

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:

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

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** S. A.F. E., Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 64-0642220
c. UEI: MXNGV3NE2715

d. Address

Street 1: 105 Clark Pace 38802
Street 2:
City: Tupelo
County: Lee
State: Mississippi
Country: United States
Zip / Postal Code: 38801

e. Organizational Unit (optional)

Department Name: Homeless Prevention
Division Name: Housing First

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

Prefix: Mrs.
First Name: Cindy
Middle Name:
Last Name: Hale
Suffix:
Title: Grant Manager
Organizational Affiliation: S. A.F. E., Inc.
Telephone Number: (662) 841-9138

Applicant: Takiva Bell

18992934

Project: S.A.F.E. Housing First Unsheltered Homelessness Project

202357

Extension:

Fax Number: (662) 841-9138

Email: Chale@safeshelter.net

1C. SF-424 Application Details

9. Type of Applicant: F. U.S. Territory or Possession

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: S.A.F.E. Housing First Unsheltered Homelessness Project

16. Congressional District(s):

16a. Applicant: MS-001, MS-002, MS-003, MS-004

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

17. Proposed Project

a. Start Date: 07/01/2023

b. End Date: 06/30/2026

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: Takiva

Middle Name: Nichelle

Last Name: Bell

Suffix:

Title: Executive Director

Telephone Number: (662) 841-9138
(Format: 123-456-7890)

Fax Number: (662) 680-5785
(Format: 123-456-7890)

Email: tbell@safeshelter.net

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

Date Signed: 09/19/2022

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: S. A.F. E., Inc.
Prefix: Mrs.
First Name: Takiva
Middle Name: Nichelle
Last Name: Bell
Suffix:
Title: Executive Director
Organizational Affiliation: S. A.F. E., Inc.
Telephone Number: (662) 841-9138
Extension:
Email: tbell@safeshelter.net
City: Tupelo
County: Lee
State: Mississippi
Country: United States
Zip/Postal Code: 38801

2. Employer ID Number (EIN): 64-0642220

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$3,955,635.00
 (Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
United Way of NEMS	Finical	\$60,000.00	Shelter and Assistance for 24 Hour Shelter
Domestic Violence Fund - OAIV	Finical	\$69,135.00	Victim Advocacy/ Case Management
Victims of Crime Act - VOCA	Finical	\$118,115.18	24 hour services for Residential Assistance / Operations
STOP	Finical	\$28,216.00	Crisis Counselor
Rape Prevention Education	Finical	\$58,970.00	Out Reach Education

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: Takiva Bell, Executive Director

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

Applicant: Takiva Bell

18992934

Project: S.A.F.E. Housing First Unsheltered Homelessness Project

202357

Date Signed: 09/19/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: S. A.F. E., 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

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: Takiva

Middle Name: Nichelle

Last Name: Bell

Suffix:

Title: Executive Director

Telephone Number: (662) 841-9138
(Format: 123-456-7890)

Fax Number: (662) 680-5785
(Format: 123-456-7890)

Email: tbell@safeshelter.net

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

Date Signed: 09/19/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: S. A.F. E., Inc.

Name / Title of Authorized Official: Takiva Bell, Executive Director

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

Date Signed: 09/19/2022

1J. SF-LLL

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

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

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

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

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

Legal Name: S. A.F. E., Inc.

Street 1: 105 Clark Pace 38802

Street 2:

City: Tupelo

County: Lee

State: Mississippi

Country: United States

Zip / Postal Code: 38801

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mrs.

First Name: Takiva

Middle Name: Nichelle

Last Name: Bell

Suffix:

Title: Executive Director

Telephone Number: (662) 841-9138
(Format: 123-456-7890)

Fax Number: (662) 680-5785
(Format: 123-456-7890)

Email: tbell@safeshelter.net

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

Date Signed: 09/19/2022

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: S. A.F. E., Inc.
Prefix: Mrs.

