

## **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](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](mailto: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](mailto: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:

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/16/2022

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:** Bolivar County Community Action Agency, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 64-0434535
- c. UEI:** JCMPN7LY3G41

### d. Address

**Street 1:** 810 East Sunflower Road  
**Street 2:** Suite 120  
**City:** Cleveland  
**County:** Bolivar  
**State:** Mississippi  
**Country:** United States  
**Zip / Postal Code:** 38732

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Mrs.  
**First Name:** Florida  
**Middle Name:**  
**Last Name:** Mckay  
**Suffix:**  
**Title:** Project Director  
**Organizational Affiliation:** Bolivar County Community Action Agency, Inc.  
**Telephone Number:** (662) 846-1491  
**Extension:** 159

**Fax Number:** (662) 843-0173

**Email:** [fmckay@bolivarcaa.org](mailto:fmckay@bolivarcaa.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: BCCAA Rural Set-Aside Project

16. Congressional District(s):

16a. Applicant: MS-002

16b. Project: MS-001, MS-002, MS-003, MS-004  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2023

b. End Date: 03/31/2026

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:** Mrs.

**First Name:** Elnora

**Middle Name:**

**Last Name:** Littleton

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (662) 846-1491  
(Format: 123-456-7890)

**Fax Number:** (662) 843-0173  
(Format: 123-456-7890)

**Email:** capdir@bolivarcaa.org

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

**Date Signed:** 09/16/2022



# 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:** Bolivar County Community Action Agency, Inc.  
**Prefix:** Mrs.  
**First Name:** Elnora  
**Middle Name:**  
**Last Name:** Littleton  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** Bolivar County Community Action Agency, Inc.  
**Telephone Number:** (662) 846-1491  
**Extension:** 102  
**Email:** capdir@bolivarcaa.org  
**City:** Cleveland  
**County:** Bolivar  
**State:** Mississippi  
**Country:** United States  
**Zip/Postal Code:** 38732

**2. Employer ID Number (EIN):** 64-0434535

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

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$1,054,251.00  
 (Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A

**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%
N/A		N/A	\$0.00	0%
N/A		N/A	\$0.00	0%
N/A		N/A	\$0.00	0%
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:** Elnora Littleton, Executive Director

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

**Date Signed:** 09/16/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Bolivar County Community Action Agency, Inc.  
**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
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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:** Mrs.

**First Name:** Elnora

**Middle Name**

**Last Name:** Littleton

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (662) 846-1491  
**(Format: 123-456-7890)**

**Fax Number:** (662) 843-0173  
**(Format: 123-456-7890)**

**Email:** capdir@bolivarcaa.org

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

**Date Signed:** 09/16/2022

## **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:** Bolivar County Community Action Agency, Inc.

**Name / Title of Authorized Official:** Elnora Littleton, Executive Director

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

**Date Signed:** 09/16/2022

# 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:** Bolivar County Community Action Agency, Inc.

**Street 1:** 810 East Sunflower Road

**Street 2:** Suite 120

**City:** Cleveland

**County:** Bolivar

**State:** Mississippi

**Country:** United States

**Zip / Postal Code:** 38732

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.



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**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Elnora

**Middle Name:**

**Last Name:** Littleton

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (662) 846-1491  
**(Format: 123-456-7890)**

**Fax Number:** (662) 843-0173  
**(Format: 123-456-7890)**

**Email:** capdir@bolivarcaa.org

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

**Date Signed:** 09/16/2022

## 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: Bolivar County Community Action Agency, Inc.  
Prefix: Mrs.  
First Name: Elnora

**Middle Name:**

**Last Name:** Littleton

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/16/2022

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

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.**

Being that BCCAA is a community service agency, our mission is based on serving those low-income populations which is done through the various programs the agency currently operates. In addition, the agency has successfully operated a homeless program for close to 20 years through our Rapid Rehousing , CATS, and CANS Programs and operated a homeless shelter for five years during this time. The agency has also been awarded both a ESG-CV and Permanent Housing grant within the last year. Under these programs the agency has been able to provide a plethora of supportive services in areas such as education, financial literacy, child care, utility assistance, rental assistance, etc. The agency is also connected with a plethora of internal resources and have long-standing relationships with outside agencies to assist in providing services to program participants. Currently through these programs BCCAA works with approximately 85 families and individuals all with the ultimate goal of obtaining and maintaining permanent housing. The operation of al the aforementioned programs as well as the length of time the agency has operated these programs shows that the agency has a wealth of knowledge and experience in effectively utilizing federal funds in performing those activities proposed in this application.

