

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2026 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

## 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: 08/07/2026

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Restoration Community Outreach
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 38-2985026
- c. Unique Entity Identifier:** KSJDLDPKYN8

### d. Address

**Street 1:** 1205 Norman Street

**Street 2:**

**City:** Saginaw

**County:** Saginaw

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 48601

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mr.

**First Name:** Twannie

**Middle Name:**

**Last Name:** Grey

**Suffix:**

**Title:** Board Treasure

**Organizational Affiliation:** Restoration Community Outreach

**Telephone Number:** (989) 293-6231

**Extension:**

**Applicant:** Restoration Community Outreach

050226799

**Project:** H2H Street Outreach

235218

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**Fax Number:** (988) 753-2880

**Email:** tlgray@solutionsbh.net

## 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:** CPD-2600-DC-0025

**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: H2H Street Outreach

16. Congressional District(s):

16a. Applicant: MI-008

16b. Project: MI-008  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2027

b. End Date: 08/31/2028

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: Ms.

First Name: Lakeisha

Middle Name:

Last Name: Bodiford

Suffix:

Title: Executive Director

Telephone Number: (989) 332-9190  
(Format: 123-456-7890)

Fax Number: (989) 753-2880  
(Format: 123-456-7890)

Email: lbodiford@rcoshelter.org

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

Date Signed: 08/07/2026

## 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Number: 2501-0044 Expiration Date: 02/28/2027

### Applicant/Recipient Information

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

**Agency Legal Name:** Restoration Community Outreach

**Prefix:** Ms.

**First Name:** Lakeisha

**Middle Name:**

**Last Name:** Bodiford

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Restoration Community Outreach

**Telephone Number:** (989) 332-9190

**Extension:** 208

**Email:** lbodiford@rcoshelter.org

**City:** Saginaw

**County:** Saginaw

**State:** Michigan

**Country:** United States

**Zip/Postal Code:** 48601

**2. Employer ID Number (EIN):** 38-2985026

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

**4. Amount of HUD Assistance Requested/Received:** \$100,000.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

| Department/Local Agency Name and Address                                    | Type of Assistance                                 | Amount Requested / Provided | Expected Uses of the Funds |
|-----------------------------------------------------------------------------|----------------------------------------------------|-----------------------------|----------------------------|
| U.S. Department of Housing and Urban Development, Continuum of Care Program | Federal grant assistance—Continuum of Care Program | \$216,000.00                | Rental Assistance          |
|                                                                             |                                                    |                             |                            |
|                                                                             |                                                    |                             |                            |
|                                                                             |                                                    |                             |                            |
|                                                                             |                                                    |                             |                            |

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

**Part III Interested Parties**

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

**Certification**

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

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Name / Title of Authorized Official: Lakeisha Bodiford, Executive Director

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

Date Signed: 08/07/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Restoration Community Outreach  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

☒

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

### Authorized Representative

Prefix: Ms.

First Name: Lakeisha

Middle Name

Last Name: Bodiford

Suffix:

Title: Executive Director

Telephone Number: (989) 332-9190  
(Format: 123-456-7890)

Fax Number: (989) 753-2880  
(Format: 123-456-7890)

Email: lbodiford@rcoshelter.org

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

Date Signed: 08/07/2026

## 11. 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:** Restoration Community Outreach

**Name / Title of Authorized Official:** Lakeisha Bodiford, Executive Director

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

**Date Signed:** 08/07/2026

## 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES** Complete this form to disclose  
lobbying activities pursuant to 31 U.S.C. 1352  
Approved by OMB: 4040-0013 (exp. 06/30/2028)

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:** Restoration Community Outreach

**Street 1:** 1205 Norman Street

**Street 2:**

**City:** Saginaw

**County:** Saginaw

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 48601

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

I certify that this information is true and complete. ☒

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Lakeisha

**Middle Name:**

**Last Name:** Bodiford

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (989) 332-9190  
(Format: 123-456-7890)

**Fax Number:** (989) 753-2880  
(Format: 123-456-7890)

**Email:** lbodiford@rcoshelter.org

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

**Date Signed:** 08/07/2026

## IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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

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

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

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

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

Authorized Representative for: Restoration Community Outreach

Prefix: Ms.

