

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness (Special NOFO) Competition process must be submitted to SpecialCoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under Special NOFO. For more information see the Special NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the Special NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Only new projects may be submitted. New projects must select Unsheltered Set Aside or Rural Set Aside as their funding opportunity. Project applicants must communicate with their CoC to make sure they are applying for the correct funding opportunity.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in the Special NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: Unsheltered Homelessness Set Aside Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** AIDS Services Coalition
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 14-1855167
- c. UEI:** FE7PFVYYKMX7

d. Address

Street 1: 121 College Street
Street 2:
City: Hattiesburg
County: Forrest
State: Mississippi
Country: United States
Zip / Postal Code: 39401

e. Organizational Unit (optional)

Department Name: AIDS Services Coalition
Division Name:

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

Prefix: Mrs.
First Name: Kathryn
Middle Name: M.
Last Name: Garner
Suffix:
Title: Executive Director
Organizational Affiliation: AIDS Services Coalition
Telephone Number: (601) 450-4286

Extension:
Fax Number: (601) 450-4285
Email: asc@ascms.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-6500-N-25S
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: ASC Homeless Investment Strategy

16. Congressional District(s):

16a. Applicant: MS-004

16b. Project: MS-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2023

b. End Date: 12/31/2026

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? c. Program is not covered by E.O. 12372.

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: James

Middle Name: K.

Last Name: Dukes

Suffix: Jr.

Title: ASC Board of Directors

Telephone Number: (601) 450-4286
(Format: 123-456-7890)

Fax Number: (601) 450-4285
(Format: 123-456-7890)

Email: asc@ascms.org

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

Date Signed: 09/19/2022

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: AIDS Services Coalition
Prefix: Mr.
First Name: James
Middle Name: K.
Last Name: Dukes
Suffix: Jr.
Title: ASC Board of Directors
Organizational Affiliation: AIDS Services Coalition
Telephone Number: (601) 450-4286
Extension:
Email: asc@ascms.org
City: Hattiesburg
County: Forrest
State: Mississippi
Country: United States
Zip/Postal Code: 39401

2. Employer ID Number (EIN): 14-1855167

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$1,800,040.00

(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
MS Balance of State /Jackson, MS 39201	CoC PSH- Grant	\$53,674.00	hsg, OP, SS, HMIS, Admin
HRSA/MSDH	RW Part B	\$285,895.00	hsg, SS, EFA, Admin
MS Balance of State /Jackson, MS 39201	CoC PSH- Grant	\$297,572.00	hsg, OP, SS, HMIS, Admin
CDC/ MSDH, Jackson, MS 39401	HIV Prevention - Grant	\$201,000.00	cslg, testing, referral
MHC/Jackson MS	HOPWA - contract	\$720,000.00	hsg, OP, SS, HMIS, Admin

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 (%)
N/A		N/A	\$0.00	0%

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

Certification

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

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

I AGREE:

Name / Title of Authorized Official: James Dukes, ASC Board of Directors

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

Date Signed: 09/19/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: James

Middle Name: K.

Last Name: Dukes

Suffix: Jr.

Title: ASC Board of Directors

Telephone Number: (601) 450-4286
(Format: 123-456-7890)

Fax Number: (601) 450-4285
(Format: 123-456-7890)

Email: asc@ascms.org

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

Date Signed: 09/19/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

Applicant's Organization: AIDS Services Coalition

Name / Title of Authorized Official: James Dukes, ASC Board of Directors

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

Date Signed: 09/19/2022

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: AIDS Services Coalition

Street 1: 121 College Street

Street 2:

City: Hattiesburg

County: Forrest

State: Mississippi

Country: United States

Zip / Postal Code: 39401

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: Mr.
First Name: James
Middle Name: K.
Last Name: Dukes
Suffix: Jr.
Title: ASC Board of Directors
Telephone Number: (601) 450-4286
(Format: 123-456-7890)
Fax Number: (601) 450-4285
(Format: 123-456-7890)
Email: asc@ascms.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/19/2022

IK. SF-424B

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

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

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

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

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

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

Authorized Representative for: AIDS Services Coalition
Prefix: Mr.

First Name: James

Middle Name: K.

Last Name: Dukes

Suffix: Jr.

