

## 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 FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@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 the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.

# 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/25/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MS0069

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. **Legal Name:** Mississippi United to End Homelessness
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 72-1562519
- c. **Unique Entity Identifier:** P3UMJB8GQKW8

### d. Address

**Street 1:** 201 West Capitol Street  
**Street 2:** Suite 800  
**City:** Jackson  
**County:**  
**State:** Mississippi  
**Country:** United States  
**Zip / Postal Code:** 39202

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mr.

**First Name:** Ledger

**Middle Name:**

**Last Name:** Parker

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Mississippi United to End Homelessness

**Telephone Number:** (601) 960-0557

**Extension:** 304

**Fax Number:** (866) 551-0916

**Email:** lparker@muteh.org

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6800-N-25

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

**13. Competition Identification Number:**

**Title:**

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

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

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

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 11/01/2025

b. End Date: 10/31/2026

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? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

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

If "YES," provide an explanation:

# 1F. SF-424 Declaration

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

I AGREE:

## 21. Authorized Representative

Prefix: Mr.

First Name: Ledger

Middle Name:

Last Name: Parker

Suffix:

Title: Executive Director

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

Fax Number: (601) 487-0984  
(Format: 123-456-7890)

Email: lparker@muteh.org

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

Date Signed: 09/25/2024

# 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Number: 2501-0017 Expiration Date: 01/31/2026

## Applicant/Recipient Information

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

**Agency Legal Name:** Mississippi United to End Homelessness

**Prefix:** Mr.

**First Name:** Ledger

**Middle Name:**

**Last Name:** Parker

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Mississippi United to End Homelessness

**Telephone Number:** (601) 960-0557

**Extension:** 304

**Email:** lparker@muteh.org

**City:** Jackson

**County:**

**State:** Mississippi

**Country:** United States

**Zip/Postal Code:** 39202

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

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

**4. Amount of HUD Assistance Requested/Received: \$613,295.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

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

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Ledger Parker, Executive Director

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

Date Signed: 09/25/2024

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Mississippi United to End Homelessness

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

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

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

### Sites for Work Performance.

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

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

X

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Ledger

**Middle Name**

**Last Name:** Parker

**Suffix:**

**Title:** Executive Director

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

**Fax Number:** (601) 487-0984  
**(Format: 123-456-7890)**

**Email:** lparker@muteh.org

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

**Date Signed:** 09/25/2024

# 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:** Mississippi United to End Homelessness

**Name / Title of Authorized Official:** Ledger Parker, Executive Director

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

**Date Signed:** 09/25/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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

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

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

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

Legal Name: Mississippi United to End Homelessness

Street 1: 201 West Capitol Street

Street 2: Suite 800

City: Jackson

County:

State: Mississippi

Country: United States

Zip / Postal Code: 39202

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

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Ledger

**Middle Name:**

**Last Name:** Parker

**Suffix:**

**Title:** Executive Director

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

**Fax Number:** (601) 487-0984  
**(Format: 123-456-7890)**

**Email:** lparker@muteh.org

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

**Date Signed:** 09/25/2024

## IK. SF-424B

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

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2025**

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: Mississippi United to End Homelessness

Prefix: Mr.

First Name: Ledger

**Middle Name:**

**Last Name:** Parker

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/25/2024

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification



**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Update project detail with changes/additions and update match.

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

### 1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** MS0069

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

**3. CoC Collaborative Applicant Name:** Mississippi United to End Homelessness

**4. Project Name:** MUTEH Rapid Rehousing

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** RRH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**9. Is this project applying for Rural costs on screen 6A?** No

