166282

Project: Project Dwelling Place Consolidated

## 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: 08/13/2018

4. Applicant Identifier:

**5a. Federal Entity Identifier:** 

5b. Federal Award Identifier: MI0222

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 confrim 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:

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**Project:** Project Dwelling Place Consolidated

## 1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Saginaw County Community Mental Health

Authority

b. Employer/Taxpayer Identification Number 38-3192817

(EIN/TIN):

c. Organizational DUNS:	626909670	PLUS 4		
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d. Address

Street 1: 500 Hancock St.

Street 2:

City: Saginaw

County: Saginaw

State: Michigan

**Country:** United States

Zip / Postal Code: 48602

e. Organizational Unit (optional)

**Department Name:** Care Management & Quality Systems

**Division Name:** Housing Resource Center

f. Name and contact information of person to

contacted on matters involving this

application

Prefix: Mr.

First Name: Rollin

Middle Name:

Last Name: Archangeli

Suffix:

**Title:** Housing Resource Center Supervisor

**Organizational Affiliation:** Saginaw County Community Mental Health

Authority

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Applicant: Saginaw County Community Mental Health Authority

Project: Project Dwelling Place Consolidated

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**Telephone Number:** (989) 498-2263

**Extension:** 

**Fax Number:** (989) 790-2370

Email: rarchangeli@sccmha.org

## 1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance CoC Program

Title:

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-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) Michigan

only):

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Project Dwelling Place Consolidated

16. Congressional District(s):

a. Applicant: MI-005, MI-004

(for multiple selections hold CTRL key)

**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 b. Program is subject to E.O. 12372 but has not State Executive Order 12372 Process? 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 No

If "YES," provide an explanation:

166282

Project: Project Dwelling Place Consolidated

#### 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: X

21. Authorized Representative

Prefix: Mrs.

First Name: Sandra

Middle Name: M.

Last Name: Lindsey

**Suffix:** 

Title: CEO

**Telephone Number:** (989) 797-3501

(Format: 123-456-7890)

**Fax Number:** (989) 799-0206

(Format: 123-456-7890)

Email: SLindsey@sccmha.org

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

**Date Signed:** 08/13/2018

166282

**Project:** Project Dwelling Place Consolidated

#### 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:** Saginaw County Community Mental Health

Authority

Prefix: Mrs.

First Name: Sandra

Middle Name: M.

Last Name: Lindsey

Suffix:

Title: CEO

Organizational Affiliation: Saginaw County Community Mental Health

Authority

**Telephone Number:** (989) 797-3501

**Extension:** 

**Email:** SLindsey@sccmha.org

City: Saginaw

County: Saginaw

State: Michigan

**Country:** United States

Zip/Postal Code: 48602

**2. Employer ID Number (EIN):** 38-3192817

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

4. Amount of HUD Assistance \$469,367.00

Requested/Received:

(Requested amounts will be automatically entered within applications)

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5. State the name and location (street Project Dwelling Place Consolidated 500 address, city and state) of the project or Hancock St. Saginaw Michigan 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 Yes specific project or activity? (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to Yes 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.

#### 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
SCCMHA 500 Hancock St., Saginaw, MI 48602	CoC Program-PH/PSH	\$469,367.00	Rental Assistance
NA	NA	0.0	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

#### **Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. any other person who has a financial interest in the project or activity for which the

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**Applicant:** Saginaw County Community Mental Health Authority

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Project: Project Dwelling Place Consolidated

assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

#### 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: X

Name / Title of Authorized Official: Sandra Lindsey, CEO

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

**Date Signed:** 08/02/2018

### 1H. HUD 50070

#### **HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** Saginaw County Community Mental Health

Authority

Program/Activity Receiving Federal Grant CoC Program

**Funding:** 

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 Federalagency 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 hereby certif	y that all the information stated
herein, as well	as any information provided in



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**Applicant:** Saginaw County Community Mental Health Authority

Project: Project Dwelling Place Consolidated

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#### 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: Mrs.

First Name: Sandra

Middle Name M.

Last Name: Lindsey

Suffix:

Title: CEO

**Telephone Number:** (989) 797-3501

(Format: 123-456-7890)

**Fax Number:** 

(989) 799-0206

(Format: 123-456-7890)

Email: SLindsey@sccmha.org

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

**Date Signed:** 08/13/2018

#### 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:** Saginaw County Community Mental Health

Authority

Name / Title of Authorized Official: Sandra Lindsey, CEO

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

**Date Signed:** 08/13/2018

#### 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?

**Legal Name:** Saginaw County Community Mental Health

Authority

Street 1: 500 Hancock St.

