will eliminate many of the barriers young people currently face when changing circumstances require them to “start over” with new providers multiple times as they move through the system. Often, homeless youth may exit and re-enter systems several times while they work to achieve housing stability. This program allows staff to continue to work with youth until permanent housing is obtained.

1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

This is a Supportive Services Only project and is not a DedicatedPLUS project. This project provides a team of mobile youth navigators to work with youth up to
21 years old to identify natural supports, community resources and secure safe, viable housing options. The target population is youth 12-18 but services will continue for youth up to 21 for those youth engaged in services or are transitioning from public systems of care such juvenile justice, child welfare, and high school. The Team will work in partnership with Denney Juvenile Justice Center, the Department of Children, Youth and Families (DCYF), behavioral health services, and schools to identify youth and coordinate services. Regular case conferencing will occur with cross-sector partners to quickly identify, engage, and assist youth who are at-risk of becoming homeless or are experiencing homelessness with the resources and services they need to achieve housing stability. Navigators will have tailored knowledge within the public systems of care in order to share resources, system linkages, and community connections with the youth they are serving as well as each other. Working with youth from coordinated entry through housing placement, the Team will have the ability to provide continued support until the youth reach housing stability. This process will also account for self-identified housing placements by youth through natural supports such as family, friends, and other kinship care opportunities. The Team will provide aftercare once placed in housing to ensure smooth transitions and consistent support. Barriers to services will be minimized, including movement between systems and housing situations or youth aging out of the project’s target age range.

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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.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>
### 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)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

For PH-PSH projects, applicants must select Chronic Homeless as a special population focus for question 4 in order to submit the application.

### 5. Housing First

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

b. Does the project ensure that participants are screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance abuse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
c. Will the project remove the following as reasons for program termination?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Will the project follow a "Housing First" approach? 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.

Not applicable.

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

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

Dedicated and DedicatedPLUS

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

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

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

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.
3C. Project Expansion Information

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?  No
4A. Supportive Services for Participants

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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.

Youth Navigators will provide mobile, individualized services to engage youth across a variety of systems. Youth who access this program will be offered an immediate assessment to determine needs. A Youth Navigator will provide services including initial and ongoing assessment to determine needs, strengths, and goals; assistance accessing available resources through referrals and warm hand offs; and ongoing support as needed toward the goals of achieving and maintaining long-term housing stability. Family reconciliation will be supported by Cocoon House’s prevention services for parents. Aftercare and ongoing services will be available to assist youth and families in maintaining reunification. Services will be delivered throughout the county, available to youth in their own communities and neighborhoods as well as at Cocoon House facilities and satellite offices.

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

Cocoon House has established relationships with providers across the county and a variety of systems. With this funding, the agency will work to strengthen those relationships, especially in rural or underserved areas. This will be achieved by partnering with community resources to provide drop-in services or regular staff visits within isolated communities (both those that are geographically isolated and those marginalized due to group identity). These efforts will lower barriers by making Navigators more immediately available to
youth and allowing them to serve as strong partners to other community providers. Navigators will also facilitate wraparound meetings for individual youth, bringing together involved parties and resources from all domains of the youth’s life.

Youth who are in need of education and employment assistance will work with Navigators who will connect them with the appropriate resources. Navigators will also build strong relationships with student support advocates, counselors, and homeless education liaisons within school districts to ensure educational success. The Navigators will also work with local colleges, Job Corps, and WorkForce Snohomish to explore higher education and alternative or job training programs. Through this program, youth will also gain access to skill development and resume building resources.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or 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: 0
- Total Beds: 0
- Total Dedicated CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>---</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 0
   b. Beds: 0

3. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0

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: 3530 Colby Ave
   Street 2:  
   City: Everett
   State: Washington
   ZIP Code: 98201

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

530480 Everett
5A. Project Participants - Households

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td>80</td>
<td>80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>5</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>75</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>80</td>
<td>80</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Ally Homeless Non-Veterans</th>
<th>Chronic Ally Homeles Veterans</th>
<th>Non-Chronic Ally Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represen ted by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Ally Homeless Non-Veterans</th>
<th>Chronic Ally Homeles Veterans</th>
<th>Non-Chronic Ally Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represen ted by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Ally Homeless Non-Veterans</th>
<th>Chronic Ally Homeles Veterans</th>
<th>Non-Chronic Ally Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represen ted by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20, 55</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Describe the unlisted subpopulations referred to above:
The youth not represented by the above listed subpopulations include those who may not qualify for “chronic substance use” and “severe mental illness” eligibility due to their age (12-17), but may still experience challenges with substance abuse and mental health. Youth not represented may also include those who identify as LGBTQ, are pregnant, who are victims of sexual trafficking/exploitation, or who have been involved with juvenile justice and/or foster care systems.
5C. Outreach for Participants

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>40%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>50%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from transitional housing eliminated in a previous CoC Program Competition.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from the TH Portion of a Joint TH and PH-RRH Component project.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

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

Youth can contact Cocoon House through several means: calling Cocoon House Youth Navigators, Youth Shelters, the National Runaway Helpline, Northsound 211, and by stopping by the Shelter locations, U-Turn drop-in center, or anywhere they see a Safe Place sign. A variety of approaches is used to ensure that all young adults in need have the ability to access services. Cocoon House conducts outreach activities throughout the county, including rural areas. Dozens of businesses, service providers, and public resources serve as Safe Place locations where youth can ask for help. These include all Everett and Community Transit busses and sites, Sno-Isle and Everett public libraries, and several fire stations throughout the county.

Cocoon House operates a long-established Youth and Young Adult Street Outreach Program that contacts more than 1,500 unduplicated homeless youth and young adults annually. This program offers street-based outreach in all regions of Snohomish County and as well as stationary outreach at the agency’s drop-in center. The drop-in center operates seven days per week providing meals, showers, laundry facilities, basic needs and other support services. Through the provision of basic needs and meeting youth “where they are at” Cocoon House staff are able to begin to build trust relationships with participants. Young people are then able to engage in more intensive services with a sense of safety. This program does not have any exclusion criteria.
6A. Funding Request

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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? Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

<table>
<thead>
<tr>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

a. Please complete the indirect cost rate schedule below

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>17%</td>
<td></td>
</tr>
</tbody>
</table>

Please enter all values for at least one line item.

b. Has this rate been approved by your cognizant agency? Yes
   c. Do you plan to use the 10% de minimis rate? No

4. Select a grant term:

<table>
<thead>
<tr>
<th>New Submission</th>
<th>HUD Award</th>
<th>Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Years</td>
<td>2 Years</td>
<td>2 Years</td>
</tr>
</tbody>
</table>