Title: ASC Board of Directors

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

Date Signed: 09/19/2022

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Since its incorporation in 2002, the AIDS Services Coalition (ASC) has been a housing and supportive services CBO serving the rural counties in Mississippi, excluding only the Jackson and Memphis Metro areas. Our mission is to serve people who are living with and impacted by HIV, specifically homeless persons. Core outreach activities include Street Outreach, HIV education and prevention, rapid HIV testing and confirmatory testing, linkage to care and PEP/PrEP referral.

From 2005 to 2016, ASC successfully implemented 121 Haven House as the only transitional shelter within the Balance of State. Our staff is well-experience in planning, implementing and administering transitional housing. Core housing services are facility based housing – 121 Haven House, now a 10 bed fixed based facility for chronically homeless men living with HIV and 227 Place, a 12 apartment project for disabled women/woman with children(targeting PLwH but not a requirement) and housing assistance. Housing assistance includes housing placement assistance (rent deposits, utility deposits, first/last month’s rents), housing financial assistance including short-term rental and mortgage assistance as well as tenant based rental assistance (TBRA). In cases where clients are unable to acquire a lease in their own name because of incarceration or poor/no credit, ASC is able to provide master leasing where the lease is in our name. For all involved, supportive services – case management, transportation, medical co pays, and others as needed – provide the backbone to insuring that all clients have the opportunity to succeed.

ASC has, on an average year, provided 50 facility based housing beds, 400 PLwH rental assistance, emergency housing assistance to 100 for rent, utilities medicine, support groups, food boxes or grocery cards to 150, free HIV testing for 900 (pre COVID), emergency housing (motel) for 20 homeless and transportation to medical and mental health appointments. ASC currently has offices in Greenville, Tupelo, Gulfport and Hattiesburg. These offices are staffed with housing case managers and, if available, peer navigators/community healthcare workers.

ASC is a well-known collaborator, working to insure that serves are not only provided, but provided by the best option. ASC currently has formal MOA/MOUs in place with Grace House Inc, MUTEH, MS State Departments of Health and Mental Health, local FQHCs, USM, City of Hattiesburg, and MS Balance of State CoC.

ASC has proven its ability to implement programs and administer funds for 20 years from more than five federal agencies, four state agencies, and local CD agencies as well.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

ASC has been a HUD COC funded agency since 2005. ASC's 17 year Executive Director has 39 years experience in grants and project finance, including preparation, implementation and administration. ASC has received funds from, to name a few:, HUD CPD, HUD OAH, HUD CoC, HUD ESG, HRSA, CDC, ViiV Pharma, Elizabeth Taylor AIDS Fund, AIDS United, MS State Departments of Health and Mental Health, MS Development Authority, MS Home Corporation. Locally, City of Hattiesburg and Forrest County have funded ASC programs.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

ASC has in place written Fiscal Policies and Procedures which comply with 2 CFR Part 200 and other related regulations. ASC Board of Directors has an independent financial and compliance audit conducted annually. ASC uses appropriate financial software and has protocols such as separation of duties to insure financial integrity. In addition, its Board of Directors receives, reviews and accepts financial reports detailing the agencies activities for the month prior.

**4. Are there any unresolved HUD monitoring or Yes
OIG audit findings for any HUD grants (including
ESG) under your organization?**

4a. Describe the unresolved monitoring or audit findings.

In 2012, ASC was funded for CoC funding for acquisition and renovation of apartments for chronically homeless. With the exception of three findings related to UAR that require ASC to continue searching for former residents of three of the apartments, all have be successfully and sufficiently resolved. No financial findings or audit findings were determined.

3A. Project Detail

1. CoC Number and Name: MS-501 - Mississippi Balance of State CoC

2. CoC Collaborative Applicant Name: Mississippi United to End Homelessness

3. Project Name: ASC Homeless Investment Strategy

4. Project Status: Standard

5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside? Unsheltered Homelessness Set Aside

6. Component Type: Joint TH & PH-RRH

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

Hattiesburg has been known as the "Hub City" for the majority of its almost 140 year existence as a Mississippi municipality. Its location -close proximity to New Orleans, Jackson, Gulf Coast and Mobile - and its transportation networks - Interstate 59 connecting to I-10 and I-20 that provide passage from coast to coast - led to this nickname. This designation also provides a clue to the reasons it has consistently has the largest number of street homeless within the Mississippi Balance of State CoC. Since 2017, Hattiesburg, a metro area of almost 175,000 population, has been without an emergency shelter. That year, The Hattiesburg Salvation Army (TSA) Emergency Shelter was seriously damaged by a powerful F3 tornado and TSA determined that it would no longer provide emergency shelter for the community. Negotiations with the TSA leadership to reopen were to no avail. The PIT Counts clearly show the impact of its closure with a more than 12% increase in street homelessness in only one year.