First Name: Lakeisha

**Applicant:** Restoration Community Outreach

050226799

**Project:** H2H Street Outreach

235218

---

**Middle Name:**

**Last Name:** Bodiford

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 08/07/2026

## 1L. SF-424D

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

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

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination ☒

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.” ☒

## 2A. Project Subrecipients

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

Total Expected Sub-Awards:

| Organization                | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items |      |                  |

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

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

Restoration Community Outreach has extensive experience administering federally funded homelessness programs, including HUD Continuum of Care and Emergency Solutions Grant activities, as well as Department of Veterans Affairs-funded services. RCO currently operates emergency shelter, permanent supportive housing, transitional housing, veterans housing, case management, and housing-stabilization services for individuals experiencing homelessness. Through these programs, RCO has experience with participant eligibility, coordinated referrals, outreach engagement, housing assessments, service planning, benefits coordination, transportation, housing navigation, documentation, reimbursement requests, performance reporting, and compliance monitoring. RCO also participates in the CoC's By-Name List process and collaborates with community providers to identify individuals experiencing homelessness, coordinate referrals, and connect participants to shelter, housing, healthcare, behavioral health, employment, and other supportive resources. This experience provides a strong foundation for the proposed countywide street outreach project.

**2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

RCO has experience combining federal, local, private, and unrestricted organizational resources to support individuals experiencing homelessness. Funding and resources have included HUD CoC and ESG funds, Department of Veterans Affairs contract revenue, private donations, fundraising proceeds, donated goods, volunteer support, and community partnerships. RCO works with local government agencies, the Continuum of Care, behavioral health providers, healthcare organizations, transportation providers, food-assistance programs, landlords, employment programs, and other nonprofit organizations to expand the services available to participants. Through these partnerships, RCO is able to supplement grant-funded activities with food, clothing, transportation, identification assistance, healthcare referrals, behavioral health services, benefits enrollment, shelter placement, employment support, and permanent-housing resources.

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

RCO maintains a financial management structure designed to provide accountability, documentation, and segregation of duties to the extent practicable. Staff requesting purchases or payments submit written requests and supporting documentation for review. The Executive Director reviews and approves allowable expenses, while the accountant processes payments, maintains financial records, and assists with grant reporting and reimbursement preparation. The Executive Director, accountant, and treasurer have authorized access to online banking. Bank activity is reviewed against receipts, invoices, bills, payroll records, and approved requests. Grant expenditures are assigned to the appropriate funding source and tracked to prevent duplicate payment or reimbursement. Financial reports are reviewed by organizational leadership and presented to the Board of Directors for oversight. RCO also maintains supporting documentation for payroll allocations, vendor payments, reimbursement requests, match, and other grant-related expenditures.

4. Are there any unresolved HUD monitoring or No  
OIG audit findings for any HUD grants (including  
ESG) under your organization?

### 3A. Project Detail

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

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

**3. Project Name:** H2H Street Outreach

**4. Project Status:** Standard

**5. Component Type:** SSO

**5a. Select the type of SSO Project:** Street Outreach

**6. What type of CoC funding is this project applying for in this CoC Program Competition?** Reallocation

**7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?** No

**8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

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

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

## 3B. Project Description

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

Restoration Community Outreach's H2H Street Outreach project will provide countywide outreach and housing-focused supportive services to individuals and families experiencing unsheltered homelessness throughout Saginaw County. Outreach staff will engage people living in places not meant for human habitation, including streets, vehicles, abandoned buildings, encampments, and other outdoor locations.

The project will use a person-centered, trauma-informed approach to build trust, assess immediate needs, and connect participants to Coordinated Entry, emergency shelter, permanent housing, healthcare, behavioral health treatment, substance-use services, employment resources, public benefits, transportation, identification documents, and other community supports. Staff will provide ongoing case management and follow-up rather than relying on one-time contacts.

Outreach activities will include locating and engaging unsheltered individuals, completing housing and service-needs assessments, assisting with identification and vital documents, coordinating referrals, providing transportation, supporting benefits enrollment, connecting participants to shelter and healthcare, and helping participants develop a pathway toward permanent housing. RCO will coordinate with the Saginaw City and County Continuum of Care, By-Name List partners, law enforcement, healthcare providers, behavioral health agencies, shelters, housing providers, and other community organizations to reduce duplication and improve access to services.

The project's primary goal is to help individuals move from unsheltered homelessness into safe temporary or permanent housing while addressing the barriers that have prevented them from accessing traditional services.