### 3B. Project Description

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

This RRH project aided the BOS CoC in achieving and maintaining an effective end to Veteran homelessness as recognized by the USICH. Furthermore, the program serves as an integral part of the CoC’s ongoing goal of effectively ending chronic homelessness in the BOS CoC. The RRH program will continue to be a low barrier, Housing First program and MUTEH will continue to strengthen community ties to promote and secure stability. Using the Coordinated Entry System (CES) for program entry, the renewal grant is client-centered and follows each client’s preference from intake to discharge. MUTEH focuses on meaningfully engaging, housing, and stabilizing participants by: #1 Outreach-- all clients served by MUTEH’s RRH program are identified through unsheltered or sheltered outreach across the BOS as a part of the CoC’s CES. As an agency, MUTEH leads these intensive street/encampment outreach teams and carries partner agencies from a variety of disciplines to allow for real-time referrals. So, as individuals are identified during street outreach, they are directly connected to the BoS CES and handed off to the most appropriate service (according to their choice and eligibility). Individuals/families who are referred to MUTEH’s CoC RRH program are first screened/documentated for eligibility; then they are immediately connected to the case management team. #2 Housing Search and Placement- The housing search is based on the client’s choice using the tenant-based rental assistance model. It takes the average household 15 days to move into permanent housing from program admission. MUTEH also works with Public Housing Authorities to get homeless preferences for disabled and chronically homeless individuals in their communities. The Housing Team not only works with local landlords to access affordable housing, but they also work with local furniture banks to ensure that clients have furniture and basic housing needs when they move in (130 mattresses donated FY23). #3 Case Management (CM) - the CM process is guided by the client, and is continually offered to every client in the program. The case manager works in coordination with the Housing Team and Outreach Team to allow CM to start as soon as possible. MUTEH utilizes the Critical Time Intervention (CTI) case management model as each client is provided an individualized housing stabilization plan. The CTI model involves 9-months of case management at different levels of intensity. During the first 3 months, the case manager provides intensive services as a direct advocate for clients - connecting them to housing, employment, and mainstream benefits. In the following quarter, clients are taught to utilize community resources and how to maintain stable housing and employment, which allows clients to advocate for themselves. In the final phase, the case manager has established the person in the community as they are in full control — with MUTEH providing ongoing case management as needed. This has led to a majority of clients in this program increasing their self-determination to levels promising stability post discharge.

**2. 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"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

3a. Does the project quickly move participants into permanent housing Yes

3b. Does 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"/>

3c. Will the project prevent program participant termination 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"/>

3d. Does the project follow a "Housing First" approach? Yes

## 4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? **Yes**

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? **Yes**

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

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 34

Total Beds: 37

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	34	37

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**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.**

**a. Units:** 34

**b. Beds:** 37

### 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 201 W. Capitol St.

**Street 2:** Suite 800

**City:** Jackson

**State:** Mississippi

**ZIP Code:** 39201

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

289113 Pike County, 289137 Tate County, 289005 Amite County, 289083 Leflore County, 289037 Franklin County, 289009 Benton County, 289117 Prentiss County, 289161 Yalobusha County, 289127 Simpson County, 289155 Webster County, 289041 Greene County, 289147 Walthall County, 289125 Sharkey County, 289017 Chickasaw County, 289035 Forrest County, 289007 Attala County, 289087 Lowndes County, 289069 Kemper County, 289081 Lee County, 289095 Monroe County, 289057 Itawamba County, 289133 Sunflower County, 289075 Lauderdale County, 289115 Pontotoc County, 289163 Yazoo County, 289105 Oktibbeha County, 289065 Jefferson Davis County, 289077 Lawrence County, 289139 Tippah County, 289067 Jones County, 289051 Holmes County, 289103 Noxubee County, 289021 Claiborne County, 289123 Scott County, 289063 Jefferson County, 289111 Perry County, 289071 Lafayette County, 289151 Washington County, 289091 Marion County, 289025 Clay County, 289019 Choctaw County, 289043 Grenada County, 289119 Quitman County, 280630 Hattiesburg, 289031 Covington County, 289053 Humphreys County, 289001 Adams County, 289101 Newton County, 289061 Jasper County, 289079 Leake County, 289135 Tallahatchie County, 289085 Lincoln County, 289143 Tunica County, 289129 Smith County, 289141 Tishomingo County, 289011 Bolivar County, 289145 Union County, 289099 Neshoba County, 289157 Wilkinson County, 289093 Marshall County, 289107 Panola County, 289055 Issaquena County, 289015 Carroll County, 289073 Lamar County, 289003 Alcorn County, 289013 Calhoun County, 289027 Coahoma County, 289159 Winston County, 289153 Wayne County, 289033 DeSoto County, 289097 Montgomery County, 289023 Clarke County

## 5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	31	0	34
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	2	27		29
Persons ages 18-24	1	4		5
Accompanied Children under age 18	3		0	3
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	6	31	0	37

Click Save to automatically calculate totals

## 5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0	0	2	0	2	1	2	2	0
Persons ages 18-24	1	0	0	1	0	1	0	1	1	0
Children under age 18	3	0	0	0	0	0	0	0	1	0
<b>Total Persons</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	24	0	3	15	0	15	2	7	10	0
Persons ages 18-24	4	0	0	3	0	3	0	0	0	0
<b>Total Persons</b>	<b>28</b>	<b>0</b>	<b>3</b>	<b>18</b>	<b>0</b>	<b>18</b>	<b>2</b>	<b>7</b>	<b>10</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	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	0

