

## **Before Starting the Project Application**

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/25/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Poor and the Homeless-Tehama County Coalition

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 68-0465095

	<b>c. Organizational DUNS:</b>	065304540	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** P.O. Box 315

**Street 2:**

**City:** Red Bluff

**County:** Tehama

**State:** California

**Country:** United States

**Zip / Postal Code:** 96080

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Jennifer

**Middle Name:**

**Last Name:** Ragsdale

**Suffix:**

**Title:** Project Manager

**Organizational Affiliation:** Poor and the Homeless-Tehama County Coalition

**Telephone Number:** (530) 727-7191

**Extension:**

**Fax Number:** (530) 527-1878

**Email:** jenniragsdale@yahoo.com

## 1C. SF-424 Application Details

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

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6100-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** California  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** PATH Rapid Rehousing

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

**a. Applicant:** CA-001

**b. Project:** CA-001

(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2018

**b. End Date:** 12/31/2018

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

# 1F. SF-424 Declaration

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

I AGREE:

## 21. Authorized Representative

Prefix: Ms.

First Name: C. Allene

Middle Name:

Last Name: Dering

Suffix:

Title: P.A.T.H. President

Telephone Number: (530) 200-4847  
(Format: 123-456-7890)

Fax Number: (530) 527-1878  
(Format: 123-456-7890)

Email: cadering@yahoo.com

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

Date Signed: 09/25/2017



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** Poor and the Homeless-Tehama County Coalition

**Prefix:** Ms.

**First Name:** C. Allene

**Middle Name:**

**Last Name:** Dering

**Suffix:**

**Title:** P.A.T.H. President

**Organizational Affiliation:** Poor and the Homeless-Tehama County Coalition

**Telephone Number:** (530) 200-4847

**Extension:**

**Email:** cadering@yahoo.com

**City:** Red Bluff

**County:** Tehama

**State:** California

**Country:** United States

**Zip/Postal Code:** 96080

**2. Employer ID Number (EIN):** 68-0465095

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

**4. Amount of HUD Assistance Requested/Received:** \$16,680.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** No

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** C. Allene Dering, P.A.T.H. President

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

**Date Signed:** 07/18/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Poor and the Homeless-Tehama County Coalition

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

I hereby certify that all the information stated X

**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)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** C. Allene

**Middle Name**

**Last Name:** Dering

**Suffix:**

**Title:** P.A.T.H. President

**Telephone Number:** (530) 200-4847  
**(Format: 123-456-7890)**

**Fax Number:** (530) 527-1878  
**(Format: 123-456-7890)**

**Email:** cadering@yahoo.com

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

**Date Signed:** 09/25/2017

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X
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**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:** Poor and the Homeless-Tehama County Coalition

**Name / Title of Authorized Official:** C. Allene Dering, P.A.T.H. President

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

**Date Signed:** 09/25/2017

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Poor and the Homeless-Tehama County Coalition

**Street 1:** P.O. Box 315

**Street 2:**

**City:** Red Bluff

**County:** Tehama

**State:** California

**Country:** United States

**Zip / Postal Code:** 96080

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.**

**Authorized Representative**

**Prefix:** Ms.

**First Name:** C. Allene

**Middle Name:**

**Last Name:** Dering

**Suffix:**

**Title:** P.A.T.H. President

**Telephone Number:** (530) 200-4847  
**(Format: 123-456-7890)**

**Fax Number:** (530) 527-1878  
**(Format: 123-456-7890)**



**Email:** cadering@yahoo.com

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

**Date Signed:** 09/25/2017



## 2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Since January, 2017, PATH has been operating a Rapid Rehousing program that is funded primarily through an HCD Emergency Solutions Grant. As of August, 2017, the PATH Rapid Rehousing program has successfully moved 20 individuals (9 households) experiencing homelessness to permanent stable housing. The PATH Rapid Rehousing program is projected to serve 20-24 households by October 31, 2018.