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

   Leased Units
   Leased Structures

Applicant: Snohomish County
Project: YHDP Youth Navigator Team
079247979
WA0430Y0T041700
Applicant Technical Submission Page 40 09/12/2019
<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Assistance</td>
</tr>
<tr>
<td>Supportive Services</td>
</tr>
<tr>
<td>Operations</td>
</tr>
<tr>
<td>HMIS</td>
</tr>
</tbody>
</table>
### 6F. Supportive Services Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters) (New Submission)</th>
<th>Annual Assistance Requested (New Submission)</th>
<th>Annual Assistance Requested (HUD Award)</th>
<th>Quantity AND Description (max 400 characters) (Adjustment)</th>
<th>Annual Assistance Requested (Adjustment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.5 FTE Associate Director, 1 FTE Program Manager, and 3.5 FTE Youth Navigators plus benefits doing direct service</td>
<td>$269,225</td>
<td></td>
<td>.5 FTE Associate Director, 1 FTE Program Manager, and 3.55 FTE Youth Navigators plus benefits doing direct service</td>
<td>$293,123</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>Meals and groceries for youth working with a navigator (200 youth, $40/youth)</td>
<td>$7,997</td>
<td></td>
<td>Meals and snacks for youth working with a navigator (80 youth = $15/meal for 80 youth, 8 meals/youth)</td>
<td>$9,600</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>.5 FTE Peer Mentor plus benefits $22,651; and costs for life skill trainers that will work on rent readiness, budgeting, and other life skills (12 trainers at $150/training=1,800)</td>
<td>$24,451</td>
<td></td>
<td>.5 FTE Peer Mentor plus benefits $24,200; and costs for life skill trainers that will work on rent readiness, budgeting, and other life skills (12 trainers at $150/training=1,800)</td>
<td>$26,000</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>Basic needs supplies for youth experiencing homelessness including blankets, clothes, toiletries and supplies (22 youth at $225/youth=$45,000); Phones and transportation (Federal Rate = 5 FTE – 380 miles per month) $12,540</td>
<td>$59,029</td>
<td></td>
<td>Basic needs supplies for youth experiencing homelessness including blankets, clothes, toiletries and supplies (80 youth, $210/youth - 80<em>210 = $16,800)+$44.50; transportation - using federal rate, 380 miles/month for 5 FTE (.58</em>380<em>12</em>5 = $13,224); and phone at $45/month for 5 FTE (45<em>12</em>5 = $2,700)</td>
<td>$33,268</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Bus tickets/fares for youth (200 youth, 2$/ticket, 6 bus tickets/youth)</td>
<td>$2,500</td>
<td></td>
<td>Bus tickets/fares for youth (80 youth, 2$/ticket, 6 bus tickets/youth) and gas assistance</td>
<td>$5,211</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 17. Operating Costs

<table>
<thead>
<tr>
<th>Cost Description</th>
<th>Cost</th>
<th>Total Annual Assistance Requested</th>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training for team $4,000; tech supplies for staff (computers and office supplies) $7,500, operating cost of office space for staff to meet with youth $4,500</td>
<td>$16,000</td>
<td>$379,202</td>
<td>2 Years</td>
<td>$758,404</td>
</tr>
<tr>
<td>Tech supplies for staff (computers and office supplies) $7,500; and operating cost of office space for staff to meet with youth $4,500</td>
<td>$12,000</td>
<td>$379,202</td>
<td>2 Years</td>
<td>$758,404</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6J. 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: | $53,240 |
| Total Value of In-Kind Commitments: | $155,247 |
| Total Value of All Commitments: | $208,487 |

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

Note: 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.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Cocoon House (Whi...)</td>
<td>06/27/2019</td>
<td>$55,247</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Compass Health fo...</td>
<td>06/27/2019</td>
<td>$100,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Snohomish County</td>
<td>08/09/2019</td>
<td>$53,240</td>
</tr>
</tbody>
</table>
Sources of Match

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

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) Cocoon House (Whitehorse Foundation)
5. Date of Written Commitment: 06/27/2019
6. Value of Written Commitment: $55,247

Note: 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

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

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) Compass Health for mental health counseling services
5. Date of Written Commitment: 06/27/2019
6. Value of Written Commitment: $100,000

Note: 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

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hud Exchange.

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) Snohomish County
5. Date of Written Commitment: 08/09/2019
6. Value of Written Commitment: $53,240
6K. Summary Budget

For help in completing Post Award steps, please take a look at the FY2018 Recipients Post-Award Instructional Guide available on the Hud Exchange.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Note that it may be necessary to manually adjust the budget values in the individual budget formlets, to match the budget values awarded by HUD, if the budgets do not match in the HUD Award and Adjustment columns on this screen. Budgets affected include: Leased Structures, Operating.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for Grant Term (New Submission)</th>
<th>Total Assistance Requested for Grant Term (HUD Award)</th>
<th>Total Assistance Requested for Grant Term (Adjustment)</th>
<th>Budget Change (Adjustment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$379,202</td>
<td>$379,202</td>
<td>$379,202</td>
<td></td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td>$758,404</td>
<td>$758,404</td>
<td></td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td>$75,543</td>
<td>$75,543</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Total Assistance plus Admin Requested</td>
<td></td>
<td>$833,947</td>
<td>$833,947</td>
<td>Yes</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td>$155,247</td>
<td>$155,247</td>
<td></td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td>$208,487</td>
<td>$208,487</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: YHDP Youth Navigator Team
079247979
WA0430Y0T041700
Applicant Technical Submission Page 47 09/12/2019
The Total Assistance plus Admin Requested field under the Adjustment column does not equal the Total Assistance plus Admin Requested field under the HUD Award column. If unintentional, please return to the appropriate field and adjust the budget to match the HUD Award. All budget changes will be reviewed by HUD before the Technical Submission is approved.
Submission Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement</td>
<td>08/08/2019</td>
</tr>
<tr>
<td>Attachments</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>Adjustments</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>1A. Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>07/30/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>07/11/2019</td>
</tr>
<tr>
<td>6F. Supp. Srvcs. Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6J. Match</td>
<td>08/09/2019</td>
</tr>
<tr>
<td>6K. Summary Budget</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>
July 29, 2019

Snohomish County Human Services
Office of Community & Homeless Services
3000 Rockefeller Ave. M/S 305
Everett, WA 98201

Re: Letter of Commitment – Youth Navigator Team
Sponsor Organization: Cocoon House

Dear Snohomish County,

This letter certifies that Cocoon House will provide a Match contribution valued at $55,247 for participants of the Youth Navigator Team project, if awarded funding by HUD through the FY2018 Youth Homelessness Demonstration Program competition.

This match commitment of cash will be available for the 2019-2021 program year. The amount includes case management and life skills services that contribute to independence and housing stability. The contribution comes from private funding through the Whitehorse Foundation.

Please feel free to contact me if you would like further information on Cocoon House’s commitment to this important program.

Sincerely,

Joseph Alonzo
CEO
Date: August 9, 2019

To: Mary Jane Brell Vujovic, Human Services Director

From: Jackie Anderson, HCS Division Manager

Re: Youth Homeless Demonstration Program – Youth Navigation Team Continuum of Care Program Match Commitment

This MEMO is requesting the Human Services Department (HSD) Director’s signature, thus documenting the HSD commitment for the Youth Homeless Demonstration Program – Youth Navigation Team project selected for funding by the U.S. Department of Housing and Urban Development (HUD).