## 6A. Funding Request

### VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

**1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?** Yes

**2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?** Yes

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

**3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?** No

**4. 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.**

**a. Please complete the indirect cost rate schedule below:**

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
HUD	15%	\$91,994	Will use 15% de minimis rate

**5. Renewal Grant Term:** This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

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

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

## 6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:	\$305,484
Total Units:	34

The number of beds for which funding has been requested in the Rental Assistance budget is 37.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MS - Hattiesburg, MS HUD Metro FMR Ar...	34	\$305,484

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA



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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months		Total Request (Applicant)
SRO		x	\$495	\$472	x	12 =	\$0
0 Bedroom	1	x	\$660	\$629	x	12 =	\$7,548
1 Bedroom	30	x	\$785	\$744	x	12 =	\$267,840
2 Bedrooms	3	x	\$949	\$836	x	12 =	\$30,096
3 Bedrooms		x	\$1,212	\$1,184	x	12 =	\$0
4 Bedrooms		x	\$1,343	\$1,255	x	12 =	\$0
5 Bedrooms		x	\$1,544	\$1,443	x	12 =	\$0
6 Bedrooms		x	\$1,746	\$1,631	x	12 =	\$0
7 Bedrooms		x	\$1,947	\$1,819	x	12 =	\$0
8 Bedrooms		x	\$2,149	\$2,007	x	12 =	\$0
9 Bedrooms		x	\$2,350	\$2,195	x	12 =	\$0
<b>Total Units and Annual Assistance Requested</b>							34
							\$305,484
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$305,484

Click the 'Save' button to automatically calculate totals.

## 6D. 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 Value of Cash Commitments:	\$153,984
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$153,984

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

Type	Source	Contributor	Value of Commitments
Cash	Government	VA SSVF	\$153,984

## Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: VA SSVF

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

4. Amount of Written Commitment: \$153,984

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$305,484
3. Supportive Services (Enter)	\$256,368
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$1,000
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$562,852
9. Admin (Up to 10% of Sub-total in #8)	\$50,443
10. HUD funded Sub-total + Admin. Requested	\$613,295
11. Cash Match (From Screen 6D)	\$153,984
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$153,984
14. Total Project Budget for this grant, including Match	\$767,279

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Articles of Inc a...	08/24/2023
2) Other Attachment	No	MATCH FY24	09/20/2024
3) Other Attachment	No	Code of Conduct	09/25/2024

## **Attachment Details**

**Document Description:** Articles of Inc and Good Standing

## **Attachment Details**

**Document Description:** MATCH FY24

## **Attachment Details**

**Document Description:** Code of Conduct

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Ledger Parker

**Date:** 09/25/2024

**Title:** Executive Director

**Applicant Organization:** Mississippi United to End Homelessness

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).**

X

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/13/2024
1B. SF-424 Legal Applicant	09/13/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/13/2024
Renewal Project Application FY2024	Page 51 10/08/2024

1E. SF-424 Compliance	09/13/2024
1F. SF-424 Declaration	09/13/2024
1G. HUD 2880	09/13/2024
1H. HUD-50070	09/13/2024
1I. Cert. Lobbying	09/13/2024
1J. SF-LLL	09/13/2024
IK. SF-424B	09/13/2024
Submission Without Changes	09/13/2024
Recipient Performance	09/13/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/13/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/13/2024
3B. Description	09/24/2024
4A. Services	09/13/2024
4B. Housing Type	09/13/2024
5A. Households	09/13/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/20/2024
6C. Rental Assistance	09/13/2024
6D. Match	09/19/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2024
7B. Certification	09/25/2024

STATE OF MISSISSIPPI

272301

SECRETARY OF STATE  
DICK MOLPUS

Mississippi Corporation Information System

Corporation Name:  
MISSISSIPPI UNITED TO END HOMELESSNESS

Corp ID: 0544766

Filed: 10/10/1991 at 9:00 a.m.



Dick Molpus  
Secretary of State

Filing Fee Receipt: 524.00

Secretary of State  
Floor Box 116  
Jackson, MS 39205  
(601) 357-1111

ARTICLES OF INCORPORATION  
NONPROFIT

272301



The undersigned person, pursuant to section 79-11-137 Mississippi Code of 1972, hereby executes the following document and sets forth:

