

Before Starting Grant Amendment

HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Grant Amendments.

Amendments

After the execution of a grant awarded through the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program competition, recipients may submit a request to HUD to amend certain project details at any time. Examples of amendments may include but are not limited to a change of grant recipient, the moving of more than 10% of funds from one Budget Line Item (BLI) to another, a slight change in unit configuration, or a slight change in population focus. Grant amendments are also necessary to complete grant consolidations, and this process includes dedicated screens and fields that apply to both Surviving and Terminating grants involved in a consolidation. Whatever the request, recipients must first gain approval from HUD via email, phone, mail and/fax. Only then will the amendment request be officially completed using this form in e-snaps. For more information concerning when an amendment is required, please refer to the CoC Program interim rule, 24 CFR 578.105, Grant and project changes.

It is important to note that the amendment process cannot be used to create a new project. Amendment requests may be rejected on the grounds that the amendment fundamentally changes the nature of the project when compared with the original award.

Making substantial changes to a grant may impact the applicability of CoC regulations that were not in affect under SHP and/or S+C regulations. To help determine what changes are considered "Substantial Grant Amendments," please review the Homeless Programs Transition Policies and Changes Webinar, which can found at <https://www.hudexchange.info/resource/2727/homeless-programs-transition-policies-and-changes-webinar/>.

Amended Grant Agreements

HUD will enter into a grant agreement with the recipient once the screens at this step are received and approved by the local HUD CPD field office. The amendment process includes the following:

1. HUD receives an offline request from the grant recipient for a grant amendment, either written, through email, faxed, or over the phone.
2. HUD notifies recipients when the Amendments Form is ready in e-snaps.
3. Recipients amend project information from the current grant in e-snaps. This will serve as the formal amendment request.
4. Recipients attach supporting documentation to justify amendments, including HUD's approval of grant consolidations as applicable.
5. HUD reviews the Amendment Form in e-snaps for approval.

Things to Remember

- Program policy questions and problems related to completing Amendments in e-snaps may be directed to HUD through HUD Ask A Question (AAQ), which is accessible online at <https://www.hudexchange.info/get-assistance/>.
- To ensure that this form is completed correctly, refer back to the FY 2019 CoC NOFA and the FY 2019 NOFA General Section.
- All grant recipients should verify the accuracy of their project applicant profile in e-snaps before submitting this form.
- HUD reserves the right to reject any amendment that fails to comply with 24 CFR 578, the FY 2019 CoC Program and original award year NOFAs, or the FY 2019 NOFA General Section.

Attachments

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

Document Type	Required?	Document Description	Date Attached
01) Attachment(s)	No		
02) Attachment(s)	No		
03) Attachment(s)	No		
04) Attachment(s)	No		
05) Attachment(s)	No		
06) Attachment(s)	No		
07) Attachment(s)	No		
08) Attachment(s)	No		
09) Attachment(s)	No		
10) Attachment(s)	No		

Attachment Details

Document Description:

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Amendments

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

Does your amendment request require a change to project details (included on the following project information screens)? No

1A. Application Type

This information on this formlet is pre-populated and cannot be edited.

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/09/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0333L5F101910

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

This information on this formlet is pre-populated and cannot be edited.

8. Applicant

a. Legal Name: Underground Railroad Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 38-2241312

c. Organizational DUNS:	608798468	PLUS 4	
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d. Address

Street 1: 5647 State Street
Street 2: Suite A
City: Saginaw
County: Saginaw
State: Michigan
Country: United States
Zip / Postal Code: 48603

e. Organizational Unit (optional)

Department Name: Housing
Division Name: Program Services and Advocacy

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

Prefix: Ms.
First Name: Amanda
Middle Name:
Last Name: Qualls
Suffix:
Title: Deputy Director
Organizational Affiliation: Underground Railroad Inc.

Telephone Number: (989) 399-0007

Extension: 107

Fax Number: (989) 399-0010

Email: aqualls@undergroundrailroadinc.org

1C. Application Details

This information on this formlet is pre-populated and cannot be edited.

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status
If "Other" please specify:

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-6300-N-25

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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

15. Descriptive Title of Applicant's Project: Shelter Plus Care for Victims of Domestic Violence

16. Congressional District(s):

a. Applicant: MI-008

b. Project: MI-004, MI-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2019

b. End Date: 08/31/2020

1E. Compliance

This information on this formlet is pre-populated and cannot be edited.

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. Declaration

This information on this formlet is pre-populated and cannot be edited.