Snohomish County HSD is the lead entity for the local Plan to prevent and end homelessness, including the lead agency for the annual CoC Consolidated Application, Homeless Management Information System (HMIS), Point in Time (PIT) count, and other related activities. The HSD is committed to providing effective programs and planning activities aimed at preventing and ending homelessness in our communities. The HUD CoC Program homeless assistance funds play a meaningful role in our ability to provide housing and services to some of the most vulnerable members of our community. We look forward to continuing this work in partnership with HUD.

The Snohomish County Human Services Department commits to providing $26,620 annually, $53,240 for the two-year grant period, in cash match for the YHDP Youth Navigation Team project. The HSD will use Ending Homelessness Program (local) as cash match to the agency to support supportive services personnel costs.

Mary Jane Brell Vujovic, Director, Human Services Department

Date
July 23, 2019

Snohomish County Human Services
Office of Community & Homeless Services
3000 Rockefeller Ave. M/S 305
Everett, WA 98201

Re: Letter of Commitment – Youth Navigation Team
    Sponsor Organization: Compass Health

Dear Snohomish County,
This letter certifies that Compass Health will provide a Match contribution valued at $100,000 for participants of the Youth Navigation Team project, if awarded funding by HUD through the FY2018 Youth Homelessness Demonstration Program competition.

This match commitment of in-kind contribution will be available for the 2019-2021 program year. The commitment is calculated based on over 670 hours of mental health counseling services, valued at Compass’s normal rate of $150 per hour that will be provided to 50 program participants. The contribution comes from private funding from the Whitehorse Foundation as well as government funding from Snohomish County and the City of Everett.

Please feel free to contact me if you would like further information on Compass Health’s commitment to this important program.

Sincerely,

[Signature]

Tom Sebastian
President/CEO
July 31, 2019

Memorandum of Understanding for Youth Counseling
Youth Homeless Demonstration Program – Youth Navigator Team
Cocoon House and Compass Health

Cocoon House and Compass Health enter into this Memorandum of Understanding for Youth Counseling for clients of the Cocoon House Youth Navigator Team program. It is the intent of both parties that services will begin on October 1, 2019 and continue ongoing through the October 1, 2019 – September 30, 2021 program contract years, or until a 30-day notice of intent to end services is submitted in writing by either party.

Program Description:

Youth counseling services will be provided to clients of the Cocoon House Youth Homelessness Demonstration Program (YHDP) Youth Navigator Team. A master's level mental health clinician will work to engage the youth in order to assess any emergent mental health needs, immediate functional needs and lead supportive groups. Program outcomes include creation of relationship with trusting adult, increased ability to care for self (or self and child of youth), a safe exit including placement for housing and connections to school or work, and referrals for on-going mental health, drug abuse counseling, medical and/or other needs. The Compass Health clinician will also provide consultation to the Cocoon staff as appropriate to the extent allowed by law.

Cocoon House:

- Cocoon house will provide, free of charge, confidential meeting space (days and times to be mutually agreed upon) in order to conduct groups, counsel youth and provide supportive therapeutic services to the residents.
- Cocoon House staff will identify youth who they believe would benefit from the mental health services during the times the mental health clinician is present on the site.
- Cocoon House will maintain their own records and secure them according to their policies. Records will not be left with Compass clinician, nor will Compass Health be responsible for securing Cocoon House records.
- Cocoon House will agree to collaborate on client care and consent to the extent allowed by law.

Compass Health:

- Compass Health will provide a master's level clinician to work weekly with program participants of the Youth Navigator Team. Program participants can access Compass Health services at the following Cocoon House locations: Central and East Shelters (Everett and Monroe), Maternity Group Home North (Arlington), Transitions (Everett), and The HUB (Everett).
- Compass Health Clinician(s) will provide at least 670 hours of mental health counseling services for at least 50 program participants, valued at a normal rate of $150 per hour.
• The Compass Health Clinician(s) will be a supportive presence and engage the residents, while encouraging them into conversation that would lead to individual or family counseling sessions as well as dealing with emergent crises that arise,

• Compass Health Clinician will collaborate on client care as authorized by consent and/or law. This includes documentation of services, crisis plans for the youth, and any other pertinent information necessary for Cocoon House to meet safety needs of youth and contractual requirements of the program.

• Compass Health will not be responsible for payment to Cocoon House for clinical services provided.

Cocoon House and Compass Health:

• Both Agencies will provide joint supervision/support of Clinician at a time/date/frequency agreed upon by the site Program Manager and the Clinician's supervisor.

• Both Agencies agree to collaborate to ensure each agency's respective service/documentation requirements are met in order to maintain grant and contract compliance.

Information Exchange and Confidentiality:

The Compass Health clinician, as a delegate of Cocoon House and member of the treatment team for the purpose of delivery of client care, will have access to client information as needed to perform the essential functions of the job. Clients will receive notice that the Compass Health clinician is a member of the Cocoon treatment team and as such may discuss client information as needed to coordinate care with other members of the treatment team. Both Compass and Cocoon House agree to hold all individually identifiable client health information that may be shared, transferred, transmitted, or otherwise obtained for this agreement, strictly confidential and provide all reasonable protections to prevent the unauthorized use or disclosure of such information, including, but not limited to the protection afforded by federal, state and local laws and/or regulations regarding security and confidentiality of Patient Healthcare Information (PHI). Both parties further agree to make every reasonable effort to comply with any regulations, standards, or rules pursuant to the authority of the HIPAA or the American Recovery and Reinvestment Act of 2009 or its successor.

Program Services:

Any change in program needs will be mutually agreed upon between Cocoon House and Compass Health. Youth mental health services may not be available if the Compass Health clinician assigned is taking benefit time (i.e. sick or vacation). If service availability becomes problematic, then this issue will be worked out between the Compass Health manager and the clinician, or if needed, between the Cocoon House CEO or COO, and the Compass Health Clinical Director.

Problem Solving:

Problem Solving will occur at the lowest level possible between Cocoon House and Compass Health. Any problems will work up the hierarchy of each organization as needed to resolve any issue which may arise between both organizations.

Termination:
Either Cocoon House or Compass Health may terminate this agreement upon thirty (30) day written notice.

Joe Alonzo, CEO  
Cocoon House

Thomas Sebastian, President/CEO  
Compass Health
Attachment #3 Cover Page: Special Activity and Waiver Request

Snohomish County Special Activity and Waiver Request
YAC Approval of Special Activity Request
October 25, 2021

Re: YET Special Activity and Waiver Exemption Request
CoC: WA-504 Snohomish County/Everett
YHDP Youth Engagement Team Project

To Whom it May Concern:

Snohomish County Office of Community and Homeless Services (OCHS) is the Collaborative Applicant for the Everett/Snohomish County CoC and the grantee of the FY2021 Continuum of Care (CoC)/Youth Homelessness Demonstration Program (YHDP) funding (WA-504). To accommodate the unique and individualized needs of youth experiencing homelessness with the most appropriate level of support and to help participants obtain and remain in housing, OCHS requests to reapply/apply for the alternative requirements, special activities, and waiver exemption outlined in this letter for the YHDP Youth Engagement Team (YET) project.