In 2021, ASC entered into an MOA with the City of Hattiesburg for homeless coordination. In addition, in collaboration with the Pine Belt Coalition on Homelessness, governments, fellow housing providers and persons of lived experience, ASC developed the "Hattiesburg Homeless Investment Strategy." This bold strategy has as its overarching goal the functional end of homelessness within a 5 year period. Its goals are to increase public education and awareness about homelessness, decrease barriers to housing, increase community housing options, and less environmental impacts. These must begin with addressing crisis housing - transitional and working toward RRH. The scope of this project to complement the Hattiesburg Homeless Investment Strategy is two fold: (1) to provide a safe place for unsheltered homeless currently on the street or in encampments to stay and (2) to help them move to permanent housing as soon as possible. This transitional housing can provide brief stays combined with financial assistance and voluntary supportive services to help them move to permanent housing as quickly as possible. Because no emergency shelter is available in the community, ASC proposes to lease units totaling a minimum of twelve beds within the City, scattered site transitional housing to function as crisis housing. While in TH, participants will be offered wrap around supportive services geared toward moving them to housing through RRH. ASC will coordinate with other CoC housing programs for participants requiring permanent supportive housing. In addition to leased units, the project will provide for day to day operating expenses for the units. Supportive services including outreach and case management will be critical to long term stability. Because the majority of homeless within the area are considered street homeless, an outreach team will engage them and identify eligible participants in partnership with the CoC CES teams.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA?

This proposed project is fully consistent with the planning described within the MS Balance of State's response to this NOFA. The planning goals within the CoC follow a path that includes increasing community engagement and awareness about homelessness and related issues, improving access to shelter and services, increasing access to housing and housing assistance while decreasing barriers for homeless individuals who are ready to leave homelessness. This project and its proposed actions will fully complement these goals because it will be working directly with other housing providers in a true housing continuum of care. Participants will already be in the coordinated entry system housing process which should allow seamless access to care.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	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
Begin hiring staff or expending funds	75	75	75	
Begin program participant enrollment	120	120	150	
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	120	120	150	
Leased or rental assistance units or structure, and supportive services near 100% capacity	270	270	300	
Closing on purchase of land, structure(s), or execution of structure lease	0	0	0	
Start rehabilitation	0	0	0	
Complete rehabilitation	0	0	0	
Start new construction	0	0	0	
Complete new construction	0	0	0	

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>

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

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? **Yes**

5. Housing First

5a. Will the project quickly move participants into permanent housing? **Yes**

5b. Will the project enroll program participants who have the following barriers? **Select all that apply.**

Having too little or little income	<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"/>

5c. Will the project prevent program participant termination from the project 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"/>

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

6a. Explain how and why the project will implement this requirement.

This transitional housing project location is the Hattiesburg metro area. The property will be ASC will be the lessor for the transitional properties and will maintain the units.

7. Will more than 16 persons live in a single structure? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

In working with street homelessness, the first step is housing. However, wrap around supportive services at the client's request and desire must be offered in the very next breath. Obviously, each participant journey will be different- some will be in the transitional housing for a very short time; others, longer. Transitional housing allows for this flexibility and individualization in a much more substantial way. This strength-based case management has the potential for a higher success rate is because it is built around the clients' goals and personal needs, valuable information that is carefully incorporated in every step. Through such personalized care, the model dispels the notion of 'one-size-fits-all' and instead creates care plans that are perfectly tailored to each client's needs. Working with the participants to address the myriad issues contributing to their homelessness will reap benefits in that it is more likely to be a successful transition to permanent housing. Even from the first engagement with a participant, through eligibility determination (including VISPDAT) and initial intake, outreach workers and, further, the project case manager, successful launching is in the forefront. Case staffing each week reviews the path the client has chosen toward permanent housing and measures the growth toward meeting objectives within his or her ISP. Using critical time intervention, the participant directs the process. When the participant and case manager determine readiness for next step after transitional housing, the program will work diligently to insure that necessary safeguards are in place, such as the extension of intensive case management services beyond transitional housing discharge into rapid rehousing.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Client-centered care has as its first critical task determining all resources within the areas - private and public - to insure participants are connected with the most appropriate services at onset and, as they move toward independence, longer term, mainstream services that are more sustainable. ASC is a well known collaborator and has developed relationships with mainstream services and programs available for its program participants. A resource guide, Street Smart, has been developed and, almost more importantly, kept updated. ASC has MOAs in place with other housing providers, the MS State Department of Health, local clinics, and governmental agencies as well. ASC staff is also trained in SOAR.