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

BCCAA has been very successful in leveraging federal, state, local and private funds over the years. The agency currently has an annual operating budget of about \$13 million dollars including both federal and state funds. The agency has always been successful in developing partnerships and works to develop innovative strategies for collaborating and securing funding to help the disadvantaged. Federal grants have been beneficial in these efforts however the agency has also secured \$150,00.00 in funding from our local government. This money will be given to the agency annually and will be used to continue the mission of the program. The agency also has private donors that give to the program annually. In addition, the agency has developed a strong partnership with a local business entity. The business supports the mission of the agency through annual monetary donations as well as the donation of supplies. Last year along the business donated \$16,000.00 as well as food and toiletry supplies to support the agency’s outreach efforts. In conclusion, the agency has over 65 years of leveraging federal, state, local, and private sector funds.

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

Bolivar County Community Action Agency, Inc. has developed and implemented a Financial Management System including Internal Controls that provide reasonable assurance that the agency maintains effective control and accountability for grant funds, property and other assets. The system is developed and linked to the management systems (governance, planning, communication, record-keeping and reporting, ongoing monitoring, self-assessment and human resources). BCCAA's financial management system includes policies and procedures to achieve compliance with all post-award requirements established by 45 CFR Parts 75 based on the Matrix of Compliance Requirements in the OMB Circular Compliance Supplement. In addition, the agency has had no audit findings for the past seven years which is an indication of our ability to not only leverage but successfully manage federal, state, state, and private sector funds.

In addition, the financial management system in internal controls that are based on the Internal Control-Integrated Framework (COSO Report) including the five components explained in the COSO Report. Bolivar County Community Action Agency, Inc.'s financial management system and property management system and internal control environment are as follows:

**Financial Management System (Fiscal Policies and Procedures):** The manual includes the following policies and procedures: Payment; Cost sharing or Matching; Program Income; Revision of budget and program plans; Period of performance and availability of funds; Insurance coverage; Real Property; Equipment; Procurement Standards; Monitoring Financial and Program Performance; Reporting and Record-keeping; Cost Principles and Audits.

**Property Management:** The agency fiscal manual includes policies and procedures to manage its personal property. Consequently, the equipment and supplies acquired under the grants is managed in accordance with the agency equipment and supplies management system. The system includes strategies that prevent loss damage and theft of the property and an inventory system to safeguard the property. Furthermore, the system includes strategies to ensure maintenance procedures are implemented based on the schedule.

**Internal Controls:** BCCAA fiscal manual has established an internal control processes to reasonably ensure management and other personnel achieve objectives in the following categories: effectiveness and efficiency of the operations; reliable financial reporting; and compliance with applicable laws and regulations. The process includes five (5) elements: Control Environment, Risk Assessment, Control Activities, Information/Communication, and Monitoring.

**4. Are there any unresolved HUD monitoring or No  
OIG audit findings for any HUD grants (including  
ESG) under your organization?**



### 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: BCCAA Rural Set-Aside Project

4. Project Status: Standard

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

5a. Area(s) affected by the project (state(s) only): Mississippi  
(for multiple selections hold CTRL key)

5b. Area(s) affected by the project (rural geo-code(s) only): 289053 Humphreys County, 289137 Tate County, 289083 Leflore County, 289003 Alcorn County, 289011 Bolivar County, 289093 Marshall County, 289151 Washington County, 289027 Coahoma County, 289071 Lafayette County, 289081 Lee County, 289087 Lowndes County, 289133 Sunflower County  
(for multiple selections hold CTRL key)

5c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections:  
(for multiple selections hold CTRL key)

6. Component Type: PH

6a. Select the type of PH project: 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

### **3B. Project Description**

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

BCCAA proposes to provide (15) clients per fiscal year. The organization will work closely with Mississippi (Balance of State) CoC and other supporting outreach agencies for participants in the geographic area.