Approved Alternative Requirements

HUD granted approval for alternative requirements to be utilized by the YET project on September 9, 2020. We request to reapply for the previously granted alternative requirements outlined below.

1. Cell Phone: The recipient may pay for the one-time cost of purchasing a cellular phone for program participant use, provided access to a cellular phone is necessary to obtain or maintain housing.
2. Moving-in Assistance: Security deposits for units in an amount not to exceed two months of rent.

Special Activity Requests Outlined in FY2021 NOFO

We are requesting approval for fourteen (14) new special activities listed in the FY2021 NOFO to ensure youth served by this project will meet their individual needs and address their unique challenges to maintain housing stability and become self-sufficient.

Paying for Youth Involvement: In addition to the eligible costs listed in 24 CFR 578.59(a), may use project administration funds to support costs associated with involving youth with lived experience in project implementation, execution, and improvement.

Conferences/Trainings: May use project administrative funds to attend conferences and trainings that are not HUD-sponsored or HUD-approved, provided that the subject matter is relevant to youth homelessness.

Hiring Youth: May employ youth who are receiving services, including housing, from the recipient organization. Recipients that utilize this special YHDP activity must maintain documentation that discloses the nature of work that the youth does, and that the youth is not in a position that creates a conflict of interest.

Moving Costs: May provide moving expenses more than one-time to a program participant. Allowing moving or move-in assistance more than once will help youth, or the youth’s household in situations of reunification or other natural placements, to establish stability during times of transition. At program entry a youth experiencing
homelessness, or youth’s household, may need help sustaining their current or perspective housing situation, but as a youth is connected to more resources and stabilizes, these plans may change. For example, a youth or a provider in the household the youth hopes to reside in, might find stable employment several miles away from their housing which may prompt them to move at the end of their lease; or the family may struggle with following lease agreements due to addiction, behavioral health issues, lack of life skills, or being unfamiliar with lease terminology and may face an eviction. This is especially true from a racial or equity lens and understanding many youth of color did not grow up with the same privilege and education which would set them up for success in their first lease. Providing assistance during a time of transition or hardship would eliminate the financial burden for youth who are still on their path toward independence and stability. The project will work with youth and their families on financial planning and budget management to help youth understand and plan for big events in their lives, such as moving.

**Damage to Unit:** The costs to pay for any damage to housing due to the action of a program participant, which may be paid while the youth continues to reside in the unit. The total costs paid for damage per program participant may not exceed the cost of two-months’ rent. The total costs paid for damage per program participant may not exceed the cost of two-months’ rent. Program staff work with youth to identify natural supports, access community resources, and secure housing stability which may require assistance for an entire family if youth reunify. In such cases, the family may still in the midst of navigating conflict or learning housing maintenance life skills. Consequently, damages may occur to the unit which could jeopardize the family’s stay in that unit. Being able to offset the cost of repairs could make it easier to keep youth and their family in their apartment permanently. Staff would work with youth and family to assess needed repairs, and pay those repair fees to the landlord, or directly to the contractor performing the repairs, as appropriate.

**Cleaning Supplies:** The costs of providing household cleaning supplies to clients. For youth, housing stability could mean securing safe and stable housing through family reunification, moving in with other identified supports, or signing their own lease. When youth, and their families, move into stable housing after experiencing homelessness, it can often feel overwhelming dealing with new financial burdens such as rent, security deposits, utilities, cost transportation, and groceries. Program staff believe that providing cleaning supplies to a household entering a new unit will create a positive precedent for teaching them how to clean and maintain their new living space. In learning these new life skills youth and families will begin to understand the importance of maintaining a healthier and cleaner living environment, further developing good rental habits which will enhance relationships with current and future landlords.

**Housing Start Up Costs:** Housing start-up expenses for program participants, including furniture, pots and pans, linens, toiletries, and other household goods, not to exceed $300 in value per program participant. Since housing stability can mean a variety of things for youth experiencing homelessness, providing additional housing startup costs can be crucial in maintaining that stability. Providing housing start expenses to participants as needed will allow youth to feel more comfortable and at home in their new living environment. Staff will work with youth to seek out local and affordable and help youth with setting a budget to help them understand housing startup costs associated with moving into a new space.

**Internet:** The cost of internet in a program participant’s unit and the costs of the service is reasonable per 2 CFR 200.404. As mentioned before, housing stability for youth can mean a variety of scenarios, securing safe and stable housing through family reunification, moving in with other identified supports, or signing their own lease. Without reliable access to internet youth face barriers to basics such as the ability to participate in school, apply for employment, or connect to their supports and potential community members. In order to access internet youth and others in their household might have to take multiple buses to utilize public spaces which provide free internet access. These public spaces typically allow less privacy, are busy with other people and may require youth to wait for internet use or provide sub-standard or limited connection to internet.
Rental and Utility Arrears: Payment of rental arrears consisting of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears. Payment of utility arrears of up to 6 months per service. Youth separated from their family and experiencing homelessness are often in that state because families are unable to pay for housing, including previously accrued housing or utility costs. These owed costs may prevent a household from being approved for renting a new apartment due to poor rental history. In situations where this is the only barrier to housing stability, being able to pay a family’s rental or utility arrears would set the family on a pathway to reunification, and the youth on a pathway to housing stability. All youth and families participating in our program will work with staff to strengthen financial management and other life skills needed to sustain financial independence and maintain housing.

Utilities: Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location. For youth, housing stability could mean securing safe and stable housing through family reunification, moving in with other identified supports, or signing their own lease. Allowing this flexibility to pay for some utility costs to help stabilize a household upon in their initial months of moving will help prevent some of the financial burden of moving. Program staff will provide financial assistance as needed, either providing funds to the household, or paying utility bills directly to the utility agency. Staff will also work on future budgeting, so that households will be ready to assume financial responsibility once assistance ends.

Client Gas/Mileage Costs: In addition to transportation costs eligible in 24 CFR 578.53(e)(15), a recipient may pay gas and mileage costs for a program participant’s personal vehicle for trips to and from medical care, employment, childcare, or other services eligible under this section. Youth who are on their pathway to stability may have to travel to various medical and behavioral health providers as well as to and from school and work, which can create a financial burden for an already tight budget. This flexibility would allow the program to alleviate this burden and assist youth in meeting with program staff, attending school, sustaining employment, or making various appointments. Program staff will work with youth to plan out travel to essential appointments, track mileage, and calculation reimbursement.

