

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/18/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Mississippi United to End Homelessness

b. Employer/Taxpayer Identification Number (EIN/TIN): 72-1562519

	c. Organizational DUNS:	078837999	PLUS 4:	
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d. Address

Street 1: 201 West Capitol Street

Street 2: Suite 800

City: Jackson

County:

State: Mississippi

Country: United States

Zip / Postal Code: 39202

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Ledger

Middle Name:

Last Name: Parker

Suffix:

Title: Executive Director

Organizational Affiliation: Mississippi United to End Homelessness

Telephone Number: (601) 960-0557

Extension: 304
Fax Number: (866) 551-0916
Email: lparker@muteh.org

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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: MUTEH CRISIS PROJECT

16. Congressional District(s):

a. Applicant: MS-003, MS-004, MS-001, MS-002
b. Project: MS-003, MS-004, MS-001, MS-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019
b. End Date: 09/30/2020

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Louise

Middle Name:

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Telephone Number: (601) 960-0557
(Format: 123-456-7890)

Fax Number: (866) 551-0916
(Format: 123-456-7890)

Email: lmeyer@muteh.org

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

Date Signed: 08/18/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Mississippi United to End Homelessness

Prefix: Mrs.

First Name: Louise

Middle Name:

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Organizational Affiliation: Mississippi United to End Homelessness

Telephone Number: (601) 960-0557

Extension: 307

Email: lmeyer@muteh.org

City: Jackson

County:

State: Mississippi

Country: United States

Zip/Postal Code: 39202

2. Employer ID Number (EIN): 72-1562519

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$377,346.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	Grant	\$554,879.00	Services/TBRA
HUD	Grant	\$162,037.00	HMIS
HUD	Grant	\$100,043.00	HMIS
NA			
NA			

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Louise Meyer, President/Chief Financial Officer

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Mississippi United to End Homelessness

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mrs.

First Name: Louise

Middle Name

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Telephone Number: (601) 960-0557
(Format: 123-456-7890)

Fax Number: (866) 551-0916
(Format: 123-456-7890)

Email: lmeyer@muteh.org

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

Date Signed: 08/18/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Mississippi United to End Homelessness

Name / Title of Authorized Official: Louise Meyer, President/Chief Financial Officer

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

Date Signed: 08/18/2018

1J. SF-LLL

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

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

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

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

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

Legal Name: Mississippi United to End Homelessness

Street 1: 201 West Capitol Street

Street 2: Suite 800

City: Jackson

County:

State: Mississippi

Country: United States

Zip / Postal Code: 39202

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: Mrs.
First Name: Louise
Middle Name:
Last Name: Meyer
Suffix:
Title: President/Chief Financial Officer
Telephone Number: (601) 960-0557
(Format: 123-456-7890)
Fax Number: (866) 551-0916
(Format: 123-456-7890)
Email: lmeyer@muteh.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/18/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards:

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.

Mississippi United to End Homelessness (MUTEH) has 26 years of experience with the homeless community and community providers. In that time, MUTEH has grown from an agency that provides oversight to the Balance of State to an agency that provides direct community services. For the past eight years, MUTEH has managed homeless and housing grants that allow the agency to serve a total of 350 households connecting these individuals to services they need in the community. During these years, MUTEH provided housing assistance and supportive services to Veterans, chronically homeless, families, and young adults. MUTEH was able to engage these households by working collaboratively with local community providers and using innovative practices to find and engage the hardest to serve populations. MUTEH is fully committed to providing equal access to all populations that are qualified and seeking services. MUTEH has Equal Access and Fair Housing policies for all of its housing programs, and these policies along with Housing First allow MUTEH's programs to have no barriers and to reach the hardest to serve applicants.