### 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| Project Milestones                                                                                          | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
|                                                                                                             | A                                      | B                                      | C                                      | D                                      |
| Begin hiring staff or expending funds                                                                       | 15                                     |                                        |                                        |                                        |
| Begin program participant enrollment                                                                        | 30                                     |                                        |                                        |                                        |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 30                                     |                                        |                                        |                                        |
| Leased or rental assistance units or structure, and supportive services near 100% capacity                  | 90                                     |                                        |                                        |                                        |

|                                                                            |  |  |  |  |
|----------------------------------------------------------------------------|--|--|--|--|
| Closing on purchase of land, structure(s), or execution of structure lease |  |  |  |  |
| Start rehabilitation                                                       |  |  |  |  |
| Complete rehabilitation                                                    |  |  |  |  |
| Start new construction                                                     |  |  |  |  |
| Complete new construction                                                  |  |  |  |  |

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

Not applicable. The project is not requesting CoC Program funds for acquisition, rehabilitation, or new construction. The proposed project will provide street outreach and supportive services throughout Saginaw County.

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

**(Select ALL that apply)**

|                                         |                                     |                                   |                          |
|-----------------------------------------|-------------------------------------|-----------------------------------|--------------------------|
| N/A - Project Serves All Subpopulations | <input checked="" type="checkbox"/> | Survivors                         | <input type="checkbox"/> |
| Veterans                                | <input type="checkbox"/>            | Substance Abuse                   | <input type="checkbox"/> |
| Youth (under 25)                        | <input type="checkbox"/>            | Mental Illness                    | <input type="checkbox"/> |
| Families                                | <input type="checkbox"/>            | HIV/AIDS                          | <input type="checkbox"/> |
|                                         |                                     | Chronic Homeless                  | <input type="checkbox"/> |
|                                         |                                     | Other<br>(Click 'Save' to update) | <input type="checkbox"/> |

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

## 3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No

## 4A. Supportive Services for Participants

### **2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.**

RCO will supplement the H2H Street Outreach project through public benefits, community partnerships, private donations, unrestricted organizational resources, and donated goods and services. Outreach staff will assess eligibility and assist participants with obtaining identification, completing applications, submitting verification documents, and maintaining access to Medicaid, Medicare, SNAP, SSI, SSDI, veterans benefits, and other available programs.

RCO will coordinate with emergency shelters, healthcare and behavioral health providers, substance-use treatment programs, workforce-development agencies, food and clothing resources, transportation providers, legal-service organizations, landlords, and housing providers. Private donations and fundraising resources may be used to address immediate needs not fully covered by the grant, including food, clothing, hygiene supplies, transportation, identification documents, and other necessities that help participants engage in services and move toward shelter, treatment, or housing.

### **3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).**

RCO will use a persistent, person-centered, trauma-informed engagement strategy designed for individuals who may distrust service systems or have repeatedly declined assistance. Outreach staff will meet individuals where they are, provide clear information without judgment, address immediate needs, and allow trust to develop through consistent follow-up rather than relying on a single contact.

Staff will assess safety, health, shelter, treatment, income, identification, transportation, and housing needs. Services may include basic-needs assistance, case management, transportation, benefits enrollment, coordinated-entry connection, shelter and treatment referrals, housing navigation, employment assistance, and follow-up after placement. Staff will maintain regular contact, revisit previously declined options, and coordinate warm handoffs whenever possible so participants are not simply given a telephone number or referral list.

Engagement will be individualized. Participants with behavioral health conditions, substance-use disorders, prior incarceration, disabilities, or long histories of unsheltered homelessness will be connected to appropriate specialized providers. RCO will continue engaging participants who are not immediately ready to enter shelter or treatment while offering realistic pathways away from places not meant for human habitation.

**4 Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.**

RCO will develop and maintain working relationships with local law enforcement, emergency medical services, fire departments, hospitals, behavioral health crisis responders, and other first responders serving Saginaw County. These partners may notify RCO of individuals living in vehicles, encampments, abandoned buildings, streets, or other places not meant for human habitation. Outreach staff will respond when appropriate, engage individuals, assess needs, and offer connections to emergency shelter, behavioral health or substance-use treatment, family reunification, transitional housing, permanent housing, and other supportive resources.

RCO will cooperate with lawful first-responder and law-enforcement activities and will not interfere with enforcement of local laws. The outreach team's role will be to provide a service-based response by explaining available options, coordinating transportation, facilitating referrals, helping individuals gather essential belongings and documents, and conducting follow-up after the initial encounter. When possible, RCO will establish points of contact and referral procedures with participating agencies to support timely communication and coordinated responses.

All engagement will be conducted with attention to participant safety, dignity, confidentiality, and applicable legal requirements. Emergency situations involving medical concerns, threats, violence, exploitation, or immediate danger will be referred to the appropriate first responder.