Legal Fees: Legal fees, including court fees, bail bonds, and required courses and equipment. Part of a youth’s pathway to stability often includes resolving past legal issues. Outstanding legal fees can be an issue for leasing an apartment or finding employment and overtime can spiral into a warrant. These fees also disproportionately impact BIPOC program participants. Program staff will help youth coordinate a payment plan, determine ways to reduce fees, and obtain/track all paperwork needed.

Driving Fees: Program participant’s past driving fines and fees that are blocking a young person from being able to obtain or renew a driver’s license and impacting their ability to obtain or maintain housing. Additionally, recipients may pay for program participants costs for insurance and registration for personal vehicles, if the personal vehicle is necessary to reach medical care, employment, childcare, or other services eligible under this section. Youth ages 12-21 often rely on parents or guardians for transportation needs, however youth enrolled in this project are not always staying with family and often have no other means of transportation. While McKinney Vento services help with transportation to and from school, they do not provide this type of financial assistance. The ability to pay for listed driving fees, insurance, and registration will help youth obtain housing and avoid possible legal fees while driving. Program staff will work with youth to determine their level of need, identify alternative ways to pay, and outline steps needed to pay driving fees or other fines.

Aftercare/Supportive Services: May continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the program participant.
We are requesting to extend supportive services past 6 months in order to provide behavioral health services. The project has a licensed mental health professional from Therapeutic Health Services (THS) who assists youth with counseling, family conflict resolution, mental health diagnosis, chemical dependency, and referrals to psychologists or other services. THS behavioral health services are offered over the course of 10-16 sessions where a licensed mental health therapist meets with youth on a weekly basis to address their needs. The program utilizes an Integrated Cognitive Therapies Program (ICTP) model including three evidence-based practices: Cognitive Therapy, Motivational Enhancement Therapy, and Contingency Management. Cognitive Therapy focuses on present thinking, behavior, and communication rather than on past experiences and is oriented toward problem solving. Motivational Enhancement Therapy is a counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their drug use. This approach aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the recovery process. Contingency Management has substantial data as an effective behavior modification therapy and has been shown to simultaneously enhance engagement while promoting the accrual of prosocial behaviors that might otherwise be avoided by the participant. This model has been utilized over the past ten years and treatment outcomes exceed those of care as usual among youth who have commonly not benefitted from prior episodes of behavioral interventions.

Youth who receive these behavioral health services may access them while enrolled or while in the 6-month window of supportive services post program exit. However, if a youth identifies a need for behavioral health services after their exit, they may not be able to complete this beneficial ICTP model since the 10-16-week program could go past the maximum 6 months of allowable supportive services. Acknowledging a need for counseling is often a difficult act for youth working with a professional and requires youth to have trust in the staff they are working with as well as the self-awareness to identify and state a need for assistance which can take months to establish. Consequently, a youth may not seek out counseling until they are will on their path to stability. Without this exception, an exited client may not be able to complete the counseling they have begun because of program limits on allowable supportive services post exit. Youth who can receive supportive services past 6 months to complete their THS behavioral health treatment program will achieve greater stability and decrease their likelihood of re-entering the homeless housing system.

**Youth Action Committee Special Activity Requests**

We are requesting approval for seven (7) new special activities approved by our Youth Action Committee (YAC) to help youth either obtain stable housing, develop permanent connections, achieve education and/or employment goals, or and sustain their well-being.

**Associated Driving Costs:** The ability to pay for a participants diver’s education and testing costs, including driver’s education courses, materials, and testing. The ability to pay for minor car repairs to a participant’s vehicle, not to exceed $100. If youth are given the opportunity to learn how to drive, they may become more self-sufficient, stay connected to identified supports, and establish a sense of normalcy with their peers. Snohomish County is also predominantly rural and the ability to drive a car could save youth time. For example, one youth enrolled in the project could turn their typical 2-hour bus commute into a 30-minute drive.

**Serving participants under Category 3:** The ability to serve participants who fall under Category 3 of the CoC definition of homelessness would contribute to the cross-system work of this project. The YET project was specifically developed to provide new collaborative responses to youth homelessness through improved system partnerships and coordinated services. Youth who meet the McKinney Vento primary and secondary education definition of homelessness but do not meet Categories 1, 2, or 4 of the CoC definition of homelessness often face the same challenges with system navigation, food scarcity, economic instability, and absence of a regular safe and stable residence. The ability for YET program staff to work in partnership with McKinney Vento staff will provide
youth with more wrap around support in addressing whatever housing instability or homelessness they are facing in conjunction with any educational, behavioral health, family counseling/strengthening needs.

**Expanded Housing Support:** The ability to expand housing support provided by the YET project to include move-in and rental assistance, not to exceed 3 months, for youth who find housing stability through family reunification or for youth 18 and older who find housing stability by signing their own lease. The YET project aims to support youth up to age 21 through system navigation and housing stability and this expanded support could be the difference for some youth in finding and maintaining a permanent placement with their identified supports or without fear.

**One-Time Payment/Deposit for a Starter Credit Card:** The ability to assist some older participants in making a one-time payment/deposit to build or rebuild their credit would allow youth to become more independent and self-sufficient. For example, Capital One has a rebuilding credit card with an initial credit line of $200 that requires a security deposit up to $200. Program staff would make the one-time payment/deposit to help youth obtain the card and provide additional education around financial management and other life skills needed to obtain housing due to good credit.

**Tuition Education Assistance:** The ability to provide up to $2,000 of one-time tuition assistance to help youth begin a secondary education at a community college or technical institution. Also, the ability to pay to obtain transcripts needed to enter a secondary education. Youth will work with program staff to obtain necessary documentation and complete a FAFSA application prior to determining the level of education assistance provided.

**Associated Bicycle Costs:** The ability to pay for a bicycle and helmet for participant transportation. Youth must work with program staff to find a reasonable priced bicycle compared to market value of bicycles locally. Program staff will work to ensure resources are not duplicative and youth have been denied or deemed ineligible for other community resources who provide free/discounted bicycles.

**Associated Medical Costs:** The ability to pay for over the counter medicine or other general medical supplies, not to exceed $50, that are not prescribed by a licensed medical professional and are needed to address the health of a participant such as allergy medication, cold/flu medication, pregnancy tests, first aid supplies, etc.

**Match Exemption Request**

We request a match exemption for this project. The subrecipient, Cocoon House, spends more than 25% of the total project funds to assist youth experiencing homelessness in the community. This includes several projects that serve the target population, including an RHY and Snohomish County-funded transitional housing program for youth with a budget of over $200,000, a federally funded maternity group home with a budget of over $200,000, and a Snohomish County-funded youth homelessness prevention program with a budget of over $80,000. Several other Cocoon House projects, including a program supporting youth and young adult survivors of human trafficking funded by OVC, a street outreach program, and a drop-in center program directly support the same target population. The total budget of the listed programs is higher than the total cost of the YHDP project in question.