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

The PATH Rapid Rehousing program currently operates through an HCD Emergency Solutions Grant. The contract period for this grant funding is January, 2017, through October 31, 2018. The PATH Rapid Rehousing program anticipates that this funding will continue for an additional 2 year period through an upcoming non-competitive grant award and subsequent execution of a new contract between HCD Emergency Solutions Grant and PATH.

Local housing assistance resources are used as leverage whenever possible and appropriate to ensure funding is used as efficiently as possible and to prevent supplanting of existing resources. Such resources include agencies or programs that provide first month's rent assistance, deposit assistance, and utility assistance. Community support and mainstream resources are leveraged whenever possible and reasonable. These resources may include, but are not limited to: TANF, Cal-Fresh, Medi-cal, other public subsidies, food pantries, and donated goods or services. Relocation services are leveraged through the help of volunteers and the use of a moving truck that is owned and insured by PATH.

**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.**

PATH is governed by an active board of 12 directors. PATH currently operates 3 ongoing programs; an Emergency Shelter, Transitional Housing, and Rapid Rehousing. Each program has a manager that reports directly to the board. Each program has a sub-committee that oversees program operations, which was formed by and consists of board directors. PATH's internal controls procedures are attached under "Part 7A. Attachment(s)" within this application. P.A.T.H.'s external controls are evidenced through annual IRS documentation as well as Financial Statements that are prepared externally by a Certified

Public Accountant. The financial accounting system P.A.T.H. uses is configured to support federal grant funding.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No

### **3A. Project Detail**

**1a. CoC Number and Name:** CA-527 - Tehama County CoC

**1b. CoC Collaborative Applicant Name:** Alternatives to Violence

**2. Project Name:** PATH Rapid Rehousing

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

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

### 3B. Project Description

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

Using a “Housing First” approach, the PATH Rapid Rehousing project focuses first on providing people experiencing homelessness with support and assistance to obtain permanent housing as quickly as possible – and then provide voluntary supportive services as needed. This approach prioritizes the participant’s choice in both housing selection and in service participation. The PATH Rapid Rehousing program quickly connects individuals and families experiencing homelessness to permanent housing through a tailored package of assistance that includes housing relocation and stabilization services and short or medium term rental assistance, based on the participants’ assessed needs.

Potential participants are identified through the Tehama County Continuum of Care’s Coordinated Entry System (CES). The PATH Rapid Rehousing program utilizes the CES to identify qualifying homeless individuals/families and prioritize those who have experienced the longest amount of time homeless and those who have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own. Assistance is offered without preconditions such as employment, income, absence of criminal record, sobriety, or mental health issues.

The PATH Rapid Rehousing program offers housing stabilization and relocation services as a part of case management. The Case Manager works with participants to quickly identify barriers that are preventing them from obtaining housing and seeks to quickly resolve the participant’s housing crisis before focusing on other non-housing related services. The Case Manager provides linkages to mainstream services and community-based supports that are deemed necessary to maintain housing. The Case Manager is responsible for monitoring the participant’s progress, linking the participant to support systems, and offering supportive services as appropriate. Supportive services are offered to maximize housing stability and prevent returns to homelessness. Participation in services unrelated to obtaining permanent housing is voluntary.

The PATH Rapid Rehousing program provides assistance to cover rental application fees, move-in assistance, security deposits, utility assistance, and short-to medium-term rental assistance necessary to allow individuals and families to move immediately out of homelessness and to stabilize in permanent housing. Short- and medium-term rental assistance is assessed using a progressive engagement method.

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

A monthly review of project activity will be provided to the sub-committee, specific to the Rapid Rehousing program, that has been assigned by the PATH

Board of Directors. Activity, progress, compliance, and goals will be reviewed regularly by the sub-committee.