**5. Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13)** Yes

**6. Describe a plan for or past work at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.**

RCO will use a housing- and placement-focused outreach process that begins with identifying where individuals are staying and determining the safest and most appropriate immediate destination. Outreach staff will assess eligibility, participant preferences, health and behavioral health needs, available supports, documentation barriers, and prior experiences with shelter or treatment.

Staff will identify available emergency shelter, detoxification or treatment programs, family-reunification opportunities, transitional housing, and permanent housing resources. RCO will assist with coordinated-entry enrollment, referrals, identification documents, applications, transportation, communication with receiving providers, and other steps necessary to complete the placement. Whenever possible, staff will confirm availability before transporting a participant and provide a warm handoff to the receiving program.

When an immediate placement is unavailable or declined, outreach staff will maintain contact, continue addressing barriers, and revisit available options. RCO will track contacts, referrals, placements, and follow-up activities through HMIS or the applicable coordinated system. Follow-up will occur after placement to help resolve early barriers and reduce the likelihood that the individual returns to an unsheltered location.

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

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

## 5A. Project Participants - Households

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

Households Table

|                                     | Households with at Least One Adult and One Child            | Adult Households without Children            | Households with Only Children            | Total |
|-------------------------------------|-------------------------------------------------------------|----------------------------------------------|------------------------------------------|-------|
| Number of Households                | 2                                                           | 18                                           |                                          | 20    |
|                                     |                                                             |                                              |                                          |       |
| Characteristics                     | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Persons over age 24                 | 2                                                           | 15                                           |                                          | 17    |
| Persons ages 18-24                  |                                                             | 3                                            |                                          | 3     |
| Accompanied Children under age 18   | 4                                                           |                                              |                                          | 4     |
| Unaccompanied Children under age 18 |                                                             |                                              |                                          | 0     |
| Total Persons                       | 6                                                           | 18                                           | 0                                        | 24    |

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

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

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

| Characteristics       | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---------------------------------------------------|
| Persons over age 24   | 1                 |             |                   |                         |          |                |           |                     |                          | 1                                                 |
| Persons ages 18-24    |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Children under age 18 |                   |             |                   |                         |          |                |           |                     |                          | 4                                                 |
| Total Persons         | 1                 | 0           | 0                 | 0                       | 0        | 0              | 0         | 0                   | 0                        | 5                                                 |

Click Save to automatically calculate totals

### Persons in Households without Children

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

Click Save to automatically calculate totals

### Persons in Households with Only Children

| Characteristics                     | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---------------------------------------------------|
| Accompanied Children under age 18   |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Unaccompanied Children under age 18 |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Total Persons                       | 0                 |             |                   | 0                       | 0        | 0              | 0         | 0                   | 0                        | 0                                                 |

**Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:**

Individuals and families experiencing unsheltered homelessness who are not identified as belonging to one of the listed subpopulations. This may include adults and children whose primary need is housing and service connection, but who are not veterans, chronically homeless, survivors, or identified as having a listed disability or health condition.

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

4. Select a grant term: 1 Year

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

|                                             |                                     |
|---------------------------------------------|-------------------------------------|
| Acquisition/Rehabilitation/New Construction | <input type="checkbox"/>            |
| Leased Structures                           | <input type="checkbox"/>            |
| Supportive Services                         | <input checked="" type="checkbox"/> |
| HMIS                                        | <input type="checkbox"/>            |
| VAWA                                        | <input checked="" type="checkbox"/> |

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

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No  
(13 to 18 months)