BCCAA is proposing to serve several counties in Mississippi. The Case Manager will be responsible for locating safe subsidized housing within program standards. The units will be a combination of apartments and/or duplexes based on availability. It will be imperative for us to establish relationships ahead of time to expedite a quick move-in.

This program will closely follow the Housing First model. However, participation of these supportive services will be encouraged but not mandatory to receive housing. After initial intake, the Case Manager will focus on moving the homeless individual immediately from the streets or homeless shelters into their own unit. This is regardless of their precondition of sobriety, treatment or financial status. Next, each participant will be assigned a Case Manager, to provide intensive social support services to assist participants through potential barriers and/or challenges. These services are client driven and will vary based on their needs. The Case Manager will assist in developing individualize service plans with a priority in obtaining income, mainstream benefits (i.e. SNAP, insurance).

Since transportation remains a barrier for many individuals throughout the Delta Region, it will be a primary component of support of this project. Transportation assistance will be offered to program participants through case management as well. This will assist the participants with attending health/wellness appointments, employment opportunities and trainings.

The Program Manager will be responsible for creating intensive wrap around services for all participants. The wrap around services will be from primary partnerships with local mental health providers, Dept. of Human Services, Social Security Offices (i.e. SOAR certificated Case Managers), clinics, library, etc. The purpose for the organization to become connected to these resources, is to accomplish the commitment of keeping the participant housed and provided with services.

BCCAA Program staff will adhere to all CoC Written Standards as well as HUD's data collection, management, and reporting standards. Program staff will receive training to become certified End-Users on the Homeless Management Information System (HMIS).

**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?**

The agency is connected to a plethora of resources within and outside of the organization. Internally, the agency is able to provide rental and utility assistance under our CSBG and LIHEAP programs; job training and work experience through our MyStatus program; GED education training operated on site through collaboration with Coahoma Community College; and also provide educational/child care services to parents through our various Head Start Programs. In addition, the agency collaborates with other outside resources such as local food banks, local hotel/motels, agencies to provide specific certification training such as SafeServ and forklift certification; as well as individuals/agencies to provide legal services, financial literacy and budgeting workshops to participants. Our agency is represented under the MS Balance of State where our CoC partners and coordinates with other agencies within the coalition to bring resources to our homeless clients as well as referral services through. And with this program the agency will partner with Plan A mobile medical services to provide basic healthcare services to our homeless clients. We feel all of these services will aid clients in achieving housing stability.

BCCAA recognizes that street outreach is conducted on behalf of the community rather than one agency and thereby requires collaboration among multiple stakeholders. Knowledge of and engagement with all partners implementing street outreach efforts leads to a more strategic use of resources, more comprehensive coverage, and the identification of all people experiencing unsheltered homelessness. BCCAA will coordinate with a broader network of programs, services, or staff who are likely to encounter individuals experiencing unsheltered homelessness, but whose regular focus is broader than homelessness. This might include law enforcement and other first responders, hospitals, health and behavioral healthcare providers, child welfare agencies, homeless education liaisons, workforce systems, faith-based organizations, and other community-based providers. BCCAA's street outreach efforts will be connected to coordinated entry processes.

As it relates to housing, properties and landlords are identified as a result of continuous partnerships throughout the selected counties. Being that the agency has successfully operated a homeless program for close to 20 years, we have long standing relationships throughout the designated service area. In addition, being that we operate the CSBG grant which provides rental assistance we have contact with potential landlords through that program as well. The agency also uses avenues such as social media and the production of informational flyers to inform potential landlords of the need of suitable and affordable properties for clients. Finally, the agency makes connection with local housing authorities to access vacancies, eligibility requirements, rental fees, etc.