First Name: Takiva

Middle Name: Nichelle

Last Name: Bell

Suffix:

Title: Executive Director

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

Date Signed: 09/19/2022

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

S.A.F.E., Inc. organization’s history began in 1979 as a grassroots project and later formed as a 501© (3) nonprofit organization to house victims. In 1985, the current site was purchased and expanded. S.AF.E., Inc. broadened its programs as one of Northeast MS’s only dual shelters for domestic violence and sexual assault victims to include a toll-free rape crisis hotline and rape crisis center providing services 24 hours, seven days a week, including holidays. This program also meets the needs of Housing First through its community outreach initiative for homeless individuals and families. This allows outreach to bridge the gap to meet the increasing challenges of home affordability and sustainability with housing, utilities, and transitional living, bridging the gap in providing safe housing for all.

The past and current programs developed and grown through S.A.F.E., Inc have been through the direct awards of local, state, and federal funds. The agency has a spotless proven record of over 40 years of effectively managing and appropriately using funds. S.A.F.E., Inc completes yearly audits to comply with federal guidelines and uses an appropriate accounting system to control expenditures, budget, and all accounting accountability to manage federal funds and adhere to policy, procedures effectively, and all reporting guidelines and requirements. S.A.F.E., Inc has extensive experience in federal-funded approved MOUSs, partnerships, budgets, and work plans. The experience stated ensures that S.A.F.E., Inc has the capacity to perform all 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.

S.A.F.E., Inc. organization’s experience in leveraging Federal, State, local, and private sector funds have been possible by strategically planning and managing grant opportunities. Our agency is strategic in searing and applying for funds that mirror the scope of service and the mission of our agency. Using this process, we can filter and select specific opportunities that align with the work and needs of our individuals, families, and community.

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

S.A.F.E., Inc. organization’s financial management structure is led by the official financial officer of the board of directors, the executive director, and the grants management team, all overseen by the executive committee and board of directors. This structure includes contract auditors and a quick book employee for coding and writing checks. The day-to-day operations of the financial management are handled by the grants manager, overseeing the grant, reviewing accounts payable and receivable, preparing for coding to apply expenses and expenditures lines, and then preparing for reimbursements. This management structure included checks and balances of all spending of grants funds, payments, payroll, reimbursements, and accounts receivable and payable.

**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: S.A.F.E. Housing First Unsheltered Homelessness Project

4. Project Status: Standard

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

6. Component Type: Joint TH & PH-RRH

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? Yes

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

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

3B. Project Description

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

The S.A.F.E. Housing First Project (SHFP) proposes to aid victims, individuals, and families in rural northeast MS, primarily in the 9 county service areas of Alcorn, Benton, Itawamba, Lee, Pontotoc, Prentiss, Tippah, Tishomingo, and Union counties, however not limited to that are experiencing homelessness with severe service needs that face increasing challenges with homelessness, economic hardship, workplace readiness, behavioral health concerns, and culturally specific needs to aid in finding affordable, sustainable housing. SHFP will provide services to victims, individuals, and families directly/ indirectly impacted by domestic violence (DV); immediate crisis, active fleeing or through referral resources, shelter to shelter transfer, and those fleeing violence statewide, including outside state assistance and individual or victims with disabilities, individuals who are Deaf or hard of hearing, persons with limited English proficiency, older adults and LGBTQ+ communities, rural DV victims, and culturally specific services for, individuals and families in rural communities facing homelessness. SHFRP proposes 2 structures for the proposed project for 3 years, 1 located in Tupelo, MS, and 2nd location in Columbus, MS. The SHFRP proposes to employ 5 total project staff, 1 Housing Supervisor, 3 County Case managers, and 1 Community Street Outreach coordinator. Individuals and families will have a provided case manager for up to 6 months. During these six months, each individual and family will be offered evidence-based, trauma-informed, culturally and linguistically appropriate programs, including the use of HMIS, Case Management, Community Outreach Services, Transitional Housing, Rapid Rehousing, and Utilities Assistant program. Affordable housing search, Emergency Shelter Assistance, Advocacy, Crisis Counseling, Positive youth development, DV Support Group. Life Skills, Active Parenting, Children in the Middle of Co-parenting Conflict Resolution and Language Services/Limited English. The proposed program will provide services for up to 6 months for individuals and families using the Housing First Approach to advance equity and reduce unsheltered homelessness. The proposed project will implement short-term emergency lodging in motels. The proposed project intends to develop landlord partnerships to secure affordable housing for individuals and families using the funds to make necessary repairs to make housing habitable to be used for transitional and or permanent housing. SHFP proposes to establish a state database of resources for housing to aid in housing affordable and sustainable housing, assist individuals in locating and securing safe and affordable permanent housing, and provide referrals to homelessness prevention services throughout the State of MS, Provide outreach / outcomes through community engagement and events to underserved populations to increase access to housing, provide intake, case planning, referrals.