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: Ms.

First Name: Christi

Middle Name:

Last Name: Birchmeier

Suffix:

Title: President/CEO

Telephone Number: (989) 399-0007
(Format: 123-456-7890)

Fax Number: (989) 399-0010
(Format: 123-456-7890)

Email: christib@undergroundrailroadinc.org

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

Date Signed: 09/09/2024

Recipient Performance

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

There were funds recaptured due to the transfer of this grant from one grantee to another in the middle of the grant year.

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, 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 combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No



Grant Consolidation

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

2A. Project Subrecipients

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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: \$59,546

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

Organization	Type	Sub-Award Amount
Underground Railroad, Inc.	M. Nonprofit with 501C3 IRS Status	\$59,546

2A. Project Subrecipients

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

a. Organization Name Underground Railroad, Inc.

b. Organization Type M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 38-2241312

	* d. Organizational DUNS:	608798468	PLUS 4	
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e. Physical Address

Street 1 5647 State Street

Street 2 Suite A

City Saginaw

State Michigan

Zip Code 48603

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

g. Is the subrecipient a Faith-Based Organization? No

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: \$59,546

j. Contact Person

Prefix Mrs.

First Name Rachel

Middle Name
Last Name Farley
Suffix
Title Program Director
E-mail Address rpfarley@undergroundrailroadinc.org
Confirm E-mail Address rpfarley@undergroundrailroadinc.org
Phone Number 989-755-0413
Extension 1,207
Fax Number

3A. Project Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

1. Awarded Grant Number: MI0333L5F101910

(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 Applicant Name: United Way of Saginaw County

3. Project Name: Shelter Plus Care for Victims of Domestic Violence

	Current	Amendment
4. Component Type:	PH	PH

	Current	Amendment
4a. Does the PH project provide PSH or RRH? Click 'Save' to update.	PSH	PSH

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

3B. Project Description

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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

The project provides housing for 5 families and 1 individual who have been a victim of domestic or sexual abuse resulting in permanent physical and/or mental disability such that it limits the victim to function adequately to become financially independent. Each victim and their family receives supportive services, financial assistance and case management to ensure long term housing stability. The provision of housing stability allows the children in these homes to become enrolled in school with out disruption. Survivors can remain in the housing as long as they are disabled and meet income limits.

1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

The project provides housing for 5 families and 1 individual who have been a victim of domestic or sexual abuse resulting in permanent physical and/or mental disability such that it limits the victim to function adequately to become financially independent. Each victim and their family receives supportive services, financial assistance and case management to ensure long term housing stability. The provision of housing stability allows the children in these homes to become enrolled in school with out disruption. Survivors can remain in the housing as long as they are disabled and meet income limits.

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

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

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

Other (Click 'Save' to update)	<input type="text"/>
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Other:

3. Housing First

a. Does 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?

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

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

3C. Dedicated Plus

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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: 6

Total Beds: 12

Total Dedicated CH Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)		2	2	2
Single family homes/townhou...		2	4	4
Single family homes/townhou...		2	6	6

4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

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:** 2

b. **Beds:** 2

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

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

4. **Address**

Street 1: Client Selected Site

Street 2:

City: Saginaw

State: Michigan

ZIP Code: 48601

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

269145 Saginaw County, 265340 Saginaw

4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

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

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

a. Units: 2

b. Beds: 4

3. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4

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

4. Address

Street 1: 2307 Mackinaw

Street 2: 1834 Jordan

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

4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

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

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

a. Units: 2

b. Beds: 6

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

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

4. Address

Street 1: 3329 Binscarth

Street 2: 834 Harrison

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

5A. Project Participants - Households

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	4	2	0	6

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	4	2		6
Persons ages 18-24	0	0		0
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
Total Persons	10	2	0	12

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicaly Homeless Non-Veterans	Chronicaly Homeless Veterans	Non-Chronicaly 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							4			
Persons ages 18-24										
Children under age 18							6			
Total Persons	0	0	0	0	0	0	10	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicaly Homeless Non-Veterans	Chronicaly Homeless Veterans	Non-Chronicaly 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							2			
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicaly Homeless Non-Veterans	Chronicaly Homeless Veterans	Non-Chronicaly 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	0
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6A. Funding Request

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Select a grant term: 1 Year

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

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

6D. Rental Assistance Budget

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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.

