

## 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 2023 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 09/06/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OR0339

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

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

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Lane County
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 93-6002303
- c. Unique Entity Identifier:** XCLAXTCSJF71

### d. Address

- Street 1:** 1132 Lawrence St.
- Street 2:**
- City:** Eugene
- County:** Lane
- State:** Oregon
- Country:** United States
- Zip / Postal Code:** 97401

### e. Organizational Unit (optional)

- Department Name:** Health and Human Services
- Division Name:** Human Services

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

- Prefix:** Ms.
- First Name:** Amanda
- Middle Name:**
- Last Name:** Borta
- Suffix:**
- Title:** Sr. Program Services Coordinator
- Organizational Affiliation:** Lane County
- Telephone Number:** (541) 682-6526
- Extension:**

**Fax Number:** (541) 682-9834

**Email:** amanda.borta@lanecountyor.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

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

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

15. Descriptive Title of Applicant's Project: Cascara Joint TH-RRH

16. Congressional District(s):

16a. Applicant: OR-004

16b. Project: OR-004  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2025

b. End Date: 12/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (541) 682-3688  
(Format: 123-456-7890)

**Fax Number:** (541) 682-4616  
(Format: 123-456-7890)

**Email:** steve.mokrohisky@lanecountyor.gov

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

**Date Signed:** 09/06/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Lane County

**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Organizational Affiliation:** Lane County

**Telephone Number:** (541) 682-3688

**Extension:**

**Email:** [steve.mokrohisky@lanecountyor.gov](mailto:steve.mokrohisky@lanecountyor.gov)

**City:** Eugene

**County:** Lane

**State:** Oregon

**Country:** United States

**Zip/Postal Code:** 97401

**2. Employer ID Number (EIN):** 93-6002303

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

**4. Amount of HUD Assistance Requested/Received: \$387,500.00**

(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
Lane County 1132 Lawrence St. Eugene, OR 97401 Room 560	Local government funds	\$152,735.00	Administrative Match
State of Oregon, Oregon Housing and Community Services, Salem OR	Emergency Housing Assistance (EHA)	\$201,329.00	HMIS Activities
Lane County 1132 Lawrence St. Eugene, OR 97401 Room 560	Local Government funds	\$264,169.00	Program Match

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

**Part III Interested Parties**

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

**Certification**

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

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

X
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**Name / Title of Authorized Official:** Steve Mokrohisky, County Administrator

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

**Date Signed:** 09/06/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Lane County  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

## 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.**

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Steve

**Middle Name**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (541) 682-3688  
**(Format: 123-456-7890)**

**Fax Number:** (541) 682-4616  
**(Format: 123-456-7890)**

**Email:** steve.mokrohisky@lanecountyor.gov

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

**Date Signed:** 09/06/2023

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

**Applicant's Organization:** Lane County

**Name / Title of Authorized Official:** Steve Mokrohisky, County Administrator

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

**Date Signed:** 09/06/2023

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

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

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

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

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** Yes

- 1. Type of Federal Action: Grant
- 2. Status of Federal Action: Application
- 3. Report Type: Initial Filing
- 4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

- Congressional District, if known: OR-004
- 6. Federal Department/Agency: Department of Housing and Urban Development
- 7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)
- 8. Federal Action Number: FR-6700-N-25
- 9. Award Amount: \$352,276.00

**10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):**

Smith, Dawson, and Andrews  
1150 Connecticut Ave NW, Suite 1025  
Washington DC 20036



**10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):**

James Smith

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

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

**Telephone Number:** (541) 682-3688  
**(Format: 123-456-7890)**

**Fax Number:** (541) 682-4616  
**(Format: 123-456-7890)**

**Email:** steve.mokrohisky@lanecountyor.gov

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

**Date Signed:** 09/06/2023

## IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

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:** Lane County  
**Prefix:** Mr.  
**First Name:** Steve

**Middle Name:**

**Last Name:** Mokrohisky

**Suffix:**

**Title:** County Administrator

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

**Date Signed:** 09/06/2023

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## YHDP Renewal Grant Consolidation Screen

The FY2023 CoC Competition will continue offering opportunities to consolidate CoC projects.