**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	30			

Begin program participant enrollment	45		
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60		
Leased or rental assistance units or structure, and supportive services near 100% capacity	210		
Closing on purchase of land, structure(s), or execution of structure lease	0		
Start rehabilitation	0		
Complete rehabilitation	0		
Start new construction	0		
Complete new construction	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 type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input 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?** No

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

**8. Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable.** No

## **4A. Supportive Services for Participants**

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

BCCAA uses a suggestive service plan instrument as well as the housing first method when working with clients to develop a housing and service plan. The housing service plan is created in partnership with the program participant and staff. These plans are client centered and must be agreed upon by the participant. The plan is designed to assist the participant to identify and achieve attainable housing focused goals and also addresses barriers to obtaining and retaining housing by developing goals, actions steps and targeted completion dates. After the assessment of barriers, they are separated into two separate categories of major or minor. Those major needs are given immediate attention and those minor needs are addressed through long-ranged assistance in accordance to the service plan. Clients are accessed monthly or more frequently if deemed necessary based on identified needs. Clients are informed during the enrollment process that an exit plan will be developed and the final exit plan is developed up to 60 days prior to exit after it is determined that the client is deemed as being low risk for returning to homelessness. BCCAA program will implement outcomes and returns through supportive service to the designated homeless population by providing clients with services such as education skills, job readiness, health assistance, financial literacy, etc. Of course services may include the aforementioned services but are not limited only to these services. The agency will provide or connect clients to whatever services that are deemed necessary to increase clients changes to obtain and remain in permanent housing.

BCCAA monitors return to homelessness after discharge by doing follow-ups with clients after exit. When possible, program staff follow-up with clients for a minimum of six months to assess stability and provide continuous case management if necessary. Staff also continues to connect clients with potential community resources that could possibly prevent clients from re-entering into homelessness. Many of those available resources are located within our own agency and therefore, we encourage clients to continue to make use of services offered not only at our agency but other community agencies. In those cases where clients may leave our designated service area we connect them with similar providers if available in the service area where they presently reside.

### **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.**

Being that BCCAA is a community service agency our mission is based on serving those low-income populations through various programs the agency currently operates. In addition, the agency has successfully operated a homeless program for close to 20 years through our Rapid Rehousing , CATS, and CANS Program and a shelter for five years during this time. Under the RRH Program the agency has been able to provide a plethora of supportive services such assistance in areas such as education, financial literacy, child care, utility, rental, etc.

The agency is connected to a plethora of resources within and outside of the organization. Internally, the agency is able to provide rental and utility assistance under our CSBG and LIHEAP programs; job training and work experience through our MyStatus program; GED education training operated on site through collaboration with Coahoma Community College; and also provide educational/child care services to parents through our various Head Start Programs. In addition, the agency collaborates with other outside resources such as local food banks, local hotels/motels, agencies to provide specific certification training such as SafeServ and forklift certification; as well legal services, financial literacy and budgeting workshops to participants. Our agency is represented under the MS Balance of State where our CoC partners and coordinates with other agencies within the coalition to bring resources to our homeless clients. They also provide referral services through the collaboration with other agencies within the network. And with this program the agency will partner with Plan A mobile medical services to provide basic healthcare services to our homeless clients. We feel all of these services will aid clients in achieving housing stability.

**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	Applicant	As needed
Case Management	Applicant	Monthly
Child Care		
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Partner	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.

