

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/12/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: United Way of Saginaw County

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1358215

	c. Organizational DUNS:	072785934	PLUS 4:	
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d. Address

Street 1: 100 S. Jefferson Avenue

Street 2: 3rd Floor

City: Saginaw

County: Saginaw

State: Michigan

Country: United States

Zip / Postal Code: 48607

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mrs.

First Name: Joanie

Middle Name:

Last Name: Covert

Suffix:

Title: SC-CHAP Coordinator

Organizational Affiliation: United Way of Saginaw County

Telephone Number: (989) 755-0505

Extension: 218
Fax Number: (989) 755-2158
Email: jcovert@unitedwaysaginaw.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-6100-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): Michigan
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Mustard Seed Plus V

16. Congressional District(s):

a. Applicant: MI-005, MI-004

b. Project: MI-005, MI-004

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2018

b. End Date: 06/30/2019

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: Lawrence

Middle Name:

Last Name: Sims

Suffix:

Title: President/CEO

Telephone Number: (989) 755-0505
(Format: 123-456-7890)

Fax Number: (989) 755-2158
(Format: 123-456-7890)

Email: lsims@unitedwaysaginaw.org

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

Date Signed: 09/12/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: United Way of Saginaw County

Prefix: Mr.

First Name: Lawrence

Middle Name:

Last Name: Sims

Suffix:

Title: President/CEO

Organizational Affiliation: United Way of Saginaw County

Telephone Number: (989) 755-0505

Extension: 202

Email: lsims@unitedwaysaginaw.org

City: Saginaw

County: Saginaw

State: Michigan

Country: United States

Zip/Postal Code: 48607

2. Employer ID Number (EIN): 38-1358215

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$32,940.00

(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. 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Lawrence Sims, President/CEO

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

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: United Way of Saginaw County

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;	

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mr.

First Name: Lawrence

Middle Name

Last Name: Sims

Suffix:

Title: President/CEO

Telephone Number: (989) 755-0505
(Format: 123-456-7890)

Fax Number: (989) 755-2158
(Format: 123-456-7890)

Email: lsims@unitedwaysaginaw.org

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

Date Signed: 09/12/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: United Way of Saginaw County

Name / Title of Authorized Official: Lawrence Sims, President/CEO

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

Date Signed: 09/12/2017

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: United Way of Saginaw County

Street 1: 100 S. Jefferson Avenue

Street 2: 3rd Floor

City: Saginaw

County: Saginaw

State: Michigan

Country: United States

Zip / Postal Code: 48607

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Lawrence

Middle Name:

Last Name: Sims

Suffix:

Title: President/CEO

Telephone Number: (989) 755-0505
(Format: 123-456-7890)



Fax Number: (989) 755-2158
(Format: 123-456-7890)

Email: lsims@unitedwaysaginaw.org

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

Date Signed: 09/12/2017

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: \$32,940

Organization	Type	Sub-Award Amount
Saginaw Catholic Mustard Seed Foundation	M. Nonprofit with 501C3 IRS Status	\$32,940

2A. Project Subrecipients Detail

a. Organization Name: Saginaw Catholic Mustard Seed Foundation

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 11-3661899

	* d. Organizational DUNS:	965097665	PLUS 4:	
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e. Physical Address

Street 1: 1325 Cherry St.

Street 2:

City: Saginaw

State: Michigan

Zip Code: 48601

f. Congressional District(s): MI-005, MI-004
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$32,940

j. Contact Person

Prefix: Ms.

First Name: Amy

Middle Name: Frances

Last Name: Bartels Roe
Suffix:
Title: Executive Director
E-mail Address: amyroe@themustardseedshelter.org
Confirm E-mail Address: amyroe@themustardseedshelter.org
Phone Number: 989-755-4741
Extension:
Fax Number: 989-753-4832

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Saginaw Catholic Mustard Seed Foundation, DBA Mustard Seed Shelter has experience in managing and executing Shelter Plus Care grants for twelve year. This grant for which we are requesting a reallocation has five women in the program. Emmaus House who has been the subrecipient for this grant since its inception, no longer wishes to continue supportive services to the women in the grant, nor act as subrecipient any longer. The women in this grant would become homeless again unless there is another agency willing to manage the grant and provide supportive services.