MUTEH's experience with housing projects include:

- CoC PSH projects have included Mississippi Housing Alliance and Pine Grove Village. MUTEH has a total of eight years' experience in managing HUD Permanent Supportive Housing Programs. MUTEH was awarded a total of \$200,000 annually in PSH and housed a total of 117 applicants since 2012, exiting 74% into stable housing.
- CoC RRH: MUTEH currently has a HUD-funded RRH Permanent Housing project. MUTEH has been effectively managing this program for the past two years. With this program, MUTEH was awarded \$248,304 to serve a total of 40 households.
- ESG: MUTEH currently has an RRH and HP program funded through ESG. MUTEH has provided ESG services to the entire Balance of State for the past four years.
- SSVF: MUTEH currently has an RRH and HP program funded through SSVF. MUTEH provided SSVF services to the northern 48 counties of Mississippi for the past four years.
- HPRP: Before ESG, MUTEH managed a \$7.9 million dollars HUD HPRP grant.

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

MUTEH uses the community as a platform to provide services by tapping into existing programs and removing the segregated approach to homeless services. In all of its programs, MUTEH has found ways to collaborate grants

with the same goal and coordinate services in the community. Recognizing that there are limited resources, it is MUTEH's policy to provide effective and efficient services. In the community, MUTEH aim is to pull together existing services, analyze the community for gaps, and work with the community to provide a more comprehensive approach to services. From intake and assessment to discharge and stabilization, MUTEH relies on collaboration and coordination between the client, the community, and existing homeless programs.

MUTEH receive multiple grants that target the homeless population including a housing grant from the Department of Mental Health and Mississippi Home Cooperation to house mentally disabled homeless individuals, ESG, SSVF, and HOPWA. MUTEH collaboration allows applicants to receive additional services that are not funded by the CoC grant. For example, MUTEH's partnership with ESG funded agencies, and SSVF funded agencies, community action agencies allows for applicants to get assistance with rental and utility arrears which may prevent them from moving into a unit. MUTEH's partnership with churches and faith-based ministries allow applicants to access needed furniture like beds to help make their new unit a home, and food boxes so homeless individuals can move into a unit with a kitchen full of food. Finally, MUTEH's partnership with Ability Works, Department of Mental Health, P-ACT, Department of Human Services, Win Job Centers, Labor Finder, Mississippi Center for Justice, CoC agencies and other supportive services allows applicants to receive mental and medical services, employment services, and legal services that are needed to maintain stability.

In addressing a priority of Home, Together, to end homelessness among Veterans, MUTEH established a task force which consists of the collaborative effort of SSVF providers, the CoC, faith-based agencies, the VA, and Aids Service Coalition. This team of providers uses CoC, ESG, SSVF funds to house identified homeless Veterans through the BOS.

In addressing the State's Consolidated Plan Priorities (providing services to vulnerable populations: HIV, homeless), MUTEH collaborates with AIDS Services Coalition (ASC). This collaboration allows for services to be prioritized to homeless individuals living with HIV/AIDS and their families. As needed, ASC provides support services to qualified individuals while MUTEH provides housing services. Using this collaboration as a foundation, MUTEH was awarded an HOPWA development grant which should be completed within 12 months. MUTEH anticipates that this HOPWA development grant will increase affordable housing availability to the HIV population in Meridian, Mississippi and increase their access to support services.

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.

MUTEH uses a web-based financial software package developed by SAGE, Inc. The version that we have used for the past 9 years is called MAS200. The accounting system allows for separation of funds and tracking of expenditures based on GAAP policies. The system allows us to report on budget vs. actual expenditures, accrual of expenditures and timely recording of revenues. The staff are trained and experienced with the system. Monitors and auditors have been able to review and report based on data captured by the financial software. We use secure, individual log in information that is only available to

fiscal staff that have received training and approval to access the modules in MAS 200.

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: MS-501 - Mississippi Balance of State CoC