1. The name of the corporation is Mississippi United To End Homelessness.
2. The domicile address is 1604 18th Avenue, Meridian, MS 39301.
3. The period of duration is perpetual.
4. The street address of its initial registration office is 1604 18th Avenue, Meridian, MS, 39301, and the name of its initial registered agent at such address is Callie Cole.
5. The name and complete address of the incorporator is as follows: Callie Cole, 1604 18th Avenue, Meridian, MS, 39301. The incorporator is an adult resident citizen of the State of Mississippi.
6. This corporation is a charitable nonprofit organization within the meaning of Section 79-11-101, et seq. Code of Mississippi of 1972.
7. The purpose for which this corporation is organized are exclusively religious, charitable, scientific, literary, and educational within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.
8. The purpose of this corporation is to serve as the primary entity whereby homeless persons, shelter and service providers, and other interested individuals are able to organize, mobilize resources, educate the general populace, coordinate efforts, and plan appropriate strategies to combat homelessness and any related problems.
9. Notwithstanding any other provision or these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code



of 1986 or the corresponding provision of any future United States Internal Revenue Law.

10. In the event of dissolution, the residual assets of the organization shall be turned over to one or more organizations which themselves are exempt as organizations described in sections 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code or to the federal, state, or local government for exclusive public purpose.

11. This corporation shall not be required to make publication of its charter, shall not issue share or stock, shall divide no dividends or profits among its members, shall make expulsion the only remedy for non-payment of dues, shall vest in each member the right to vote in the by-laws of said organization, shall make the loss of membership, by death or otherwise the termination of all interest of such members in the corporation assets, and there shall be no individual liability against the members for corporation debts, but the entire corporate property shall be liable for the claim of creditors.

In the witness whereof, I have hereunto subscribed by name this 26th day of August, 1991.

Incorporator:

Callie L. Cole



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 10th day of December, 1991, the State of Mississippi issued a Charter/Certificate of Authority to:

**MISSISSIPPI UNITED TO END HOMELESSNESS**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said MISSISSIPPI UNITED TO END HOMELESSNESS is in good standing at this time.

Given under my hand and seal of office  
the 5th day of January, 2021

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN21100030

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



DELBERT HOSEMANN  
*Secretary of State*

## STATE OF MISSISSIPPI

### CERTIFICATE OF REGISTRATION

I, C. Delbert Hosemann, Jr., Secretary of State of the State of Mississippi, in accordance with the provisions of the laws of the State of Mississippi, do hereby certify:

**MISSISSIPPI UNITED TO END HOMELESSNESS**

**File Number: 100025808**

has registered with this Office as a charitable organization under the Mississippi Charitable Solicitations Act.

**This Certificate of Registration expires on 11/15/2019.**

REGISTRATION BY THE SECRETARY OF STATE DOES NOT IMPLY  
ENDORSEMENT. THE SECRETARY OF STATE DOES NOT ENDORSE THIS OR  
ANY OTHER CHARITABLE ORGANIZATION.

Given under my hand and seal of office  
this 29th day of May, 2019

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*



ADDRESS

201 West Capitol Street Suite 800  
Jackson, MS 39201

MAILING ADDRESS

P.O.Box 24147  
Jackson, MS 39225

PHONE

Office: 601-960-0557  
Fax: 866-551-0916

September 20, 2024

MS BOS CoC  
201 W Capitol St., Suite 800  
Jackson, MS 39201

To Whom it May Concern:

The match for MUTEH CoC RRH Project is to be \$153,984. We are committing cash match that will be provided by MUTEH in the form of SSVF dollars from the Veterans Administration.

The source of match funds being utilized is eligible under the laws governing the funds. The source of this cash match is not being used as match for other federal programs.

Sincerely,

Louise Meyer  
President/CFO



## CODE OF CONDUCT

### STANDARDS OF CONDUCT

1. All employees of MUTEH share responsibility for the proper conduct of the organization's business. This is a responsibility that imposes a serious obligation upon every individual employee. Because we work with so many organizations and individuals in the community, usually high standards of integrity and impartiality are required to avoid any misunderstanding of our actions, and to maintain the public trust and confidence in our operations.
2. No employee will conduct himself/herself at any time in such a manner as to reflect adversely on the organization. He/she will use the utmost discretion in regards to all matters of official business.
3. The employee will conduct himself/herself in a safe manner at all times. He/she will follow all safety rules established by the organization, and obey all traffic regulations.
4. Employees shall be free to affiliate with any group, or collection of people not otherwise prohibited by these policies and which will not cause disparagement or discrediting influence to the program.
5. Omission or inclusion of specific groups is not to be regarded as sanction or disapproval by the organization.