Street 2:

City: Saginaw

County: Saginaw

State: Michigan

**Country:** United States

Zip / Postal Code: 48602

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	Χ
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**Applicant:** Saginaw County Community Mental Health Authority

Project: Project Dwelling Place Consolidated

12-663-2822 166282

complete.

**Authorized Representative** 

Prefix: Mrs.

First Name: Sandra

Middle Name: M.

Last Name: Lindsey

Suffix:

Title: CEO

**Telephone Number:** (989) 797-3501

(Format: 123-456-7890)

Fax Number: (989) 799-0206

(Format: 123-456-7890)

Email: SLindsey@sccmha.org

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

**Date Signed:** 08/13/2018

## **Information About Submission without Changes**

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

## **Recipient Performance**

- 1. Has the recipient successfully submitted Yes the APR on time for the most recently expired grant term related to this renewal project request?
- 2. Does the recipient have any unresolved No HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
  - 3. Has the recipient maintained consistent Yes Quarterly Drawdowns for the most recent grant term related to this renewal project request?
  - 4. Have any Funds been recaptured by HUD No for the most recently expired grant term related to this renewal project request?

#### **Renewal Grant Consolidation Screen**

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?
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	Туре	Туре	Sub- Awar d Amo unt
	This list contains no	items	

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Project: Project Dwelling Place Consolidated

## 3A. Project Detail

1. Project Identification Number (PIN) of MI0222 expiring grant:

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

2a. CoC Number and Name: MI-510 - Saginaw City & County CoC

**2b. CoC Collaborative Applicant Name:** United Way of Saginaw County

3. Project Name: Project Dwelling Place Consolidated

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new No application for a Renewal Expansion Grant?

## 3B. Project Description

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

This project is a Permanent Supportive Housing Tenant-Based Rental Assistance program that is intended to serve 66 individuals or families at any given time. This target population for this project is severely and persistently mentally ill. Additionally, sub-population categories are included with the following percentages: Substance Abuse (60%); Chronically Homeless (52%); Veterans (10%) and Domestic Violence victims (10%). We are currently operating over capacity. Participants are served through Saginaw County Community Mental Health Authority for their supportive services. Each project participant has a Case Manager and Person Centered Plan to address their housing and health care needs. Program participants are expected to comply with program requirements and are encouraged to participate in supportive services. Participants are assisted with their housing needs through both Peer Support Services and Community Living Supports. Participants are assisted through other divisions of our agency such as Case Management, Support Coordination, Substance Use Treatment, Jail Diversion, Geriatric Services, Supported Employment and Family Services. Expected outcomes are mental and physical health maintenance through supportive services, and housing stability with participants remaining on the program for 12 months or longer. Positive exits to independent housing with continuing services is the ultimate outcome. Our agency is the county Community Mental Health provider/agency and as such, partners with: local health care, hospitals, health delivery agencies, substance abuse programs, the Michigan Department of Human Services, city and county leadership and others. Our agency provides services to over 5,000 persons annually and coordinates care throughout our provider network and community service providers. Our Salter Place Housing Resource Center provides housing services to participants with six staff including: two Peer Support staff, an Outreach Worker, a Housing Coordinator, a Healthy Homes Coordinator and a Supervisor.

## 2. Does your project have a specific Yes population focus?

#### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	х	Domestic Violence	X
Veterans	Х	Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families with Children	Х	HIV/AIDS	
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Applicant: Saginaw County Community Mental Health Authority	12-663-282
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Other (Click 'Save' to update)
--------------------------------

Other:

#### 3. Housing First

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

## 3b. 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	x
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

## 3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	
None of the above	

## 3d. Does the project follow a "Housing First" No approach?

### 3C. Dedicated Plus

#### **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.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% N/A Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

## 4A. Supportive Services for 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 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	Annually
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Monthly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Applicant	Monthly
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	Weekly
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

- 2. Please identify whether the project includes the following activities:
- 2a. Transportation assistance to clients to Yes attend mainstream benefit appointments, employment training, or jobs?

2b. At least annual follow-ups with Yes participants to ensure mainstream benefits are received and renewed?