1b. CoC Collaborative Applicant Name: Mississippi United to End Homelessness

2. Project Name: MUTEH CRISIS PROJECT

3. Project Status: Standard

4. Component Type: PH

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

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

The project will help intergrade survivors to safe stable housing and services tailored to their unique circumstances and needs in the Balance of State coverage area using the CoC RRH project. In 2016, Mississippi ranked 35th in the nation in terms of contact volume to the National DV Hotline. Out of the number of calls reported, 46% were for access to DV shelter and/or safe housing. These individuals meet the homeless definition as described by HUD category 4 to including victims of human trafficking. Despite the high volume of domestic violence cases in the state, there is only one RRH program dedicated to providing housing to DV victims in the BoS and there services are limited to one county. The project will provide access to RRH for DV victims in all 71 counties cover by the BoS. This will allow applicants the flexibility to move to a town where they can be safe. The program will consist of outreach, case management and housing. The project will have case managers that will be trained on the complex dynamics of domestic violence and sex trafficking, privacy and confidentiality, and safety planning, including how to handle emergency situations during the transition. Survivors seeking housing will access MUTEH's RRH through the local DV shelters, CES, and the National Hotline/DV CES services. MUTEH will work quickly to connect applicants to safe housing and case management. The housing search and placement process is based on tenant based leasing model. MUTEH's House Specialist works with local landlords and program participants to ensure affordable, safe, accessible housing. It takes the average program participant 30 days or less to move into permanent housing from program admission. MUTEH also works with some communities Housing Authorities to get a homeless preference for disabled and chronically homeless individuals in their communities. MUTEH conducts HQS, Rent Reasonableness, and Lead base paint inspections annually. Case management will be based on participant choice; however, it's offered to every participant in the program. The case manager works simultaneously with the Housing Team and Outreach Team to allow case management to start as soon as possible. Case management is provided through the Critical Time Intervention (CTI) case management model along with an individualized Housing Stabilization Plan. During the first three months, the case manager provides intensive services being a direct advocate for participants in their community and connecting them to housing, employment, and mainstream benefits. By the 4th – 6th months, the case manager showing the participant how to network community resources and how to maintain stable housing and employment, and allowing participants to become more of an advocate for themselves. Finally, by month 7th-9th, the case manager has established the participant in the community and case manager is giving the participants full control and providing limited to no case management.

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

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the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

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

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

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

(Select ALL that apply)

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

5. Housing First

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

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

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

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

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

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

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

N/A

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

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

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

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.

Recognizing that a key factor in housing stability for the domestic violence population is safety, MUTEH will continue open dialog with the applicant and the domestic violence consular assigned regarding safety and needs. Outreach-Survivors will have four main access points to CE and RRH: Referral from a domestic violence shelter and victim service providers including the state domestic violence hotline. Referral from local law enforcement Direct referral from the person experiencing domestic violence and/or human trafficking. Referrals from regional homeless coalitions, the CoC, and community providers. Housing Search- MUTEH CoC RRH program is a scattered site program; therefore, whenever possible applicants fully participate with MUTEH's housing case managers in finding appropriate housing. MUTEH works collaboratively with applicants and the community to secure housing.

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

As an RRH:PH project, permanent housing placement, direct rental assistance, and intensive case management will be provided; however, survivors will also receive connections to programs that can provide additional services. Services will be provided directly by MUTEH or by other service providers. The employment conversation happens at intake. MUTEH is a Housing First agency and an Employment First agency. Employment First is an initiative from the DoL that focuses on a framework of system change to allow individuals regardless of disability to integrate into employment and community life. With a focus on

housing and employment first, the conversation is initiated while housing is being secured. Employment first leads to employment conversations starting early in to process and allow for employment to have as a significant role and housing in regards to community integration.

**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	Applicant	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	Bi-weekly
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Partner	As needed
Life Skills Training	Applicant	Weekly
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. 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 Yes

**technical assistance completed SOAR
training in the past 24 months.**

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: 32

Total Beds: 43

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	32	43

4B. Housing Type and Location Detail

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

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

a. Units: 32

b. Beds: 43

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: 201 W Capitol St, Suite 800

Street 2: 201 W Capitol St, Suite 800

City: Jackson

State: Mississippi

ZIP Code: 39201

***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)**

289123 Scott County, 289013 Calhoun County, 289141 Tishomingo County, 289019 Choctaw County, 289125 Sharkey County, 289151 Washington County, 289099 Neshoba County, 289075 Lauderdale County, 289009 Benton County, 289163 Yazoo County, 289053 Humphreys County, 289143 Tunica County, 289027 Coahoma County, 289057 Itawamba County, 289083 Leflore County, 289043 Grenada County, 289133 Sunflower County, 289097 Montgomery County, 289135 Tallahatchie County, 289007 Attala County, 289071 Lafayette County, 289161 Yalobusha County, 289033