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

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

Identify whether the project will include the following activities:

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

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

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

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

4B. Housing Type and Location

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

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	8	20	28
Total Beds:	15	30	45

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Scattered-site ap...	8	15	
---	Scattered-site ap...	20	30	

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes
private rooms per household?

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

3. What is the funding source for these units and CoC
beds?
(If multiple sources, select "Mixed" from the
dropdown menu)

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

2a. Units: 8

2b. Beds: 15

5. Address

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

Street 1: 1000 Mamie Street

Street 2: 600 Main Street

City: Hattiesburg

State: Mississippi

ZIP Code: 39401

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

280630 Hattiesburg, 289073 Lamar County,
289035 Forrest County

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH RRH portion or the RRH portion of the project?

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

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

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

2a. Units: 20

2b. Beds: 30

5. Address

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

Street 1: Main Street

Street 2: Hardy Street

City: Hattiesburg

State: Mississippi

ZIP Code: 39401

- 6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

280630 Hattiesburg, 289073 Lamar County,
289035 Forrest County

5A. Program Participants - Households

Households Table

Number of Households

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
3	20	0	23

Characteristics
Persons over age 24
Persons ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
2	15		17
1	5		6
5		0	5
		0	0
8	20	0	28

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	2	1	2	1	0	0	0
Persons ages 18-24	0	0	0	1	0	1	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	5
Total Persons	0	0	0	3	1	3	1	0	0	5

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	3	0	0	10	1	12	0	0	0	0
Persons ages 18-24	0	0	0	3	0	2	0	0	0	
Total Persons	3	0	0	13	1	14	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

This number represents children of program participants and are not included in other subpopulations.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2024? Yes

2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? Unsheltered

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

4. Select a grant term: 3 Years

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

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

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$84,252	
Grant Term:		3 Years	
Total Request for Grant Term:		\$252,756	
Total Units:		8	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MS - Hattiesburg,...	8	\$84,252	\$252,756

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MS - Hattiesburg, MS HUD Metro FMR Area (2803599999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	\$433	\$0	x	12	=	\$0
0 Bedroom	0	x	\$577	\$0	x	12	=	\$0
1 Bedroom	3	x	\$723	\$723	x	12	=	\$26,028
2 Bedroom	3	x	\$868	\$868	x	12	=	\$31,248
3 Bedroom	2	x	\$1,124	\$1,124	x	12	=	\$26,976
4 Bedroom	0	x	\$1,272	\$0	x	12	=	\$0
5 Bedroom	0	x	\$1,463	\$0	x	12	=	\$0
6 Bedroom	0	x	\$1,654	\$0	x	12	=	\$0
7 Bedroom	0	x	\$1,844	\$0	x	12	=	\$0
8 Bedroom	0	x	\$2,035	\$0	x	12	=	\$0
9 Bedroom	0	x	\$2,226	\$0	x	12	=	\$0
Total units and annual assistance requested:	8							\$84,252
Grant term:								3 Years
Total request for grant term:								\$252,756

Click the 'Save' button to automatically calculate totals.

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:			\$449,460
Total Units:			14
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MS - Hattiesburg, MS HUD Metro FMR Ar...	14	\$449,460

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: MS - Hattiesburg, MS HUD Metro FMR Area (2803599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$433	x	12	=	\$0
0 Bedroom		x	\$577	x	12	=	\$0
1 Bedroom	3	x	\$723	x	12	=	\$26,028
2 Bedrooms	8	x	\$868	x	12	=	\$83,328
3 Bedrooms	3	x	\$1,124	x	12	=	\$40,464
4 Bedrooms		x	\$1,272	x	12	=	\$0
5 Bedrooms		x	\$1,463	x	12	=	\$0
6 Bedrooms		x	\$1,654	x	12	=	\$0
7 Bedrooms		x	\$1,844	x	12	=	\$0
8 Bedrooms		x	\$2,035	x	12	=	\$0
9 Bedrooms		x	\$2,226	x	12	=	\$0
Total Units and Annual Assistance Requested	14						\$149,820
Grant Term							3 Years
Total Request for Grant Term							\$449,460