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

This project proposes to help the CoC implement the plan of Severing Individuals and Families Experiencing Homelessness with Severe Service Needs by targeting Unsheltered and Homelessness with efforts to reduce unsheltered homelessness in communities served with very high levels of unsheltered homelessness and homelessness in throughout the state of MS. This project proposed to implement coordinated approaches in communities, grounded in Housing First and public health principles ensuring to reduce the prevalence of unsheltered homelessness and improve services engagement, health outcomes, and housing stability among highly vulnerable unsheltered individuals and families. This is evident in the provided scope of service and project description and aligns with the goals and missions of S.A.F.E., Inc. This project also has identified its proposed plan in partnering with health and housing agencies to leverage mainstream housing and healthcare resources through MOUs and letters of support. As a new applying agency S.A.F.E., Inc will comply with the NOFA and the Rule's requirements. This proposed project is consistent with the plan described by the CoC and will be implemented with outcomes that will justify supporting and funding this proposed project.

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	90	160	220
Begin program participant enrollment	30	90	160	220
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30	90	160	220
Leased or rental assistance units or structure, and supportive services near 100% capacity	0	0	0	0
Closing on purchase of land, structure(s), or execution of structure lease	0	0	0	0
Start rehabilitation	0	0	0	0
Complete rehabilitation	0	0	0	0
Start new construction	0	0	0	0
Complete new construction	0	0	0	0

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		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

4A. Supportive Services for Participants

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

The proposed program will provide services for up to 6 months for individuals and families using the Housing First Approach to advance equity and reduce unsheltered homelessness. The proposed project will implement short-term emergency lodging in motels if needed. Afterward, individuals will be assigned a case manager. Through the SHFRP offered State database of resources for housing to aid in housing affordable and sustainable housing, the case manager will assist individuals in locating and securing safe and affordable permanent housing, provide referrals to homelessness prevention services throughout the State of MS and make referrals to outreach based on client's needs. Program participants will be given a provided intake, case planning, referrals for housing, safety planning, COVID – 19 concerns, support plans/goals, and other services as identified. The second phase of assistance will consist of participant sustainability. The client will have case management peer support for up to 6 months; during this time, the case manager will aid in job searches, training, soft skills, and connecting the participant to other services identified to ensure sustainability. During the first month, the case manager will meet with participants 2 times per week for intense case management, the 3rd month 1 time per week and, 4th month every other week at a minimum of 2 times in that month, 5th-month monthly check-in and the 6th month 1 x and discharge determination. If the participant is deemed unprepared for discharge, the case will be staffed with a Housing supervisor to ensure the participant sustains.

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.