Cocoon House is the primary agency supporting youth and young adults experiencing homelessness in Snohomish County. As such, Cocoon House offers a broad continuum of services to the target population, including drop-in basic need services, shelter, street outreach, family strengthening, advocacy support and specialized support for survivors of human trafficking. Many of these services are utilized by youth in this program who know and trust Cocoon House already, but because many of those programs or services do not qualify for the match requirement. Youth enrolled in this program may also age out of youth services and begin to utilize young adults services including housing.
October 25, 2021
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Please contact Debbi Trosvig, OCHS Supervisor at 425-388-7116 or debbi.trosvig@snoco.org with any questions, or if you need additional information regarding this request. Thank you for your consideration.

Sincerely,

Jackie Anderson, Division Manager
Housing & Community Services
Snohomish County Human Services

dt
cc: Debbi Trosvig, Supervisor, Office of Community and Homeless Services
Youth Action Committee
Youth Homelessness Demonstration Program Special Activities

The Snohomish County Youth Action Committee (YAC) has approved the special activities outlined below for the Youth Engagement Team (YET) project. Each special activity was developed to accommodate the unique and individualized needs of youth experiencing homelessness with the most appropriate level of support and to help participants either obtain stable housing, develop permanent connections, achieve education/employment goals, and/or and sustain their well-being.

Associated Driving Costs: The ability to pay for a participants diver’s education and testing costs, including driver’s education courses, materials, and testing.

Serving participants under Category 3: The ability to serve participants who fall under Category 3 of the CoC definition of homelessness would contribute to the cross-system work of this project.

Expanded Housing Support: The ability to expand housing support provided by the YET project to include move-in and rental assistance, not to exceed 3 months, for youth who find housing stability through family reunification or for youth 18 and older who find housing stability by signing their own lease.

One-Time Payment/Deposit for a Starter Credit Card: The ability to assist some older participants in making a one-time payment/deposit to build or rebuild their credit would allow youth to become more independent and self-sufficient.

Tuition Education Assistance: The ability to provide up to $2,000 of one-time tuition assistance to help youth begin a secondary education at a community college or technical institution.

Associated Bicycle Costs: The ability to pay for a bicycle for participant transportation.

Associated Medical Costs: The ability to pay for over the counter medicine or other general medical supplies, not to exceed $50, that are not prescribed by a licensed medical professional and are needed to address the health of a participant.

Youth Action Committee Signatures:

Angel Lacoss

Jasmine Vale

Bale Pena

Lilahakasse
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0376
   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).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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 |

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<tr>
<td>City: Everett</td>
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<td>County: Snohomish</td>
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<td>State: Washington</td>
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<tr>
<td>Country: United States</td>
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<td>Division Name: Office of Community and Homeless Services</td>
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<th>f. Name and contact information of person to be contacted on matters involving this application</th>
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<tr>
<td>Prefix: Ms.</td>
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<tr>
<td>First Name: Jackie</td>
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<td>Middle Name:</td>
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<td>Last Name: Anderson</td>
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<td>Suffix:</td>
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<tr>
<td>Title: Division Manager, Housing and Community Services</td>
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<thead>
<tr>
<th>Organizational Affiliation: Snohomish, County of</th>
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<tbody>
<tr>
<td>Telephone Number: (425) 388-3237</td>
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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-6500-N25
   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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Coordinated Entry

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/01/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $136,855

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

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

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: 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: 10/14/2021
## 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:

<table>
<thead>
<tr>
<th>Certification or Agreement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> 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.</td>
<td></td>
</tr>
</tbody>
</table>
| **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. |
| **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.; |                                                                                                                                             |
| **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; |
| **e.** Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| **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; |
| **g.** Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |                                                                                                                                 |

### Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding. Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 10/28/2021
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: 10/28/2021
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:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>x</td>
</tr>
<tr>
<td>3B. Description</td>
<td>x</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
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</table>

<table>
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<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<table>
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<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>x</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7A. Attachment(s)</td>
<td>x</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>x</td>
</tr>
</tbody>
</table>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Need to answer required questions in 3B that did not have answer previously

You have selected "Make Changes." Once this screen is saved, you 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time?  
   Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?  
   No

3. Do you draw funds quarterly for your current renewal project?  
   Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?  
   Yes

4a. If HUD recaptured funds provide an explanation.

   The project experienced a cost underrun in the previous grant term. The project experienced a shift in the staffing structure due to the pandemic. The project is anticipated to fully expend funds in current grant term.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

   If "No" click on "Next" or "Save & Next" below to move to the next screen.
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN):  WA0376
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name:  Snohomish, County of

4. Project Name:  Coordinated Entry

5. Project Status:  Standard

6. Component Type:  SSO

6a. Please select the type of SSO project:  Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?  No
3B. Project Description

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Chronic Homeless</td>
</tr>
<tr>
<td></td>
<td>Other(Click ‘Save’ to update)</td>
</tr>
</tbody>
</table>

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 enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC’s entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? 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.
- 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.
- 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 program participants are directed to appropriate housing and 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 access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five

Yes
groups:
(1) adults without children,
(2) adults accompanied by children;
(3) unaccompanied youth;
(4) households fleeing domestic violence,
dating violence, sexual assault, stalking, or
other dangerous or life-threatening
conditions (including human trafficking); and
(5) persons at risk of homelessness.

4g. This coordinated entry project will refer
persons experiencing homelessness to
projects that specifically coordinates and
integrates mainstream health, social services,
and employment programs
to program participants for which they may
be eligible?  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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:
   - Leased Structures
   - Supportive Services X
   - HMIS
6D. Sources of Match

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

### Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$34,214</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$34,214</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?  
   - No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>$34,214</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Snohomish County Human Services Department
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount 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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term ( Applicant )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
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<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$124,415</td>
</tr>
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<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$124,415</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,440</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$136,855</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$34,214</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$34,214</td>
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<tr>
<td>12. Total Budget</td>
<td>$171,069</td>
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Applicant: Snohomish County
Project: Coordinated Entry
### 7A. Attachment(s)

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<th>Required?</th>
<th>Document Description</th>
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<tr>
<td>1) Subrecipient Nonprofit</td>
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<tr>
<td>Documentation</td>
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</tr>
<tr>
<td>2) Other Attachment</td>
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<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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) therein 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:**  10/28/2021

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

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>10/14/2021</td>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/14/2021</td>
</tr>
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<td>1G. HUD-2880</td>
<td>10/14/2021</td>
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<td>1H. HUD-50070</td>
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<td>Section</td>
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<td>1I. Cert. Lobbying</td>
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<td>Recipient Performance</td>
<td>10/28/2021</td>
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<tr>
<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
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<tr>
<td>3A. Project Detail</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>3B. Description</td>
<td>10/15/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6D. Match</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 Project Application will be imported into the FY 2021 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2021 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: 10/28/2021

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0338
   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).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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
   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      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-6500-N25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: HMIS Lead

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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
4a. Total Amount Requested for this project: $212,216

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

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

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

| Renewal Project Application FY2021 | Page 10 | 10/28/2021 |
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).