**Total Units:** 15

**Total Beds:** 15

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	15	15	0

## 4B. Housing Type and Location Detail

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

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

2a. **Units:** 15

2b. **Beds:** 15

### 3. Address

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

**Street 1:** 810 E SUNFLOWER RD

**Street 2:** SUITE 120

**City:** CLEVELAND

**State:** Mississippi

**ZIP Code:** 38732

**\*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)**

289151 Washington County, 289053 Humphreys County, 289003 Alcorn County, 289081 Lee County, 289143 Tunica County, 289071 Lafayette County, 289011 Bolivar County, 289027 Coahoma County, 289133 Sunflower County, 289083 Leflore County, 289137 Tate County

## 5A. Program Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>		15		15
<b>Characteristics</b>	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Persons over age 24</b>		15		15
<b>Persons ages 18-24</b>				0
<b>Accompanied Children under age 18</b>				0
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	0	15	0	15

**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										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### 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						2	2	6	5	
Persons ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	2	2	6	5	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										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 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? Rural Set Aside

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

### 3a. Complete the indirect cost rate table below

Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Division of Cost Allocation	12%		Approved Rate



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

4. Select a grant term: 3 Years

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

Rental Assistance	X
Supportive Services	X
HMIS	X

## 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.

<b>Total Request for Grant Term:</b>			\$317,916
<b>Total Units:</b>			15
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MS - Bolivar County, MS (2801199999)	4	\$77,184
TRA	MS - Leflore County, MS (2808399999)	1	\$19,296
TRA	MS - Washington County, MS (2815199999)	4	\$83,520
TRA	MS - Sunflower County, MS (2813399999)	2	\$40,392
TRA	MS - Lee County, MS (2808199999)	2	\$45,648
TRA	MS - Lafayette County, MS (2807199999)	1	\$29,592
TRA	MS - Coahoma County, MS (2802799999)	1	\$22,284

## 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 - Bolivar County, MS (2801199999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$399	x	12	=	\$0
0 Bedroom		x	\$532	x	12	=	\$0
1 Bedroom	4	x	\$536	x	12	=	\$25,728



2 Bedrooms		x	\$705	x	12	=	\$0
3 Bedrooms		x	\$871	x	12	=	\$0
4 Bedrooms		x	\$956	x	12	=	\$0
5 Bedrooms		x	\$1,099	x	12	=	\$0
6 Bedrooms		x	\$1,243	x	12	=	\$0
7 Bedrooms		x	\$1,386	x	12	=	\$0
8 Bedrooms		x	\$1,530	x	12	=	\$0
9 Bedrooms		x	\$1,673	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>		4					\$25,728
<b>Grant Term</b>							3 Years
<b>Total Request for Grant Term</b>							\$77,184

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 - Leflore County, MS (2808399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$353	x 12	= \$0
0 Bedroom	x	\$471	x 12	= \$0
1 Bedroom	1 x	\$536	x 12	= \$6,432
2 Bedrooms	x	\$705	x 12	= \$0
3 Bedrooms	x	\$885	x 12	= \$0
4 Bedrooms	x	\$956	x 12	= \$0
5 Bedrooms	x	\$1,099	x 12	= \$0
6 Bedrooms	x	\$1,243	x 12	= \$0
7 Bedrooms	x	\$1,386	x 12	= \$0

8 Bedrooms		x	\$1,530	x	12	=	\$0
9 Bedrooms		x	\$1,673	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$6,432
<b>Grant Term</b>							3 Years
<b>Total Request for Grant Term</b>							\$19,296

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 - Washington County, MS (2815199999)

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	4 x	\$580	x 12	= \$27,840
2 Bedrooms	x	\$705	x 12	= \$0
3 Bedrooms	x	\$927	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
<b>Total Units and Annual Assistance Requested</b>	<b>4</b>			<b>\$27,840</b>
<b>Grant Term</b>				<b>3 Years</b>
<b>Total Request for Grant Term</b>				<b>\$83,520</b>

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 - Sunflower County, MS (2813399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$360	x 12	= \$0
0 Bedroom	x	\$480	x 12	= \$0
1 Bedroom	2 x	\$561	x 12	= \$13,464
2 Bedrooms	x	\$722	x 12	= \$0
3 Bedrooms	x	\$893	x 12	= \$0
4 Bedrooms	x	\$1,004	x 12	= \$0
5 Bedrooms	x	\$1,155	x 12	= \$0
6 Bedrooms	x	\$1,305	x 12	= \$0
7 Bedrooms	x	\$1,456	x 12	= \$0