The agency's collaborative partnership and organizations partnerships included; Salvation Army, All Saints, The Mississippi State Department Of Health, United Way, Lee County Health Connect America, Wear It Well, Red Oak Grove M. B. Church, Family Crisis Services of Northwest MS, MS Tobacco Coalition-South Food Bank, Mid-South Diaper Bank, Mid-South Retail Store, Dismas Charities, District Attorney First District, Rest Room LLC, Jerusalem Church, Tabernacle of Faith, MSCASA, MSCADV, 360 Inc, Gulf Cost Center for Nonviolence Inc., House of grace, Tennessee Valley Regional Housing Authority, Lift Inc, Tupelo Public School District, Tupelo Housing Authority, North Mississippi Rural Legal Service, Family Medicine Residency Center, Family Resource Center, Life Core, Toyota Well Springs, Fed X, and Tupelo Flooring, with these relationships the SHFRP proposed to connect with each partner to integrate tools and resources to aid in meeting the needs of the victims, individuals, and families proposed to serve

**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	Daily
Assistance with Moving Costs	Applicant	Monthly
Case Management	Applicant	Daily
Child Care	Applicant	Daily
Education Services	Applicant	Daily
Employment Assistance and Job Training	Applicant	Daily
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	Daily
Legal Services	Applicant	Monthly
Life Skills Training	Applicant	Weekly
Mental Health Services	Applicant	Bi-weekly
Outpatient Health Services	Applicant	Monthly
Outreach Services	Applicant	Daily
Substance Abuse Treatment Services	Applicant	Monthly
Transportation	Applicant	Weekly
Utility Deposits	Applicant	Monthly

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? No

4B. Housing Type and Location

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

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

	TH	RRH	Total
Total Units:	0	15	15
Total Beds:	0	30	30
Housing Type	Housing Type (JOINT)	Units	Beds
---	Single family hom...	15	30

4B. Housing Type and Location Detail

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

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

2. Housing Type: Single family homes/townhouses/duplexes

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

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

2a. Units: 15

2b. Beds: 30

5. Address

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

Street 1: 105 Clark Pace

Street 2:

City: Tupelo

State: Mississippi

ZIP Code: 38802

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

289081 Lee County

5A. Program Participants - Households

Households Table

Number of Households

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
6	9	0	15

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

Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
6	9		15
0	0		0
6		0	6
		0	0
12	9	0	21

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							6			
Persons ages 18-24										
Children under age 18							6			
Total Persons	0	0	0	0	0	0	12	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							9			
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	9	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2024? Yes
2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? Unsheltered
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 3 Years

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

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$380,160
Total Units:			15
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MS - Lee County, MS (2808199999)	15	\$380,160

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

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

Metropolitan or non-metropolitan fair market rent area: MS - 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	9	x	\$634	x	12	=	\$68,472
2 Bedrooms	6	x	\$809	x	12	=	\$58,248
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
Total Units and Annual Assistance Requested	15						\$126,720
Grant Term							3 Years
Total Request for Grant Term							\$380,160