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

**Certification**

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

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

I AGREE: ☒

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

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

**Date Signed:** 10/14/2021
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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees ---</td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
</tr>
<tr>
<td>(2) The Applicant's policy of maintaining a drug-free workplace;</td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
</tr>
<tr>
<td>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.;</td>
</tr>
<tr>
<td>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>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 ---</td>
</tr>
<tr>
<td>(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</td>
</tr>
<tr>
<td>(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;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate.

X

Renewal Project Application FY2021 Page 12 10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236  
(Format: 123-456-7890)  
Fax Number: (425) 259-1444  
(Format: 123-456-7890)  
Email: MaryJane.Vujovic@co.snohomish.wa.us  
Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 10/28/2021
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:

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: 10/28/2021
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.

Yes

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

I certify that this information is true and complete. X

Renewal Project Application FY2021 Page 16 10/28/2021
Authorized Representative
  Prefix:  Ms.
  First Name:  Mary Jane
  Last Name:  Brell Vujovic
  Title:  Director, Human Services Department
  Telephone Number:  (425) 388-7236
  Fax Number:  (425) 259-1444
  Email:  MaryJane.Vujovic@co.snohomish.wa.us
  Signature of Authorized Official:  Considered signed upon submission in e-snaps.
  Date Signed:  10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations.”

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
<table>
<thead>
<tr>
<th><strong>First Name:</strong></th>
<th>Mary Jane</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Name:</strong></td>
<td>Brell Vujovic</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Director, Human Services Department</td>
</tr>
</tbody>
</table>

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

**Date Signed:** 10/28/2021
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

The project experienced a cost underrun in the previous grant term. The project experienced longer time to fill a staff vacancy due to impact of pandemic on labor market. Project is anticipated to fully expend funds in current grant term.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WA0338
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

3. CoC Collaborative Applicant Name: Snohomish, County of

4. Project Name: HMIS Lead

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? 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.
4A. HMIS Standards

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. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? Yes

2. Does the HMIS produce all HUD-required reports and provide data 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). Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does the HMIS provide the CoC with an unduplicated count of program participants 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 licenses for former users who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

8a. How long does it take to remove licenses for 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.

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: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested: HMIS X
6D. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th></th>
<th>Total Value of Commitments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$53,054</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$53,054</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness</td>
<td>$53,054</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount 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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$202,216</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$202,216</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$212,216</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$53,054</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$53,054</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$265,270</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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:**  10/28/2021

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

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

Applicant: Snohomish County
Project: HMIS Lead

Renewal Project Application FY2021
Page 39

10/28/2021
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>10/14/2021</td>
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<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
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<td>1E. SF-424 Compliance</td>
<td>10/14/2021</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>10/14/2021</td>
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<tr>
<td>1G. HUD-2880</td>
<td>10/14/2021</td>
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Applicant: Snohomish County
Project: HMIS Lead
<table>
<thead>
<tr>
<th>Section</th>
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<td>1H.</td>
<td>HUD-50070</td>
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<td>1L.</td>
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<td>1J.</td>
<td>SF-LLL</td>
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<td>IK.</td>
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<td></td>
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<td>10/14/2021</td>
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<tr>
<td></td>
<td>Recipient Performance</td>
<td>10/28/2021</td>
</tr>
<tr>
<td></td>
<td>Renewal Grant Consolidation or Renewal Grant Expansion</td>
<td>10/14/2021</td>
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<td>2A.</td>
<td>Subrecipients</td>
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</tr>
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<td>3A.</td>
<td>Project Detail</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>3B.</td>
<td>Description</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>4A.</td>
<td>HMIS Standards</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6A.</td>
<td>Funding Request</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6D.</td>
<td>Match</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>6E.</td>
<td>Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A.</td>
<td>Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B.</td>
<td>Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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 2021 CoC Program grant competition.
- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2021 CoC Program NOFO.
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: 10/28/2021

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: Everett
      City:
      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-6400-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): Washington
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant’s Project: WA-504 CoC Planning Application FY2021

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: 07/01/2022
   b. End Date: 06/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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
4a. Total Amount Requested for this project: $342,733  
(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: WA-504 CoC Planning Application FY2021 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:

<table>
<thead>
<tr>
<th>Applicant: Snohomish County 079247979</th>
<th>Project: WA-504 CoC Planning Application FY2021 190411</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2021 CoC Planning Project Application</td>
<td>Page 10</td>
</tr>
</tbody>
</table>
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).

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

**Certification**

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

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

**I AGREE:**

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

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

**Date Signed:** 10/28/2021
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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding. Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Applicant: Snohomish County 079247979

Project: WA-504 CoC Planning Application FY2021 10/28/2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

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

Date Signed: 10/28/2021
2A. Project Detail

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

2. Collaborative Applicant Name: Snohomish, County of

3. Project Name: WA-504 CoC Planning Application FY2021

4. 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 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
The Collaborative Applicant is planning on a July 1, 2022 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 valuation 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.
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)

<table>
<thead>
<tr>
<th>Role Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in CoC meetings</td>
<td>X</td>
</tr>
<tr>
<td>Votes, including electing CoC Board</td>
<td>X</td>
</tr>
<tr>
<td>Sits on CoC Board</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

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

3a. Written agendas of CoC meetings? Yes
3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
3c. Process for monitoring outcomes of ESG recipients? Yes
3d. CoC policies and procedures? Yes
3e. Written process for board selection? Yes
3f. Code of Conduct for board members that includes a recusal process? Yes
3g. 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.

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of the Group (max 750 characters)</th>
<th>Meeting Frequency</th>
<th>Name of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data &amp; Analysis Committee</td>
<td>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.</td>
<td>Quarterly</td>
<td>Collaborative Applicant; HMIS Lead, WA DSHS, CCS, Everett School District; Edmonds Community College, Housing Authority of Snoh County, Cocoon House Building Changes</td>
</tr>
<tr>
<td>Veteran's Homeless Subcommittee</td>
<td>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.</td>
<td>Monthly</td>
<td>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</td>
</tr>
<tr>
<td>Strategic Planning Committee</td>
<td>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 •</td>
<td>Quarterly</td>
<td>CCS, VOA/211, YWCA, SnoCo Human Services, Community Health Centers, DVS, Sheriff, United Way, Interfaith, Employment Security Dept, City of Marysville</td>
</tr>
<tr>
<td>Group</td>
<td>Responsibilities</td>
<td>Frequency</td>
<td>Collaborating Organizations</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outreach Coalition</td>
<td>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.</td>
<td>Monthly</td>
<td>CCS, VOA, Sno Co Human Svcs, Law Enforcement, Cocoon House, Community Hlth Ctrs, VA Svcs, Mercy Watch, Verdant</td>
</tr>
<tr>
<td>Youth Action Committee</td>
<td>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 provided 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.</td>
<td>Quarterly</td>
<td>Collaborative Applicant and Cocoon House provide support; membership is individual community members with lived experience (youth under 24)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$85,684</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$85,684</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness...</td>
<td>$85,684</td>
</tr>
</tbody>
</table>
Sources of Match Details