3. Do project participants have access to Yes

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**Applicant:** Saginaw County Community Mental Health Authority

Project: Project Dwelling Place Consolidated

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SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the Yes technical assistance completed SOAR training in the past 24 months.

## 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: 66** 

Total Beds: 77

Total Dedicated CH Beds: 34

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (		66	77

## 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: 66b. Beds: 77

3. How many beds of the total beds in "2b. 34 Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

#### 4. Address:

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

Street 1: 2723 State St.

Street 2:

City: Saginaw

State: Michigan

**ZIP Code:** 48602

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

265340 Saginaw, 269145 Saginaw County

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### 5A. Project 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.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	9	57	0	66
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	8	51		59
Adults ages 18-24	1	6		7
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	21	57	0	78

Click Save to automatically calculate totals

## 5B. Project 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.

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

Characteristics	s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Abuse	Persons with HIV/AID S	Severely Mentally III		Physical Disabilit y		Persons not represen ted by listed subpopu lations
Adults over age 24	3	1	1	6	0	8	2	1	0	0
Adults ages 18-24	1	0	0	1	0	1	1	0	0	0
Children under age 18	5			1	0	5	1	0	0	0
Total Persons	9	1	1	8	0	14	4	1	0	0

#### Click Save to automatically calculate totals

#### **Persons in Households without Children**

Characteristics	ally Homeles s Non-	Chronic ally Homeles s Veterans	ally Homeles s	Abuse			Victims of Domesti c Violence		mentai Disabilit	Persons not represen ted by listed subpopu lations
Adults over age 24	19	3	4	41	0	51	7	2	0	0
Adults ages 18-24	4	1	0	5	0	6	1	0	0	0
Total Persons	23	4	4	46	0	57	8	2	0	0

#### Click Save to automatically calculate totals

#### Persons in Households with Only Children

	ally Homeles s Non-	ally Homeles s	Non- Chronic ally Homeles s Veterans	Substan ce Abuse	Persons	Severely Mentally III	Victims of Domesti c Violence	mentai Disabilit	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18									

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Applicant: Saginaw County Community Mental Health Authority

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Unaccompanied Children under age 18									
Total Persons	0		0	0	0	0	0	0	0

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**Project:** Project Dwelling Place Consolidated

## 5C. Outreach for 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. Enter the percentage of project participants that will be coming from each of the following locations.

9%	Directly from the street or other locations not meant for human habitation.
87%	Directly from emergency shelters.
0%	Directly from safe havens.
4%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

## **6A. Funding Request**

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. Do any of the properties in this project No have an active restrictive covenant?
- 2. Was the original project awarded as either No a Samaritan Bonus or Permanent Housing Bonus project?
- 3. Does this project propose to allocate funds No according to an indirect cost rate?
  - 4. Renewal Grant Term: 1 Year
- 5. Select the costs for which funding is being requested:

Leased Units
Leased Structures
Rental Assistance
X
Supportive Services
Operating
HMIS

## 6C. 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:			\$442,860
	Total Units:			66
Type of Rental Assistance	FMR Area		Total Units Requested	Total Request
TRA	MI - Saginaw, MI MSA (261459999	9)	66	\$442,860

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## **Rental Assistance Budget Detail**

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance No funding for less than the area's per unit size fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	18	х	\$359	\$359	х		=	\$77,544
0 Bedroom		х	\$479	\$479	х		=	\$0
1 Bedroom	39	х	\$594	\$594	х		=	\$277,992
2 Bedrooms	7	х	\$755	\$755	х		=	\$63,420
3 Bedrooms	2	х	\$996	\$996	х		=	\$23,904
4 Bedrooms		х	\$1,041	\$1,041	х		=	\$0
5 Bedrooms		х	\$1,197	\$1,197	х		=	\$0
6 Bedrooms		х	\$1,353	\$1,353	х		=	\$0
7 Bedrooms		х	\$1,509	\$1,509	х		=	\$0
8 Bedrooms		х	\$1,666	\$1,666	х		=	\$0
9 Bedrooms		х	\$1,822	\$1,822	х		=	\$0
Total Units and Annual Assistance Requested	66							\$442,860
Grant Term		-						1 Year
Total Request for Grant Term								\$442,860

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 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:	\$117,350
Total Value of All Commitments:	\$117,350

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

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	Туре	Source	Contributor	Date of Commitment	Value of Commitments	
Yes	In-Kind	Government	Saginaw County Co	08/06/2018	\$117,350	

### **Sources of Match Detail**

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1. Will this commitment be used towards Yes Match?