		Current	Amendment
Total Annual Assistance Request:		\$59,040	\$59,040
Grant Term:		1 Year	1 Year
Total Request for Grant Term:		\$59,040	\$59,040
Total Units:		6	6
Rental Assistance Type (Current)	Rental Assistance Type (Amendment)	Total Units Requested	Total Request
TRA	TRA	6	\$59,040

Rental Assistance Budget Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

Rental Assistance Type: TRA
 Current

Rental Assistance Type TRA
 Amendment

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

Current No
 Amendment No

	FMR Area
Current	MI - Saginaw, MI MSA (2614599999)
Amendment	MI - Saginaw, MI MSA (2614599999)

Size of Units	# of Units (Current)	# of Units (Amendment)	FMR Area (Current)	FMR Area (Amendment)	HUD Paid Rent (Current)	HUD Paid Rent (Amendment)	12 Months	Total Request (Current)	Total Request (Amendment)
SRO			x \$385	\$385	\$385	\$385	x 12	= \$0	\$0
0 Bedroom			x \$513	\$513	\$513	\$513	x 12	= \$0	\$0
1 Bedroom	2	2	x \$628	\$628	\$628	\$628	x 12	= \$15,072	\$15,072
2 Bedrooms	2	2	x \$798	\$798	\$798	\$798	x 12	= \$19,152	\$19,152
3 Bedrooms	2	2	x \$1,034	\$1,034	\$1,034	\$1,034	x 12	= \$24,816	\$24,816
4 Bedrooms			x \$1,134	\$1,134	\$1,134	\$1,134	x 12	= \$0	\$0
5 Bedrooms			x \$1,304	\$1,304	\$1,304	\$1,304	x 12	= \$0	\$0
6 Bedrooms			x \$1,474	\$1,474	\$1,474	\$1,474	x 12	= \$0	\$0
7 Bedrooms			x \$1,644	\$1,644	\$1,644	\$1,644	x 12	= \$0	\$0
8 Bedrooms			x \$1,814	\$1,814	\$1,814	\$1,814	x 12	= \$0	\$0
9 Bedrooms			x \$1,985	\$1,985	\$1,985	\$1,985	x 12	= \$0	\$0
Total Units and Annual Assistance Requested	6	6						\$59,040	\$59,040
Grant Term								1 Year	1 Year
Total Request for Grant Term								\$59,040	\$59,040

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

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:	\$15,577
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$15,577

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	VOCA	10/01/2017	\$15,577

Sources of Match Detail

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: VOCA
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/01/2017
6. Value of Written Commitment: \$15,577

6I. Summary Budget

For help in completing Post Award steps, please take a look at the Detailed Instructions available on the Hudexchange.

To edit this formlet, click "Amendments" on the left menu, select Yes in response to the question Do you wish to make changes to your application?, click the Save button and navigate back to this formlet.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for Grant Term (Current)	Total Assistance Requested for Grant Term (Amendment)	Budget Change (Amendment)
1a. Leased Units	\$0	\$0	
1b. Leased Structures	\$0	\$0	
2. Rental Assistance	\$59,040	\$59,040	
3. Supportive Services	\$0	\$0	
4. Operating	\$0	\$0	
5. HMIS	\$0	\$0	
6. Sub-total Costs Requested	\$59,040	\$59,040	
7. Admin (Up to 10%)	\$3,266	\$3,266	
8. Total Assistance plus Admin Requested	\$62,306	\$62,306	
9. Cash Match	\$15,577	\$15,577	
10. In-Kind Match	\$0	\$0	
11. Total Match	\$15,577	\$15,577	
12. Total Budget	\$77,883	\$77,883	

Submission Summary

Page	Last Updated	
Attachments	No Input Required	
Amendments	09/09/2024	
1A. Application Type	No Input Required	
1B. Legal Applicant	No Input Required	
1C. Application Details	No Input Required	
1D. Congressional District(s)	08/09/2022	
1E. Compliance	No Input Required	
Applicant Renewal Amendment	Page 40	09/09/2024

1F. Declaration	No Input Required
Recipient Performance	08/09/2022
Renewal Expansion	08/09/2022
Grant Consolidation	08/09/2022
2A. Subrecipients	08/09/2022
3A. Project Detail	08/09/2022
3B. Description	08/09/2022
3C. Dedicated Plus	08/09/2022
4A. Services	08/09/2022
4B. Housing Type	08/09/2022
5A. Households	08/09/2022
5B. Subpopulations	No Input Required
6A. Funding Request	08/09/2022
6D. Rental Assistance	No Input Required
6H. Match	08/09/2022
6I. Summary Budget	No Input Required