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

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

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

**5. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

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

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

### **3C. Project Expansion Information**

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



## 4A. Supportive Services for Participants

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

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

Each participant is assigned a case manager. The case manager assesses the participant's circumstances, primarily focusing on identifying barriers that are preventing the participant from obtaining and maintaining housing (e.g. past rental/credit/criminal history, current income, legal issues, knowledge of tenant rights and responsibilities, etc.). The Case Manager works with the participant to quickly resolve housing barriers and assists in locating housing. Once housing has been obtained, the case manager offers the participant supportive services and provides local resources that would focus on maintaining their housing. Supportive services and resources include employment readiness services, job search guidance, financial counseling and budgeting, and linkages to mainstream service providers.

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

Job readiness education and services are provided through the Red Bluff Job Training Center and the Tehama County Social Services. The Department of Rehabilitation offers supportive services that include job readiness and employment services to qualifying individuals. The PATH Rapid Rehousing Case Manager is able to assist with job readiness skills such as resume building, completing job applications, mock interviews etc. For disabled or elderly participants who are not currently enrolled in SSI or SSI, the PATH Rapid Rehousing case manager will assist in registering the participant to receive the appropriate assistance. Veterans are referred to the local VA for potential financial assistance or other desired services.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
 Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Bi-weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

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

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



**5b. Use of a single application form for four or more mainstream programs?** Yes

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

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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

	TH	RRH	Total
<b>Total Units:</b>	4	4	8
<b>Total Beds:</b>	8	4	12
<b>Housing Type</b>	<b>Units</b>		<b>Beds</b>
Shared housing	2		4
Shared housing	2		4
Scattered-site apartments (...)	4		4

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

**Is this a private or semi private room?** Yes

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

**a. Units:** 2

**b. Beds:** 4

### 3. Address

**Street 1:** 22005 Gilmore Ranch Road

**Street 2:**

**City:** Red Bluff

**State:** California

**ZIP Code:** 96080

**\*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)**

069103 Tehama County

## 4B. Housing Type and Location Detail

**1. Housing Type:** Shared housing

**Is this a private or semi private room?** Yes

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

**a. Units:** 2

**b. Beds:** 4

**3. Address**

**Street 1:** 224 Ash Street

**Street 2:**

**City:** Red Bluff

**State:** California

**ZIP Code:** 96080

**\*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)**

069103 Tehama County

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

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

**Is this a private or semi private room?** Yes

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

**a. Units:** 4

**b. Beds:** 4

**3. Address**

**Street 1:** 22005 Gilmore Ranch Road

**Street 2:**

**City:** Red Bluff

**State:** California

**ZIP Code:** 96080

**\*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)**

069103 Tehama County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	4	4	0	8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	4	2		6
Adults ages 18-24	0	2		2
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>12</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	1	0	1	0	1	1	1	1	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	4			0	0	0	1	0	0	0
<b>Total Persons</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	1	0	1	0	0	0	1	0	0
Adults ages 18-24	2	0	0	1	0	0	0	1	0	0
<b>Total Persons</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



## 5C. Outreach for Participants

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

44%	Directly from the street or other locations not meant for human habitation.
44%	Directly from emergency shelters.
3%	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.
0%	Directly from safe havens.
5%	Persons fleeing domestic violence.
3%	Directly from transitional housing.
1%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

Housing assessments will be accessible at the Emergency Shelter, at local homeless service providers, and at transitional housing projects. Housing assessments are also accessible online at the Tehama County Continuum of Care Website.

Additionally, the PATH Rapid Rehousing program currently receives ESG grant funding to operate the program. Street Outreach has been budgeted into this ESG grant funding, with the goal of identifying and engaging with individuals and families experiencing homelessness to help them get on track and into permanent housing. Since this particular HUD funding will allow the opportunity for the PATH Rapid Rehousing program to provide Joint TH/RRH, we can identify individuals and families experiencing homelessness that need more support to be ready to succeed in permanent housing and offer appropriate housing options that will best meet their immediate needs.