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

This grant would be managed by Mustard Seed Shelter we leverage Private dollars to fund Supportive Services for all grants. We currently manage and provide services for women in seven grants--Mustard Seed Plus, Mustard Seed Plus II, Mustard Seed Plus III, Mustard Seed Plus IV, Mustard Seed Family Plus, Mustard Seed Family Plus II-Pt. 1, Mustard Seed Family Plus II-Samaritan Bonus. All of these grants are for five slots each except the last two, they are for five slots when combined. All in all, we have slots for 30 individuals and families, but we are serving 22 individuals and 13 families, 35 households total.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

We are a 501 c 3 non-profit that has been in existence for 22 years. We have been growing as an organization and have successfully transitioned from an all volunteer organization to an organization with paid staff. We have a small team of paid and unpaid staff who provide supportive services to the 20 plus individuals in grants for singles and 13 families in grants for households with children. Our financial accounting systemn is sound. We have a bookkeeper who is retired from years of working at Saginaw County's Comptroller's office where she managed a budget with millions of dollars.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MI-510 - Saginaw City & County CoC

1b. CoC Collaborative Applicant Name: United Way of Saginaw County

2. Project Name: Mustard Seed Plus V

3. Project Status: Standard

4. Component Type: PH

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

3B. Project Description

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

While there are a number of shelters in the City of Saginaw, we cannot meet the existing need. There are about 400 homeless women and children who go unsheltered on any given night in Saginaw (Continuum of Care, 2014). There is extreme poverty in Saginaw’s East Side, especially where the Saginaw Catholic Mustard Seed Foundation, DBA Mustard Seed Shelter is located. In the Mustard Seed neighborhood, which is Tract 7, 62% of women are living below poverty level; this is well-above the state average of 20.7% (U.S. Census 2009). As you can begin to see, statistics indicate great need for services in this population.

Many of these people are women whose chronic homelessness is caused by severe untreated Mental Illness and Substance Abuse issues. Many of these individual have been homeless for years, living from shelter to shelter, on the streets and many have no support systems in place for their physical, mental and other health needs.

As part of our CoC, we work to identify individuals in our community who are part of this population and serve them through this PSH grants. All homeless women who present at a shelter or perhaps during a street outreach event or by referral, are screened using the VI-SPDAT for prioritization and assessed for placement in this and other PSH programs.

Once placed in this program, individuals are assisted through the process of locating housing and obtaining furniture and other household items (silverware, dishes, pots, pans, etc.) to set their home up for permanency.

Mustard Seed Plus V provides rental assistance and security deposits for single women who are chronically homeless and have either a serious mental illness and/or a history of drug addiction. Mustard Seed Shelter personnel offer assistance with finding and securing suitable housing, supportive services such as transportation to and from appointments, case management with Individual Service Plans, mainstream services navigation, assistance with co-pays, education enrollment, job placement, etc. All of this will lead to the overall goals of Permanent Supportive Housing Programs—Residential Stability, Increase in Income/Skills as well as greater Self-Determination.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

While this is a new project for Saginaw Catholic Mustard Seed Foundation, this grant is currently being managed by The Saginaw Housing Commission and Emmaus House of Saginaw. The grant is currently running at capacity and will remain that way with the 5 individuals currently in the grant remaining in it. As the Saginaw Housing Commission and Emmaus House have chosen to no

longer manage this grant, Saginaw Catholic Mustard Seed Foundation will become the subrecipient of the Applicant--United Way of Saginaw. The 5 women in this grant will remain permanently housed with supportive services being offered through Saginaw Catholic Mustard Seed Foundation.

Women will be seen once a month at a minimum by personnel from Saginaw Catholic Mustard Seed Foundation which will be providing needed supportive services. Women will be assessed and will participate in the creation of an Individual Services Plan which will be revised and updated at least annually. With that they will be encouraged and supported to participate in mainstream and community services to help them improve their situation.

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

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

(Select ALL that apply)

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

5. Housing First

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

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

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

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

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

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

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

7. Will the PH project provide PSH or RRH? PSH

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

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

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but

the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

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

Mustard Seed V is for chronically homeless women with a serious mental illness and/or a history of drug abuse. Our goal is to stabilize women with housing and supportive services to help them become successful at remaining in their own home for the long-term, thereby reducing the risk of returning to homelessness with high use of emergency community services. We make sure that the women have accessed all available mainstream services to support them in their transition to healthy, independent living. We have also developed relationships with over 20 landlords in the Saginaw area and have taken the time to educate them on grant criteria so they understand the potential crisis issues a tenant could have and the support we offer to help get them through a crisis.