8 Bedrooms		x	\$1,606	x	12	=	\$0
9 Bedrooms		x	\$1,757	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	2						\$13,464
<b>Grant Term</b>							3 Years
<b>Total Request for Grant Term</b>							\$40,392

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 - Lee County, MS (2808199999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$473	x 12	= \$0
0 Bedroom	x	\$630	x 12	= \$0
1 Bedroom	2 x	\$634	x 12	= \$15,216
2 Bedrooms	x	\$809	x 12	= \$0
3 Bedrooms	x	\$1,024	x 12	= \$0
4 Bedrooms	x	\$1,245	x 12	= \$0
5 Bedrooms	x	\$1,432	x 12	= \$0
6 Bedrooms	x	\$1,619	x 12	= \$0
7 Bedrooms	x	\$1,805	x 12	= \$0
8 Bedrooms	x	\$1,992	x 12	= \$0
9 Bedrooms	x	\$2,179	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	<b>2</b>			<b>\$15,216</b>
<b>Grant Term</b>				<b>3 Years</b>
<b>Total Request for Grant Term</b>				<b>\$45,648</b>

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 - Lafayette County, MS (2807199999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$563	x 12	= \$0
0 Bedroom	x	\$750	x 12	= \$0
1 Bedroom	1 x	\$822	x 12	= \$9,864
2 Bedrooms	x	\$1,026	x 12	= \$0
3 Bedrooms	x	\$1,268	x 12	= \$0
4 Bedrooms	x	\$1,391	x 12	= \$0
5 Bedrooms	x	\$1,600	x 12	= \$0
6 Bedrooms	x	\$1,808	x 12	= \$0
7 Bedrooms	x	\$2,017	x 12	= \$0



8 Bedrooms		x	\$2,226	x	12	=	\$0
9 Bedrooms		x	\$2,434	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>		1					\$9,864
<b>Grant Term</b>							3 Years
<b>Total Request for Grant Term</b>							\$29,592

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 - Coahoma County, MS (2802799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$383	x	12	=	\$0
0 Bedroom		x	\$510	x	12	=	\$0
1 Bedroom	1	x	\$619	x	12	=	\$7,428
2 Bedrooms		x	\$705	x	12	=	\$0
3 Bedrooms		x	\$925	x	12	=	\$0
4 Bedrooms		x	\$956	x	12	=	\$0
5 Bedrooms		x	\$1,099	x	12	=	\$0
6 Bedrooms		x	\$1,243	x	12	=	\$0
7 Bedrooms		x	\$1,386	x	12	=	\$0
8 Bedrooms		x	\$1,530	x	12	=	\$0
9 Bedrooms		x	\$1,673	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>						<b>\$7,428</b>
<b>Grant Term</b>							<b>3 Years</b>
<b>Total Request for Grant Term</b>							<b>\$22,284</b>

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
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	Fees for case manager services- Program Director @ 5% and Program Coordinator/Case Manager@ 100%	\$63,680
<b>4. Child Care</b>		
<b>5. Education Services</b>	To provide educational services for clients such as certifications	\$3,500
<b>6. Employment Assistance</b>	To provide participants with job and interviewing training, transportation costs with taking participants to job fairs, interviews, etc.	\$1,500
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	Fees associated with providing participants with life skill training such as money management, budgeting, etc.	\$1,000
<b>11. Mental Health Services</b>	Fees associated with providing mental health service for program participants	\$1,500
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>	Fees for buying supplies for outreach services such as toiletries, PPE supplies, etc.	\$1,500
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Fees for transportation such as gas, vehicle maintenance, etc.	\$15,870
<b>16. Utility Deposits</b>	Utility Deposits for clients	\$5,000
<b>17. Operating Costs</b>	To cover cost for operating expenses as it relates to office space for staff	\$41,471
<b>18. (Rural Set Aside ONLY) Section 491 Eligible Activities</b>	Rent & Utility assistance as well as emergency lodging, repairs, and food and clothing assistance.	\$47,000
<b>Total Annual Assistance Requested</b>		\$182,021
<b>Grant Term</b>		3 Years
<b>Total Request for Grant Term</b>		\$546,063

Click the 'Save' button to automatically calculate totals.