DeSoto County, 289137 Tate County, 289139
Tippah County, 289025 Clay County, 289115
Pontotoc County, 289051 Holmes County,
289003 Alcorn County, 289093 Marshall County,
289011 Bolivar County, 289101 Newton County,
289117 Prentiss County, 289015 Carroll County,
289087 Lowndes County, 289079 Leake County,
289095 Monroe County, 289103 Noxubee
County, 289105 Oktibbeha County, 289155
Webster County, 289159 Winston County,
289055 Issaquena County, 289145 Union
County, 289119 Quitman County, 289017
Chickasaw County, 289081 Lee County, 289107
Panola County, 289069 Kemper 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	11	21	0	32
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	10	18		28
Adults ages 18-24	1	3		4
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
Total Persons	22	21	0	43

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	0	0	0	0	0	0	10	0	0	0
Adults ages 18-24	0	0	0	0	0	0	1	0	0	0
Children under age 18				0	0	0	11	0	0	0
Total Persons	0	0	0	0	0	0	22	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	0	18	0	0	0
Adults ages 18-24	0	0	0	0	0	0	3	0	0	0
Total Persons	0	0	0	0	0	0	21	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

0%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
0%	Directly from safe havens.
100%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	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.

MUTEH conducts outreach and targets services to the most vulnerable population including individuals/families fleeing (attempting to flee) domestic violence. To ensure outreach is conducted and that services are targeting the vulnerable, hard-to-serve, homeless populations, MUTEH hired an Outreach Navigator. The Outreach Navigator provides direct referrals from outreach, shelters, community service providers, and domestic violence services providers to CE.

- ¿ Referral from a domestic violence shelter and victim service providers including the state domestic violence hotline
- ¿ Referral from local law enforcement
- ¿ Direct referral from the person experiencing domestic violence and/or human trafficking
- ¿ Referrals from regional homeless coalitions, the CoC, and community providers

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$244,296
Total Units:			32
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MS - Lee County, MS (2808199999)	9	\$72,288
TRA	MS - Yazoo County, MS HUD Metro FMR A...	7	\$47,976
TRA	MS - Coahoma County, MS (2802799999)	7	\$50,652
TRA	MS - Lauderdale County, MS (2807599999)	9	\$73,380

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: MS - Lee County, MS (2808199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$416	x	12	=	\$0
0 Bedroom		x	\$555	x	12	=	\$0
1 Bedroom	6	x	\$607	x	12	=	\$43,704

2 Bedrooms	3	x	\$794	x	12	=	\$28,584
3 Bedrooms		x	\$1,015	x	12	=	\$0
4 Bedrooms		x	\$1,196	x	12	=	\$0
5 Bedrooms		x	\$1,375	x	12	=	\$0
6 Bedrooms		x	\$1,555	x	12	=	\$0
7 Bedrooms		x	\$1,734	x	12	=	\$0
8 Bedrooms		x	\$1,914	x	12	=	\$0
9 Bedrooms		x	\$2,093	x	12	=	\$0
Total Units and Annual Assistance Requested	9						\$72,288
Grant Term							1 Year
Total Request for Grant Term							\$72,288

Click the 'Save' button to automatically calculate totals.

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: MS - Yazoo County, MS HUD Metro FMR Area (2816399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$382	x	12	=	\$0
0 Bedroom		x	\$509	x	12	=	\$0
1 Bedroom	5	x	\$522	x	12	=	\$31,320
2 Bedrooms	2	x	\$694	x	12	=	\$16,656
3 Bedrooms		x	\$868	x	12	=	\$0
4 Bedrooms		x	\$957	x	12	=	\$0
5 Bedrooms		x	\$1,101	x	12	=	\$0
6 Bedrooms		x	\$1,244	x	12	=	\$0
7 Bedrooms		x	\$1,388	x	12	=	\$0
8 Bedrooms		x	\$1,531	x	12	=	\$0
9 Bedrooms		x	\$1,675	x	12	=	\$0
Total Units and Annual Assistance Requested	7						\$47,976
Grant Term							1 Year
Total Request for Grant Term							\$47,976

Click the 'Save' button to automatically calculate totals.