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

Through connections with community partners who specialize in job training, educational success, financial management, etc. participants will have an ability to increase their skills and income. Saginaw Catholic Mustard Seed Foundation (DBA Mustard Seed Shelter) has been serving the chronically homeless for over 22 years and over 12 years through Shelter Plus Care. As members of SC-CHAP we share existing resources and work to identify and create new relationships needed. Our partnerships include: DHHS, SSA, Saginaw County Community Mental Health Authority, Delta College, Saginaw Valley State University, Educational Training Connection, Earn to Learn, Community Ventures, Qualified Staffing, Inc., Saginaw Valley Rehabilitation, Michigan Works, etc. Through these partnerships we are able to assist those we serve to reach their highest potential through treatment, education and increased income.

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

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

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Use of a single application form for four or more mainstream programs? Yes



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

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

6a. Has the staff person providing the technical assistance completed SOAR? Yes

training in the past 24 months.

4B. Housing Type and Location

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

Total Units: 5

Total Beds: 5

Total Dedicated CH Beds: 5

Housing Type	Units	Beds
Scattered-site apartments (...)	5	5

4B. Housing Type and Location Detail

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

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

a. Units: 5

b. Beds: 5

3. How many beds of the total beds in “2b. 5 Beds” are dedicated to the chronically homeless?

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Street 1: scattered sites

Street 2:

City: Saginaw

State: Michigan

ZIP Code: 48601

***5. 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)**

265340 Saginaw, 269145 Saginaw County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	5	0	5
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	5	0	5
Adults ages 18-24	0	0	0	0
Accompanied Children under age 18	0	0	0	0
Unaccompanied Children under age 18	0	0	0	0
Total Persons	0	5	0	5

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	5	0	0	5	0	2	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	5	0	0	5	0	2	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

0%	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

Program participants will come to the Saginaw Catholic Mustard Seed Foundation (DBA Mustard Seed Shelter) to receive immediate shelter. We will work with them to get them into housing right away and work to wrap them with services to help them become successful at living independently.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Reallocation

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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$32,940
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Saginaw, MI MSA (2614599999)	5	\$32,940

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MI - Saginaw, MI MSA (2614599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$328	x	12	=	\$0
0 Bedroom		x	\$437	x	12	=	\$0
1 Bedroom	5	x	\$549	x	12	=	\$32,940

2 Bedrooms		x	\$709	x	12	=	\$0
3 Bedrooms		x	\$934	x	12	=	\$0
4 Bedrooms		x	\$972	x	12	=	\$0
5 Bedrooms		x	\$1,118	x	12	=	\$0
6 Bedrooms		x	\$1,264	x	12	=	\$0
7 Bedrooms		x	\$1,409	x	12	=	\$0
8 Bedrooms		x	\$1,555	x	12	=	\$0
9 Bedrooms		x	\$1,701	x	12	=	\$0
Total Units and Annual Assistance Requested		5					\$32,940
Grant Term							1 Year
Total Request for Grant Term							\$32,940

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$8,235
Total Value of All Commitments:	\$8,235

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Assistant Director	08/24/2017	\$8,235

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Assistant Director
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/24/2017
- 6. Value of Written Commitment:** \$8,235

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

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$32,940	1 Year	\$32,940
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$32,940
8. Admin (Up to 10%)			\$0
9. Total Assistance Plus Admin Requested			\$32,940
10. Cash Match			\$0
11. In-Kind Match			\$8,235
12. Total Match			\$8,235
13. Total Budget			\$41,175

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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.

For 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.

For 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 provided.

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: Lawrence Sims

Date: 09/12/2017

Title: President/CEO

Applicant Organization: United Way of Saginaw County

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).**

8B. Submission Summary

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

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

Page		Last Updated
New Project Application FY2017	Page 49	09/20/2017

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2017
1E. SF-424 Compliance	09/09/2017
1F. SF-424 Declaration	09/09/2017
1G. HUD 2880	09/09/2017
1H. HUD 50070	09/09/2017
1I. Cert. Lobbying	09/09/2017
1J. SF-LLL	09/09/2017
2A. Subrecipients	09/11/2017
2B. Experience	09/09/2017
3A. Project Detail	09/09/2017
3B. Description	09/09/2017
3C. Expansion	09/09/2017
4A. Services	09/10/2017
4B. Housing Type	09/10/2017
5A. Households	09/10/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/10/2017
6A. Funding Request	09/10/2017
6E. Rental Assistance	09/10/2017
6I. Match	09/10/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	09/10/2017