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



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

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

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

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2023 CoC Program Competition? No  
"If "No" click on "Next" or "Save & Next" below to move to the next screen."

## 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: \$369,888

Organization	Type	Type	Sub-Award Amount
Looking Glass Community Services	M. Nonprofit with 501C3 IRS Status		\$369,888

## 2A. Project Subrecipients Detail

a. Organization Name: Looking Glass Community Services

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

c. Employer or Tax Identification Number: 93-0605174

d. Unique Entity Identifier: SY8MKFRK8P98

e. Physical Address

Street 1: 1790 W 11th Ave

Street 2:

City: Eugene

State: Oregon

Zip Code: 97402

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

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

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

i. Expected Sub-Award Amount: \$369,888

j. Contact Person

Prefix: Mr.

First Name: Craig

Middle Name:



**Last Name:** Opperman  
**Suffix:**  
**Title:** CEO & President  
**E-mail Address:** craig.opperman@lookingglass.us  
**Confirm E-mail Address:** craig.opperman@lookingglass.us  
**Phone Number:** 541-686-2688  
**Extension:**  
**Fax Number:**

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** OR0339  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** OR-500 - Eugene, Springfield/Lane County CoC
- 3. CoC Collaborative Applicant Name:** Lane County
- 4. Project Name:** Cascara Joint TH-RRH
- 5. Project Status:** Standard
- 6. Component Type:** Joint TH & PH-RRH
- 7. Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3?** No
- 8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** Yes
- 9. Will this project include replacement reserves in the Operating budget?** No

### **3B. Project Description**

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

Through this application, Lane County is proposing a Joint TH-RRH Project through local partner, Looking Glass Community Services. The Cascara project will serve at least 34 individuals annually through 27 available units at any point in time. Housing has specifically been secured through partnership with local community members in a property with the express and sole intent to lease units to program participants. The community partner has secured a master lease and also has a apartment building dedicated to serving YYA in the Joint TH-RRH projects. The program will serve youth and young adults (YYA) under age 25 who referred through the centralized waitlist and exiting homelessness from all over Lane County. Within this apartment complex, the intent is to use 10-15 units for transitional housing, providing youth with intensive case management, weekly group skill building, monthly house meetings, and opportunities for resume development through service learning. The on-site, live in case manager will provide case management and host groups for the youth enrolled in the transitional housing component of this program. The other available units will be utilized for individuals choosing to utilize RRH assistance. Youth in RRH will engage in weekly individual case management with optional groups and service-learning components. RRH will work on a progressive engagement model, providing the least amount of assistance necessary to achieve stabilization and fluctuating based on their work status, income level, and progress towards their housing stability goals. Youth will have a choice between TH and RRH based in youth choice, informed by intake assessments and current level of need. The purpose of the program is to provide options for immediate stability in transitional housing, along with permanent housing solutions through RRH. Expected Outcomes will be developed in coordination with the Youth Action Board, however, are anticipated to include rapid placement to permanent housing, exits to permanent housing, connection to mainstream benefits, increase in income as applicable, and other housing. stability indicators such as connection to family, friends, or community-based supports.

**1a. Provide a description that addresses how this project will follow Positive Youth Development.**

The service delivery system for Looking Glass HYS is based on the Positive Youth Development (PYD) approach to working with RHY and SY. The PYD model refers to a strengths-based continuous growth process for youth and families to address their needs. Youth develop protective factors to function effectively in life as adolescents and eventually as adults. The philosophy focuses on long-term healthy qualities of youth and families, not just on problem reduction. Staff responsibility is to help youth and families use their power wisely, gain competencies in a range of life skills and implement decisions and self-determination that impact their lives positively, emphasizing independence and control over one's life. Staff members provide services, opportunities and support for individuals to acquire skills, knowledge, perceptions and attitudes for productive adulthood. The degree to which youth achieve positive identity, competence, knowledge, social and communication skills largely determine their success in adulthood.