### NON-DISCLOSURE (Confidentiality)

1. The protection of confidential business information is of vital interest to the success of MUTEH. Any employee who improperly uses or discloses confidential information will be subjected to disciplinary action, up to and including termination and legal action.
2. Confidential information includes but is not limited to the following examples:
  - a. Client lists to include addresses and telephone numbers;
  - b. Compensation data (client and employees)
  - c. Financial information (client and employee)
3. All employees hired by MUTEH are automatically considered to have entered into a non-disclosure agreement as a condition of employment. Any information which has been received by an employee on a confidential basis must be kept in confidence and can only be released with the party's written consent.

## CONFLICT OF INTEREST

1. Conflict of interest is the actual or potential conflict between an employee's personal advantage and the advantage of his/her employer, which arises when that employee holds an interest or relationship to a company or individual doing business with the employer. Actual or potential conflicts of interest are to be avoided.
2. No person shall hold a job while he or she or a member of his/her immediate family serves on a Board or Committee of this organization or has authority to order personnel actions affecting his/her job.

## DRUG-FREE WORKPLACE POLICY

It is MUTEH's desire to provide a drug-free, healthy and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. While on MUTEH premises, and while conducting business-related activities off MUTEH premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

- i. Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.
- ii. Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of disciplinary action, may request to take leave without pay time off to participate in a rehabilitation or treatment program through MUTEH's health insurance benefit coverage. Leave may be granted if the employee agrees to abstain from use of the problem substance; abides by all MUTEH policies, rules and prohibitions relating to conduct in the work place; and if granting the leave will not cause MUTEH any undue hardship.
- iii. Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify MUTEH of a criminal conviction for drug-related activity occurring in the work place within five days of conviction.
- iv. Keeping with MUTEH's intent to provide a safe and healthful work environment, smoking is prohibited throughout the workplace. The policy applies equally to all employees, customers and visitors.

- v. Periodic, random checks will be made during working hours for drug or alcohol abuse in the workplace. All employees will be expected to comply or risk termination.

## **SEXUAL AND OTHER UNLAWFUL HARASSMENT**

1. MUTEH is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship and is strictly prohibited. This means that the following behaviors are grounds for disciplinary action:
  - a. Abusing the dignity of an employee through insulting or degrading remarks or conduct;
  - b. Threats, demands, or suggestions that an employee's work status is contingent upon his/her toleration or acquiescence to sexual advances; or
  - c. Retaliation against employees for complaining about such behaviors.
3. If an employee encounters such abuses from anyone while on organization property or in the process of doing organization business, he/she should contact his/her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the Deputy Director or any other member of management. All employees are entitled to work in security and dignity, and are not expected to endure insulting, degrading, or exploitive treatment.

Any supervisor or director who becomes aware of possible sexual or other unlawful harassment should promptly advise the Deputy Director or any other member of management who will handle the matter in a timely manner.

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

## **PROHIBITIONS AGAINST ACCEPTANCE OF GIFTS AND GRATUITIES**

Employees of MUTEH and members of their immediate families are prohibited from accepting gifts, money and gratuities from persons receiving payments for goods or services, or performing services under contract, or otherwise in a position to benefit from an employee action.

## **CONTRACTS AND PURCHASES**

All contracts and purchases must be approved by the Executive Director. The Executive Director may designate other persons to make purchases only if these do not exceed \$1,000.00

## **RESTRICTION ON POLITICAL ACTIVITIES**

No federal/state funds, equipment or facilities may be used in political campaigns. Employment in the organization will not be offered as consideration or reward for political activities. However, each employee is encouraged to exercise his/her right and responsibility to be informed and to vote in all elections. A state of local officer or employee may:

- i. Be a candidate for public office in a non-partisan election;
- ii. Campaign for and hold elective office in political clubs and organizations;
- iii. Actively campaign for candidates for public office in partisan and non-partisan elections, so long as it is not done during working hours or during any paid leave;
- iv. Contribute money to political organizations, or attend political fund-raising functions;
- v. Participate in any activity not prohibited by laws or regulations; and
- vi. Use an organization vehicle to transport anyone to or from voting places or provide transportation in their private vehicle during working hours.

An election is partisan if any candidate for an elective public office is running as a representative of a political party whose presidential candidate received electoral votes at the preceding presidential election.

## **OFFICIAL REPRESENTATION**

1. Only the President or Vice President of MUTEH may officially represent the organization in making public announcements, speeches, and comments about organization business. In exceptional cases, this authority may be delegated to appropriate staff members in writing. Public announcements relating to organization business should be reviewed by the Executive Director prior to publication.
2. The organization, by appropriate action, will discourage any employee from off duty activities that will jeopardize the mission of the organization.

## **SIGNATURE OF CODE COMPLIANCE**

I will comply with the above standards in this Code of Conduct.

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**Name (Print Clearly)**

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**Position**

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**Signature**

---

**Date**