## 6F. Supportive Services Budget

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

| Eligible Costs                         | Quantity AND Description<br>(max 400 characters)                                                                                                                                                                                                                                                                                | Annual Assistance<br>Requested |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Assessment of Service Needs         | Portion of 2 part-time support specialists' wages and employer costs for initial and ongoing assessments. Staff will evaluate immediate safety, housing history, health, behavioral health, income, employment, benefits, identification, transportation, shelter, treatment, and service needs.                                | \$6,630                        |
| 2. Assistance with Moving Costs        | Estimated assistance for up to 10 participants at an average of \$100 each for reasonable costs associated with moving from unsheltered locations into emergency shelter, treatment, transitional housing, or permanent housing.                                                                                                | \$1,000                        |
| 3. Case Management                     | Staff time for individualized case management, service planning, benefits coordination, referral follow-up, documentation, shelter and treatment placement, family reunification when appropriate, and continued support until the participant is connected to housing or services.                                             | \$39,520                       |
| 4. Child Care                          |                                                                                                                                                                                                                                                                                                                                 |                                |
| 5. Education Services                  |                                                                                                                                                                                                                                                                                                                                 |                                |
| 6. Employment Assistance               | Portion of 2 part-time support specialists' wages and employer costs for employment assessments, job searches, applications, résumé assistance, interview preparation, workforce referrals, transportation coordination, and employment follow-up for outreach participants.                                                    | \$4,420                        |
| 7. Food                                | Emergency food, bottled water, and ready-to-eat meals for individuals and families encountered during street outreach. Estimated at approximately \$208 per month for immediate needs and continued engagement.                                                                                                                 | \$2,500                        |
| 8. Housing/Counseling Services         | Staff time and direct assistance for Coordinated Entry connection, housing searches, shelter and treatment placement, landlord and provider communication, housing applications, identification recovery, housing-readiness counseling, and warm handoffs into housing programs.                                                | \$6,630                        |
| 9. Legal Services                      |                                                                                                                                                                                                                                                                                                                                 |                                |
| 10. Life Skills                        |                                                                                                                                                                                                                                                                                                                                 |                                |
| 11. Mental Health Services             |                                                                                                                                                                                                                                                                                                                                 |                                |
| 12. Outpatient Health Services         |                                                                                                                                                                                                                                                                                                                                 |                                |
| 13. Outreach Services                  | Portion of 2 part-time support specialists' wages and employer costs for countywide field outreach, engagement, relationship building, immediate-needs response, Coordinated Entry connection, referrals, documentation, follow-up, and outreach supplies and communication necessary to serve people in unsheltered locations. | \$26,520                       |
| 14. Substance Abuse Treatment Services |                                                                                                                                                                                                                                                                                                                                 |                                |
| 15. Transportation                     | Transportation for outreach engagement and participant placement, including bus passes, project mileage, fuel or transportation costs for shelter, treatment, housing, healthcare, benefits, identification, employment, and other approved service appointments.                                                               | \$5,280                        |
| 16. Utility Deposits                   |                                                                                                                                                                                                                                                                                                                                 |                                |
| 17. Operating Costs                    |                                                                                                                                                                                                                                                                                                                                 |                                |
| Total Annual Assistance Requested      |                                                                                                                                                                                                                                                                                                                                 | \$92,500                       |
| Grant Term                             |                                                                                                                                                                                                                                                                                                                                 | 1 Year                         |
| Total Request for Grant Term           |                                                                                                                                                                                                                                                                                                                                 | \$92,500                       |

**Click the 'Save' button to automatically calculate totals.**

## VAWA Budget

### VAWA Budget

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

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

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

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

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

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

| Eligible Costs                                                    | Annual Assistance Requested |
|-------------------------------------------------------------------|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | \$0                         |
| Estimated budget amount for VAWA Confidentiality Requirements:    | \$0                         |

**Applicant:** Restoration Community Outreach

050226799

**Project:** H2H Street Outreach

235218

|                              |        |
|------------------------------|--------|
| CoC VAWA BLI Total:          | \$0    |
| Grant Term                   | 1 Year |
| Total Request for Grant Term | \$0    |

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

|                                      |          |
|--------------------------------------|----------|
| Total Amount of Cash Commitments:    | \$25,000 |
| Total Amount of In-Kind Commitments: | \$0      |
| Total Amount of All Commitments:     | \$25,000 |

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

| Type | Source  | Name of Source       | Amount of Commitments |
|------|---------|----------------------|-----------------------|
| Cash | Private | Restoration Commu... | \$25,000              |

## Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Restoration Community Outreach private  
(Be as specific as possible and include the office donations and fundraising revenue committed to  
or grant program as applicable) the H2H Street Outreach project.