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	45 individual assessment per year @ \$75.00 = \$3,375.00	\$3,375
2. Assistance with Moving Costs	Assistance with moving cost 40 individuals x\$75.00=3,000.00	\$3,000
3. Case Management	Case Manager Supervisor \$55 051.17 Case Mangers \$52,359.92 x3 = 157,079.76 this included salary, benefits and fringe \$212,131	\$212,131
4. Child Care	Child Care Cost 40 individuals @125.00=\$5,000.00	\$5,000
5. Education Services	Educational Services to include for GED testing and specialty testing to include social work, teaching, techs \$10,000	\$10,000
6. Employment Assistance	Job Training, keys testing, resume building, safe step shoes, steal toe shoes, scrubs.	\$7,500
7. Food	Food Boxes Prepared Meals @400 units @\$5.00 per unit = \$2000.00month remote food trucks @ 1per month @\$500.00 x12= \$6000.00	\$6,000
8. Housing/Counseling Services	Counseling Services @ \$50.00 rate x10 units per month x12 \$6,000	\$6,000
9. Legal Services	Legal Services for client fees/ consultations/ court fees @ 12 clients per year @ 1,000.00	\$1,200
10. Life Skills	Life Skills Training, budgeting, soft skill, healthy relationships @19 per month @\$75.00= \$1,425.00 x 12months \$17,100	\$17,100
11. Mental Health Services	Mental Health Services @ 120 services group therapy and individuals @75.00 \$9,000.00	\$9,000
12. Outpatient Health Services	Outpatient Health Services Trauma therapy / sand tray @120 services @ 75.00 = \$9,000.00	\$9,000
13. Outreach Services	1 program outreach service coordinator @ \$52,359.92 to coordinate, education , psychosocial interventions, health and medical service, skills development and additional resources that may be identified by the case manager. \$52,360	\$52,360
14. Substance Abuse Treatment Services	Alcohol and Drug Assessments at 5 per month X12 =60units X \$75.00= \$4,500.00 A&D Peer Support / therapy / intensive outpatient treatment @ 12 per & 1500.00= \$22,500	\$22,500
15. Transportation	Transportation- bus tickets 24 tickets @ \$225.00 =\$5400.00 cab cost @ \$500.00 monthly x 12 = \$6,000.00 Gas Vouchers @19 month @\$25 x 12 = \$5,700.00 \$17,100	\$17,100
16. Utility Deposits	Utility Deposits @ 8 x 12 month =96 @ 325.00 =31,200.00	\$31,200
17. Operating Costs	Gas Mileage Allowances-\$250.00 x 12=\$3,000.00x 5new hire=\$15,000.00 Gas/ maintenance for Vans to transport - \$6,000.00 , audit, \$5,000.0 Campus Utilities Monthly \$1,400.00 x12=\$16, 800.00 Supplies and Commodities\$ 11,480.00 Contractual \$ 32,760.00 Capital Outlay-Equipment \$ 16,700.00 \$100,740	\$100,740

18. (Rural Set Aside ONLY) Section 491 Eligible Activities	Capacity building activities @ \$5100.00 per quarter = \$20,400.00 hotel for temp emergency - \$15,000.00, Structure repairs @ 12 units x 10,000.00 = \$120,000.00 Emergency Food and clothing @\$1,000.00 x 12 = \$12,000.00, Birth certificates @ 10 per month x12= 120x \$17.0= 2040.00 Birth Certificates @ 120 x \$35.00 \$4,200.00 Social Security Card @ 120 x \$25 = \$3,000.00 \$183,840	\$183,840
Total Annual Assistance Requested		\$697,046
Grant Term		3 Years
Total Request for Grant Term		\$2,091,138

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Buildings, warehouse, Copiers, Computers, vans, freezer, fence , and gate repair and maintenance x 1 year \$13,500.00	\$13,500
2. Property Taxes and Insurance	Property Taxes \$2,600.00 yearly and Insurance 2138.03 monthly x12 month = \$25656.36 \$28,256	\$28,256
3. Replacement Reserve	Replacement Reserve @ \$1,000.00 x 12 = \$12,000.00	\$12,000
4. Building Security	Guest room individual safes @ \$54.85x 5 = \$274.25 Building security cameras, monitors and panic buttons and phone system \$38,000.00 at 1 cost set up \$38,274	\$38,274
5. Electricity, Gas, and Water	Electricity, Gas, and Water monthly \$2,200.81x12 \$26,410	\$26,410
6. Furniture	6 metal beds @349.99 =\$2,099.94, Dressers, @\$399.99 x 6= \$2399.94 6 office chairs @ \$1,400.00 2 sofas @ \$599.00 = \$1,198.00 kitchen set \$699.00 Kitchen cabinets @ \$6,000.00 @ 6 office meeting chairs @ \$2,000.00 2 desk @ \$600.00 \$16,397	\$16,397
7. Equipment (lease, buy)	hauling trailer to mover and relocate clients \$2,500.00	\$2,500
Total Annual Assistance Requested		\$137,337