1. Type of commitment: Cash
2. Source: Government
3. Name of source: Ending Homelessness Program-Snohomish County (Be as specific as possible and include the office or grant program as applicable)
4. Value of Written Commitment: $85,684
4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023?  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.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination Activities</td>
<td>1.50 FTE CoC Program staff salaries and benefits</td>
<td>$170,233</td>
</tr>
<tr>
<td>2. Project Evaluation</td>
<td>.15 FTE CoC Program staff salaries and benefits</td>
<td>$17,250</td>
</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CoC Application Activities</td>
<td>.15 FTE CoC Program staff salaries and benefits</td>
<td>$17,250</td>
</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Developing a CoC System</td>
<td>1 FTE CoC Program staff salaries and benefits</td>
<td>$115,000</td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td>.2 FTE CoC Program staff salaries and benefits</td>
<td>$23,000</td>
</tr>
<tr>
<td>Total Costs Requested</td>
<td></td>
<td>$342,733</td>
</tr>
<tr>
<td>Cash Match</td>
<td></td>
<td>$85,684</td>
</tr>
<tr>
<td>In-Kind Match</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Match</td>
<td></td>
<td>$85,684</td>
</tr>
<tr>
<td>Total Budget</td>
<td></td>
<td>$428,417</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate the Total Assistance
### 5A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 10/28/2021
Title: Director, Human Services Department
Applicant Organization: Snohomish, County of

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 6A. Submission Summary

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<th>Page</th>
<th>Last Updated</th>
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<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
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<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
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<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>10/14/2021</td>
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<td>1E. SF-424 Compliance</td>
<td>10/14/2021</td>
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<td>1F. SF-424 Declaration</td>
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<td>1H. HUD 50070</td>
<td>10/14/2021</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
<td>10/14/2021</td>
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<tr>
<td>Section</td>
<td>Date</td>
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<tr>
<td>IK. SF-424B</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>2A. Project Detail</td>
<td>10/14/2021</td>
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<td>2B. Description</td>
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<td>3A. Governance and Operations</td>
<td>10/14/2021</td>
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<td>3B. Committees</td>
<td>10/14/2021</td>
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<td>4A. Match</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>4B. Funding Request</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>5A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5B. Certification</td>
<td>10/14/2021</td>
</tr>
</tbody>
</table>
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 UFA costs using this application.
- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2021 CoC Program NOFO.
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: 10/28/2021

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
   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: Anderson
   Last Name:  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-6400-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):
Washington
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant’s Project:
WA-504 UFA Costs Application FY2021

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: 07/01/2022
   b. End Date: 06/30/2023

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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: 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

Applicant: Snohomish County
Project: WA-504 UFA Costs Application FY2021
079247979
190426

FY2021 UFA Costs Project Application          Page 9          10/28/2021
4a. Total Amount Requested for this project: $342,733.00
   (Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity:
   WA-504 UFA Costs Application FY2021 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

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

Certification

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

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

I AGREE: 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: 10/28/2021
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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
</table>
| 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. |
| 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.; |
| 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; |
| e. | Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate.  

[Signature]
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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: 10/28/2021
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: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

<table>
<thead>
<tr>
<th>Assurances</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.</td>
</tr>
<tr>
<td>2.</td>
<td>Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.</td>
</tr>
<tr>
<td>3.</td>
<td>Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.</td>
</tr>
<tr>
<td>4.</td>
<td>Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.</td>
</tr>
<tr>
<td>5.</td>
<td>Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).</td>
</tr>
<tr>
<td>6.</td>
<td>Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</td>
</tr>
<tr>
<td>7.</td>
<td>Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.</td>
</tr>
</tbody>
</table>
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.
Date Signed: 10/28/2021
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

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$85,684</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$85,684</td>
</tr>
</tbody>
</table>

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness...</td>
<td>$85,684</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: WA-504 UFA Costs Application FY2021
Sources of Match Details

1. Type of commitment: Cash
2. Source: Government
3. Name of Source: Ending Homelessness Program-Snohomish County
4. Value of Written Commitment: $85,684
2B. Funding Request

1. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2. CoC Collaborative Applicant Name: Snohomish, County of
3. Project Name: WA-504 UFA Costs Application FY2021

4. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

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

6. Select a grant term: 1 Year

7. 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.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conducting and Recording Financial Transactions</td>
<td>0.03 FTE Financial Compliance Officer; 0.08 FTE Grant Accountant</td>
<td>$15,000</td>
</tr>
<tr>
<td>2. Maintaining Financial Records</td>
<td>0.03 FTE Financial Compliance Officer; 0.14 FTE Grant Accountant</td>
<td>$20,000</td>
</tr>
<tr>
<td>3. Annual Survey, Audit, or Evaluation of Subrecipient Financial Records</td>
<td>0.1 FTE Financial Compliance Officer; 0.3 FTE Program Manager; 0.05 FTE Division Manager &amp; Supervisor</td>
<td>$20,000</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>4. Monitoring of Subrecipients</td>
<td>1 FTE Program Manager; .15 FTE Financial Compliance Officer; 0.05 FTE Division Manager; 0.1 FTE Supervisor</td>
<td>$140,733</td>
</tr>
<tr>
<td>5. Enforcing Subrecipient Compliance with Program Requirements</td>
<td>1 FTE Program Manager; .20 FTE Financial Compliance Officer; 0.025 FTE Division Manager; 0.05 FTE Supervisor</td>
<td>$147,000</td>
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<tr>
<td><strong>Total Costs Requested</strong></td>
<td></td>
<td><strong>$342,733</strong></td>
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<tr>
<td><strong>Cash Match</strong></td>
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<td><strong>$85,684</strong></td>
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<td><strong>In-Kind Match</strong></td>
<td></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td><strong>Total Match</strong></td>
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<td><strong>$85,684</strong></td>
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<tr>
<td><strong>Total Budget</strong></td>
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<td><strong>$428,417</strong></td>
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Click the 'Save' button to automatically calculate the Total Assistance
### 3A. Attachments

<table>
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<tr>
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<th>Required?</th>
<th>Document Description</th>
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<td></td>
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<tr>
<td>2. Other Attachment(s)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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: 10/28/2021
Title: Director, Human Services Department
Applicant Organization: Snohomish, County of

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
4A. Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<td>1E. SF-424 Compliance</td>
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<tr>
<td>1J. SF-LLL</td>
<td>10/14/2021</td>
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<tr>
<td>IK. SF-424B</td>
<td>10/14/2021</td>
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<tr>
<td>2A. Match</td>
<td>10/14/2021</td>
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<td>2B. Funding Request</td>
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<td>-------------------</td>
<td>-------------------</td>
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<tr>
<td>3B. Certification</td>
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