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Saginaw County Community Mental Health

(Be as specific as possible and include the Authority

office or grant program as applicable)

5. Date of Written Commitment: 08/06/2018 6. Value of Written Commitment: \$117,350

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.

### **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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$442,860
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$442,860
7. Admin (Up to 10%)	\$26,507
8. Total Assistance plus Admin Requested	\$469,367
9. Cash Match	\$0
10. In-Kind Match	\$117,350
11. Total Match	\$117,350
12. Total Budget	\$586,717

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# 7A. Attachment(s)

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

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### **Attachment Details**

**Document Description:** 

### **Attachment Details**

Document Description: SCCMHA FY16 consolidation agreement -

signed

### **Attachment Details**

**Document Description:** 

Applicant: Saginaw County Community Mental Health Authority12-663-2822Project: Project Dwelling Place Consolidated166282

# 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind services MOU	08/06/2018

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## **Attachment Details**

**Document Description:** In-Kind services MOU

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## 7B. 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.

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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 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

#### B. For non-Rental Assistance Projects Only.

#### 20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

#### 15-Year Operation Rule – 24 CFR part 578 only.

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.

#### C. Explanation.

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 Sandra Lindsey

**Date:** 08/13/2018

Title: CEO

**Applicant Organization:** Saginaw County Community Mental Health

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#### Authority

#### 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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (Ú.S. Code, Title 218, Section 1001).



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# **Submission Without Changes**

1. Are the requested renewal funds reduced No from the previous award as a result of reallocation?

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	Х
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	х

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6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 3B attempted to change "Housing First" to yes. Unable to. 6C extra "Rental Assistance" Field entered. Deleted to move on.
- 6D Match updated to reflect correct required amount.
- 6E Attempted to change admin amount to match GIW. System would not let me.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.

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# **8B Submission Summary**

Page	Last Updated	
1A. SF-424 Application Type	08/02/2018	
1B. SF-424 Legal Applicant	No Input Required	

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Project: Project Dwelling Place Consolidated

1C. SF-424 Application Details	No Input Required	
1D. SF-424 Congressional District(s)	08/06/2018	
1E. SF-424 Compliance	08/02/2018	
1F. SF-424 Declaration	08/02/2018	
1G. HUD-2880	08/02/2018	
1H. HUD-50070	08/02/2018	
1I. Cert. Lobbying	08/02/2018	
1J. SF-LLL	08/02/2018	
Recipient Performance	08/02/2018	
Renewal Grant Consolidation	08/02/2018	
2A. Subrecipients	No Input Required	
3A. Project Detail	08/02/2018	
3B. Description	08/02/2018	
3C. Dedicated Plus	08/02/2018	
4A. Services	08/02/2018	
4B. Housing Type	08/02/2018	
5A. Households	08/02/2018	
5B. Subpopulations	No Input Required	
5C. Outreach	08/02/2018	
6A. Funding Request	08/02/2018	
6C. Rental Assistance	08/02/2018	
6D. Match	08/10/2018	
6E. Summary Budget	No Input Required	
7A. Attachment(s)	No Input Required	
7A. In-Kind Match MOU Attachment	08/06/2018	
7B. Certification	08/13/2018	
Submission Without Changes	08/13/2018	



August 6, 2018

Rollin Archangeli Supervisor, Housing Resource Center Saginaw County Community Mental Health 500 Hancock Saginaw, MI 48602

RE: Service Match for Project Dwelling Place Consolidated (#MI0222L5F101710)

Dear Mr. Archangeli:

This letter provides documentation that Salter Place Housing Resource Center and the **Project Dwelling Place Consolidated** program, which is managed by the Housing Resource Center is the recipient of **in-kind service match** in the amount of \$117,350. This amount represents the entirety of the 25% required Match Commitment. This in-kind match (services) will be provided during the period of July 1, 2019 through June 30, 2020.

We understand that this in-kind match provided by us to the Salter Place HRC **Project Dwelling Place Consolidated** will be utilized to support cash match requirements under the HUD requirements for McKinney Vento program awards, and approve of the use of these funds for cash match purposes.

Please contact us if you need any additional information.

Sincerely,

Lhoda Tilot, Director of Care Management & Quality Systems

**SCCMHA** 

cc: Sandra Lindsey, CEO

Matthew Briggs, Contracts Manager