## 6A. Funding Request

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

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** Permanent Housing Bonus

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

**4. Select a grant term:** 1 Year

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

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

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>	Provide coordinated entry housing assessments; Assess participant's housing barriers to help solve their housing crisis.	\$1,000
<b>2. Assistance with Moving Costs</b>	Utilize box truck and provide labor to assist RRH participants with moving	\$2,000
<b>3. Case Management</b>	Case Management TH & RRH; develop individualized service/case plans with participants; Assist participants to meet goals related to their case/service plan.	\$4,012
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>	Provide participant with guidance and transportation to search for and to secure available rental units. Advocate on behalf of participants to help secure housing by meeting with landlords. Offer guidance to participants about tenant's rights & responsibilities.	\$1,500
<b>9. Legal Services</b>		

<b>10. Life Skills</b>	Assist participants with a household budget & expenses; job readiness skills in resume building and mock interviews; basic day-to-day life skills; guidance on good tenancy	\$1,500
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>	Outreach and engagement with individuals and families experiencing homelessness that are living on the streets and /or in emergency shelter with the intent on offering housing services. Will assess housing needs to those interested in available housing services.	\$1,000
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Participant transportation for housing related activities like housing search, to secure housing, and during relocation. Client transportation provided to connect clients with main stream benefits such as cash aid, food stamps, Medi-Cal, and Social Security benefits. Will provide some transportation to help participants obtain employment.	\$1,000
<b>16. Utility Deposits</b>	Will provide participants, as needed, with assistance for an initial utility deposit for gas/electric upon securing housing through the RRH program.	\$3,000
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$15,012
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$15,012

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

## 6H. HMIS Budget

**Instructions:**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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 funds requested for each activity.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Equipment</b>	HMIS Equipment	\$834
<b>2. Software</b>	HMIS software	\$834
<b>3. Services</b>		
<b>4. Personnel</b>		
<b>5. Space &amp; Operations</b>		
<b>Total Annual Assistance Requested:</b>		\$1,668
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$1,668

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

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$4,170
Total Value of All Commitments:	\$4,170

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Vounteer Hours	08/28/2017	\$4,170

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Vounteer Hours  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2017
6. Value of Written Commitment: \$4,170

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

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$15,012	1 Year	\$15,012
5. Operating	\$0	1 Year	\$0
6. HMIS	\$1,668	1 Year	\$1,668
7. Sub-total Costs Requested			\$16,680
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$16,680
10. Cash Match			\$0
11. In-Kind Match			\$4,170
12. Total Match			\$4,170
13. Total Budget			\$20,850

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



## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## **7D. Certification**

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

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

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** C. Allene Dering

**Date:** 09/25/2017

**Title:** P.A.T.H. President

**Applicant Organization:** Poor and the Homeless-Tehama County Coalition

**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**

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

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



Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/29/2017
<b>1E. SF-424 Compliance</b>	08/29/2017
<b>1F. SF-424 Declaration</b>	08/29/2017
<b>1G. HUD 2880</b>	08/29/2017
<b>1H. HUD 50070</b>	08/29/2017
<b>1I. Cert. Lobbying</b>	08/29/2017
<b>1J. SF-LLL</b>	08/29/2017
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/25/2017
<b>3A. Project Detail</b>	08/29/2017
<b>3B. Description</b>	09/25/2017
<b>3C. Expansion</b>	09/25/2017
<b>4A. Services</b>	09/25/2017
<b>4B. Housing Type</b>	08/29/2017
<b>5A. Households</b>	08/29/2017
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	09/25/2017
<b>6A. Funding Request</b>	08/29/2017
<b>6F. Supp Srvcs Budget</b>	09/25/2017
<b>6H. HMIS Budget</b>	08/29/2017
<b>6I. Match</b>	08/29/2017
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/29/2017

**Applicant:** POOR AND THE HOMELESS-TEHAMA COUNTY COALITION

065304540

**Project:** PATH Rapid Rehousing

157530

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