4. Amount of Written Commitment: \$25,000

## 6J. Summary Budget

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

| Eligible Costs<br>(Light gray fields are available for entry<br>of the previous grant agreement, GIW,<br>approved GIW Change Form, or reduced by reallocation) | Annual Assistance<br>Requested<br>(Applicant) | Grant Term<br>(Applicant) | Applicant<br>CoC Program<br>Costs Requested |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------------------------------------|
| 1a. Acquisition (Screen 6B)                                                                                                                                    |                                               |                           | \$0                                         |
| 1b. Rehabilitation (Screen 6B)                                                                                                                                 |                                               |                           | \$0                                         |
| 1c. New Construction (Screen 6B)                                                                                                                               |                                               |                           | \$0                                         |
| 2a. Leased Units (Screen 6C)                                                                                                                                   | \$0                                           | 1 Year                    | \$0                                         |
| 2b. Leased Structures (Screen 6D)                                                                                                                              | \$0                                           | 1 Year                    | \$0                                         |
| 3. Rental Assistance (Screen 6E)                                                                                                                               | \$0                                           | 1 Year                    | \$0                                         |
| 4. Supportive Services (Screen 6F)                                                                                                                             | \$92,500                                      | 1 Year                    | \$92,500                                    |
| 5. Operating (Screen 6G)                                                                                                                                       | \$0                                           | 1 Year                    | \$0                                         |
| 6. HMIS (Screen 6H)                                                                                                                                            | \$0                                           | 1 Year                    | \$0                                         |
| &nbsp;7. VAWA                                                                                                                                                  | \$0                                           | 1 Year                    | \$0                                         |
| 8. Rural<br>(Only for HUD CoC Program approved rural areas)                                                                                                    | \$0                                           | 1 Year                    | \$0                                         |
| 9. Sub-total of CoC Program Costs Requested                                                                                                                    |                                               |                           | \$92,500                                    |
| 10. Admin<br>(Up to 10% of Sub-total in #9)                                                                                                                    |                                               |                           | \$7,500                                     |
| 11. HUD funded Sub-total + Admin. Requested                                                                                                                    |                                               |                           | \$100,000                                   |
| 12. Cash Match (From Screen 6I)                                                                                                                                |                                               |                           | \$25,000                                    |
| 13. In-Kind Match (From Screen 6I)                                                                                                                             |                                               |                           | \$0                                         |
| 14. Total Match (From Screen 6I)                                                                                                                               |                                               |                           | \$25,000                                    |
| 15. Total Project Budget for this grant, including Match                                                                                                       |                                               |                           | \$125,000                                   |

Click the 'Save' button to automatically calculate totals.

## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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

**Applicant Name:** Restoration Community Outreach

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

**Submission Type:** Update

**Effective Date:** 08/04/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:** Ms.

**First Name:** Lakeisha

**Middle Name:**

**Last Name:** Bodiford

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (989) 332-9190  
(Format: 123-456-7890)

**Fax Number:** (989) 753-2880  
(Format: 123-456-7890)

**Email:** lbodiford@rcoshelter.org

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

**Applicant:** Restoration Community Outreach

050226799

**Project:** H2H Street Outreach

235218

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**Date Signed:** 08/04/2026

## 7A. Attachment(s)

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

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7D. Certification

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Lakeisha Bodiford

**Date:** 08/07/2026

**Title:** Executive Director

**Applicant Organization:** Restoration Community Outreach

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

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

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

| Page                           |  | Last Updated      |            |
|--------------------------------|--|-------------------|------------|
| 1A. SF-424 Application Type    |  | No Input Required |            |
| New Project Application FY2026 |  | Page 51           | 08/07/2026 |

|                                      |                   |
|--------------------------------------|-------------------|
| 1B. SF-424 Legal Applicant           | 08/03/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/04/2026        |
| 1E. SF-424 Compliance                | 08/03/2026        |
| 1F. SF-424 Declaration               | 08/03/2026        |
| 1G. HUD 2880                         | 08/04/2026        |
| 1H. HUD 50070                        | 08/03/2026        |
| 1I. Cert. Lobbying                   | 08/03/2026        |
| 1J. SF-LLL                           | 08/03/2026        |
| IK. SF-424B                          | 08/03/2026        |
| 1L. SF-424D                          | 08/03/2026        |
| 2A. Subrecipients                    | No Input Required |
| 2B. Experience                       | 08/03/2026        |
| 3A. Project Detail                   | 08/07/2026        |
| 3B. Description                      | 08/03/2026        |
| 3C. Expansion                        | 08/03/2026        |
| 4A. Services                         | 08/03/2026        |
| 5A. Households                       | 08/03/2026        |
| 5B. Subpopulations                   | 08/03/2026        |
| 6A. Funding Request                  | 08/03/2026        |
| 6F. Supp Srvcs Budget                | 08/03/2026        |
| VAWA Budget                          | No Input Required |
| 6I. Match                            | 08/03/2026        |
| 6J. Summary Budget                   | No Input Required |
| Indirect Cost Information            | 08/04/2026        |
| 7A. Attachment(s)                    | No Input Required |
| 7D. Certification                    | 08/03/2026        |