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 MS - Coahoma County, MS (2802799999)
 fair market rent area:**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$330	x	12	=	\$0
0 Bedroom		x	\$440	x	12	=	\$0
1 Bedroom	5	x	\$567	x	12	=	\$34,020
2 Bedrooms	2	x	\$693	x	12	=	\$16,632
3 Bedrooms		x	\$867	x	12	=	\$0
4 Bedrooms		x	\$1,024	x	12	=	\$0
5 Bedrooms		x	\$1,178	x	12	=	\$0
6 Bedrooms		x	\$1,331	x	12	=	\$0
7 Bedrooms		x	\$1,485	x	12	=	\$0
8 Bedrooms		x	\$1,638	x	12	=	\$0
9 Bedrooms		x	\$1,792	x	12	=	\$0
Total Units and Annual Assistance Requested	7						\$50,652
Grant Term							1 Year

Total Request for Grant Term

\$50,652

Click the 'Save' button to automatically calculate totals.

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: MS - Lauderdale County, MS (2807599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$404	x	12	=	\$0
0 Bedroom		x	\$538	x	12	=	\$0
1 Bedroom	5	x	\$607	x	12	=	\$36,420
2 Bedrooms	4	x	\$770	x	12	=	\$36,960
3 Bedrooms		x	\$1,020	x	12	=	\$0
4 Bedrooms		x	\$1,081	x	12	=	\$0
5 Bedrooms		x	\$1,243	x	12	=	\$0
6 Bedrooms		x	\$1,405	x	12	=	\$0
7 Bedrooms		x	\$1,567	x	12	=	\$0
8 Bedrooms		x	\$1,730	x	12	=	\$0
9 Bedrooms		x	\$1,892	x	12	=	\$0
Total Units and Annual Assistance Requested	9						\$73,380
Grant Term							1 Year
Total Request for Grant Term							\$73,380

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 FTE CM	\$70,000
4. Child Care	21 households with children	\$18,000
5. Education Services		
6. Employment Assistance		
7. Food	32 household, as needed	\$5,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	CM transporting clients	\$750
16. Utility Deposits	\$300 Deposits for approximately 16 units	\$5,000
17. Operating Costs		
Total Annual Assistance Requested		\$98,750
Grant Term		1 Year
Total Request for Grant Term		\$98,750

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:	\$94,337
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$94,337

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	MHC CHOICE	12/01/2017	\$94,337

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** MHC CHOICE
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 12/01/2017
- 6. Value of Written Commitment:** \$94,337

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	\$244,296	1 Year	\$244,296
4. Supportive Services	\$98,750	1 Year	\$98,750
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$343,046
8. Admin (Up to 10%)			\$34,300
9. Total Assistance Plus Admin Requested			\$377,346
10. Cash Match			\$94,337
11. In-Kind Match			\$0
12. Total Match			\$94,337
13. Total Budget			\$471,683

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Louise Meyer

Date: 08/18/2018

Title: President/Chief Financial Officer

Applicant Organization: Mississippi United to End Homelessness

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

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



8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 54
	08/19/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018
1E. SF-424 Compliance	08/15/2018
1F. SF-424 Declaration	08/15/2018
1G. HUD 2880	08/15/2018
1H. HUD 50070	08/15/2018
1I. Cert. Lobbying	08/15/2018
1J. SF-LLL	08/15/2018
2A. Subrecipients	No Input Required
2B. Experience	08/18/2018
3A. Project Detail	08/18/2018
3B. Description	08/18/2018
3C. Expansion	08/18/2018
4A. Services	08/18/2018
4B. Housing Type	08/18/2018
5A. Households	08/18/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/18/2018
6A. Funding Request	08/18/2018
6E. Rental Assistance	08/18/2018
6F. Supp Srvcs Budget	08/18/2018
6I. Match	08/18/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/18/2018