## 6H. HMIS Budget

**Instructions:**

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

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

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Equipment</b>	To be use fo te purchase of equipment such as computers, scanners, printers, etc.	\$5,000
<b>2. Software</b>		
<b>3. Services</b>		
<b>4. Personnel</b>	For HMIS personnel	\$26,477
<b>5. Space &amp; Operations</b>		
<b>Total Annual Assistance Requested:</b>		\$31,477
<b>Grant Term:</b>		3 Years
<b>Total Request for Grant Term:</b>		\$94,431

**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:	\$33,000
Total Amount of In-Kind Commitments:	\$230,563
Total Amount of All Commitments:	\$263,563

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

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Bolivar County Bo...	\$30,000
In-Kind	Private	Private Individuals	\$115,963
In-Kind	Private	Mississippi Valle...	\$18,000
In-Kind	Private	Delta State Unive...	\$18,000
In-Kind	Private	BCHP Social Work ...	\$45,000
In-Kind	Private	Mental Health Pro...	\$3,600
Cash	Private	Various Donors	\$3,000
In-Kind	Private	Medical Providers	\$30,000

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Bolivar County Board of Supervisors  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$30,000

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Private Individuals  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$115,963

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

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Mississippi Valley State University  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$18,000

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

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Delta State University  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$18,000

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

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** BCHP Social Work Department  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$45,000

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

## Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Mental Health Provder  
(Be as specific as possible and include the office or grant program as applicable)

**4. Amount of Written Commitment:** \$3,600

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

## **Sources of Match Detail**

**1. Type of Match commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Various Donors

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$3,000

## **Sources of Match Detail**

**1. Type of Match commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Medical Providers

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$30,000

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



## 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	3 Years	\$0
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$105,972	3 Years	\$317,916
4. Supportive Services	\$182,021	3 Years	\$546,063
5. Operating	\$0	3 Years	\$0
6. HMIS	\$31,477	3 Years	\$94,431
7. Sub-total Costs Requested			\$958,410
8. Admin (Up to 10%)			\$95,841
9. Total Assistance Plus Admin Requested			\$1,054,251
10. Cash Match			\$33,000
11. In-Kind Match			\$230,563
12. Total Match			\$263,563
13. Total Budget			\$1,317,814
14. Rural Set Aside Capacity Building (up to 20% of subtotal of all BLIS + Admin)			\$0
15. Total Budget (+ Capacity Building)			\$1,317,814

**MAXIMUM CAPACITY ALLOWABLE HIDDEN: 210,850**

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

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

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7A. In-Kind MOU Attachment

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

## Attachment Details

Document Description:

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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:** Elnora Littleton

**Date:** 09/16/2022

**Title:** Executive Director

**Applicant Organization:** Bolivar County Community Action Agency, Inc.

**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.**

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/12/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/13/2022
1E. SF-424 Compliance	09/13/2022
1F. SF-424 Declaration	09/13/2022
1G. HUD 2880	09/13/2022
1H. HUD 50070	09/13/2022
1I. Cert. Lobbying	09/13/2022
1J. SF-LLL	09/13/2022
IK. SF-424B	09/13/2022
1L. SF-424D	09/13/2022
2A. Subrecipients	No Input Required
2B. Experience	09/16/2022
3A. Project Detail	09/15/2022
3B. Description	09/16/2022
4A. Services	09/16/2022
4B. Housing Type	09/15/2022
5A. Households	09/15/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/15/2022
6E. Rental Assistance	09/15/2022
6F. Supp Srvcs Budget	09/15/2022
6H. HMIS Budget	09/15/2022
6I. Match	09/15/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required

<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/14/2022