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	1 FTE Data Clerk @ 31000 + Fringe	\$38,775
2. Assistance with Moving Costs		
3. Case Management	1FTE Case Mgr @ \$32000 + Fringe, Case Management Expenses (Office, Utilities, Cells) \$3000/mo	\$76,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Grocery Cards 240 cards @ \$50 ea	\$12,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	Copays and medication for mental health services 240 @\$0 ea	\$12,000
12. Outpatient Health Services	Outpatient medical care for clients without insurance 50 @\$100	\$5,000
13. Outreach Services	1 FTE Outreach Workers to perform street outreach and work with local referral agencies @ \$30000 + Fringe	\$5,000
14. Substance Abuse Treatment Services	Outpatient SA treatment program @ \$1500 ea/10	\$15,000
15. Transportation	CM/OR mileage @1000 mio @.625; bus passes @ \$500, Uber/other @ 500	\$8,500
16. Utility Deposits		
17. Operating Costs	Operating Expense for SS @ \$500 mo	\$6,000
18. (Rural Set Aside ONLY) Section 491 Eligible Activities		
Total Annual Assistance Requested		\$178,275
Grant Term		3 Years
Total Request for Grant Term		\$534,825

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

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

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Maintenance not covered by lease \$1000/Month. .5 FTE Facilities Manager @\$30,000 + Fringe	\$37,500
2. Property Taxes and Insurance	General Liability Insurance	\$3,000
3. Replacement Reserve	Replacement reserve furniture and equipment	\$12,000
4. Building Security		
5. Electricity, Gas, and Water	Utilities for 9 leased and 14 TRA @ \$250/ea/mo	\$69,000
6. Furniture	Furnishings (furniture, appliances, other) One time expense \$28000)	\$9,333
7. Equipment (lease, buy)	Maintenance equipment; operating equipment	\$2,500
Total Annual Assistance Requested		\$133,333
Grant Term		3 Years
Total Request for Grant Term		\$399,999

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$387,500
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$387,500

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	City of Hattiesbu...	\$140,000
Cash	Government	City of Hattiesbu...	\$150,000
Cash	Government	HRSA Flow through...	\$12,500
Cash	Government	HOPWA flow throug...	\$85,000

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: City of Hattiesburg General FUnd
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$140,000

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: City of Hattiesburg HOME ARP
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$150,000

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: HRSA Flow through MSDH Ryan White Part B - homeless
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$12,500

Sources of Match Detail

- 1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: HOPWA flow through MSDH Facility Based Housing for Homeless
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$85,000

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)
2a. Leased Units	\$84,252	3 Years	\$252,756
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$149,820	3 Years	\$449,460
4. Supportive Services	\$178,275	3 Years	\$534,825
5. Operating	\$133,333	3 Years	\$399,999
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$1,637,040
8. Admin (Up to 10%)			\$163,000
9. Total Assistance Plus Admin Requested			\$1,800,040
10. Cash Match			\$387,500
11. In-Kind Match			\$0
12. Total Match			\$387,500
13. Total Budget			\$2,187,540

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: James Dukes

Date: 09/19/2022

Title: ASC Board of Directors

Applicant Organization: AIDS Services 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).

Active SAM Status Requirement.

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

8B. Submission Summary

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

Page	Last Updated	
Unsheltered Homelessness Set Aside Project Application FY2022	Page 59	09/20/2022

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/16/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2022
1E. SF-424 Compliance	09/16/2022
1F. SF-424 Declaration	09/16/2022
1G. HUD 2880	09/16/2022
1H. HUD 50070	09/16/2022
1I. Cert. Lobbying	09/16/2022
1J. SF-LLL	09/16/2022
IK. SF-424B	09/16/2022
1L. SF-424D	09/16/2022
2A. Subrecipients	No Input Required
2B. Experience	09/19/2022
3A. Project Detail	09/19/2022
3B. Description	09/19/2022
4A. Services	09/19/2022
4B. Housing Type	09/19/2022
5A. Households	09/19/2022
5B. Subpopulations	09/19/2022
6A. Funding Request	09/19/2022
6C. Leased Units	09/19/2022
6E. Rental Assistance	09/19/2022
6F. Supp Srvcs Budget	09/19/2022
6G. Operating	09/19/2022
6I. Match	09/19/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	09/19/2022