Applicant: Takiva Bell

18992934

Project: S.A.F.E. Housing First Unsheltered Homelessness Project

202357

Grant Term		3 Years
Total Request for Grant Term		\$412,011

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
1. Equipment	x2 laptops@1005.00 x2printers119.00 computer accessibility Cell phone prepaid device iPhone 13 x2 \$2,000.00	\$4,278
2. Software	Microsoft Office x2 \$99.00+\$198.00 Printers x 2@ \$109.00=\$218.00 HotSpots x 2 @199.99 = \$398.00 Service for Hotspts @\$80.00 each x2 per month =\$160.00 x12= \$1920.00 HMIS \$2, 500.00	\$5,234
3. Services	Counseling Services @ \$50.00 rate x10 units per month x12 =\$6,000.00 outpatient Health Services Trauma therapy / sand tray @120 services @ 75.00 = \$9,000.00phone services for prepaid phone outreach use \$75.00x2 \$150.00 x12=\$1,800.00bus tickets 24 tickets @ \$225.00 =\$5400.00	\$69,850
4. Personnel	housing case manager-salary, fringe, health @\$55,051.17x3	\$165,154
5. Space & Operations	Gas Mileage \$250x 12=\$3,000.00 x2 new hireCampus Utilities Monthly \$1,400.00 x12=\$16, 800.00 Supplies and Commodities\$ 11,480.00 Contractual \$ 32,760.00 Capital Outlay-Equipment \$ 16,700.00	\$86,740
Total Annual Assistance Requested:		\$331,256
Grant Term:		3 Years
Total Request for Grant Term:		\$993,768

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:	\$1,325,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$1,325,000

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Federal Grant SART	\$700,000
Cash	Government	OAIV ARP- Mobile ...	\$625,000

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** Federal Grant SART
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$700,000

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** OAIV ARP- Mobile Health
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$625,000

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
2a. Leased Units	\$0	3 Years	\$0
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$126,720	3 Years	\$380,160
4. Supportive Services	\$697,046	3 Years	\$2,091,138
5. Operating	\$137,337	3 Years	\$412,011
6. HMIS	\$331,256	3 Years	\$993,768
7. Sub-total Costs Requested			\$3,877,077
8. Admin (Up to 10%)			\$78,558
9. Total Assistance Plus Admin Requested			\$3,955,635
10. Cash Match			\$1,325,000
11. In-Kind Match			\$0
12. Total Match			\$1,325,000
13. Total Budget			\$5,280,635

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Takiva Bell

Date: 09/19/2022

Title: Executive Director

Applicant Organization: S. A.F. E., 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).

X

Active SAM Status Requirement.

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

X

8B. Submission Summary

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

Page	Last Updated	
Unsheltered Homelessness Set Aside Project Application FY2022	Page 56	09/20/2022

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/15/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/15/2022
1E. SF-424 Compliance	09/15/2022
1F. SF-424 Declaration	09/15/2022
1G. HUD 2880	09/15/2022
1H. HUD 50070	09/15/2022
1I. Cert. Lobbying	09/15/2022
1J. SF-LLL	09/15/2022
IK. SF-424B	09/15/2022
1L. SF-424D	09/15/2022
2A. Subrecipients	No Input Required
2B. Experience	09/18/2022
3A. Project Detail	09/19/2022
3B. Description	09/19/2022
4A. Services	09/19/2022
4B. Housing Type	09/19/2022
5A. Households	09/19/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/15/2022
6E. Rental Assistance	09/19/2022
6F. Supp Srvcs Budget	09/19/2022
6G. Operating	09/19/2022
6H. HMIS Budget	09/19/2022
6I. Match	09/19/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	09/15/2022

Applicant: Takiva Bell

18992934

Project: S.A.F.E. Housing First Unsheltered Homelessness Project

202357