Underlying the programming framework are PYD principles which include focusing on the positive; taking personal responsibility for making a difference; mobilizing the public as well as youth and family-serving organizations in the community; viewing youth and families as valued resources; maintaining a vision for the future; and keeping hope that change is possible. For the TH-RRH project, staff work with youth through this foundational approach, viewing them as the expert of their own lives. By using motivational interviewing, staff are able to empower youth to visualize a future they want for themselves and develop a service plan that allows them to reach that future as a reality. Motivational interviewing relies on using a strength-based approach and rolling with resistance to assist youth in achieving their goals.

**1b. Provide a description that addresses how this project will follow Trauma Informed Care.**

A foundational element of all aspects of Looking Glass HY service provision is utilizing a trauma-informed approach to meet youth where they are. Since many homeless youth have experienced trauma on the streets or within their family, Looking Glass staff naturally assume this trauma history and are mindful of it when approaching youth. Staff understand the symptoms of chronic interpersonal trauma and traumatic stress and respond accordingly. The following are consistent with trauma-informed approaches used when delivering services to children, youth, and families: Be mindful of personal space issues and not getting too close; maintain good, friendly eye contact; choose language thoughtfully, being aware of potential triggers; ask about safety in a nonjudgmental way; acknowledge and validate injustice issues, current and historical; anticipate and offer support and resources traumatized people might need; understand the importance of clear and respectful personal boundaries; understand that some behaviors, language, images, places, or events can be triggers for traumatized people; be mindful of this in all interactions; ask youth and family about comfort level at every step; do not make assumptions; understand that many problematic behaviors and choices are significantly influenced by trauma histories and staff can view them as adaptive; do not ask youth and families to disclose too much too fast, know they don't trust easily; be mindful of what might re-traumatize people; strive for inclusive and transparent decision making – no secrets; get explicit permissions; and emphasize youth's independence, self-determination and strengths and that they are in the driver's seat.

**1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?**

The Joint TH-RRH projects helps the community meet the shared vision, goals and objectives of the coordinated community plan through the quick identification of youth that are unhoused, unsheltered, or experiencing housing instability using innovative and creating strategies such as syringe and needle exchange (harm reduction), elevating youth with lived experience through expansion of our Youth Action Council and hiring of more youth in positions such as the peer outreach worker, expanding New Roads School to include summer school to avoid disruptions in education, and expanding groups and social events that bring youth to the drop-in centers for opportunity to build rapport which will increase trust in safe adults allowing them to feel more comfortable accessing services beyond the “front door,” by quickly connecting them to services. Whenever possible, case managers and the mental health therapist will use prevention and diversion strategies; however, beyond the projects awarded by YHDP funding, LG offers 5 additional housing programs and the county’s only youth shelter for immediate access to crisis housing. The mental health therapist on staff is working towards state licensure and is credentialed to support youth with ESA letters and other necessary health related documentation along with support for substance use treatment and recovery. Looking Glass holds a voting member of the PHB coordinated entry subcommittee, using his voice to advocate for change in this system that supports youth’s specific and unique needs.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

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

**2a. Please identify the specific populations addressed in this project**

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors (Include short textbox if "minor" selected"	<input checked="" type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>

LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

**Abiding by state law in serving Minors:** Project will serve ages 16-24 in accordance with Oregon state laws that allow 16 and older to legally be able to sign a lease.

### 3. Housing First

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

**3b. Does the project items enroll program participants who have the following barriers? Select all that apply.**

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

**3c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

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

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

**5. Effectively serving youth populations:**

**5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.**

The subrecipient prioritizes providing participants with programming that is person centered and is participant driven. This begins with ensuring that minority groups feel comfortable and safe entering into programming. Looking Glass prioritizes hiring staff with lived experience and are representative of the community they are serving. They also are committed to gathering and incorporating youth voice into programming through asking the YAC for guidance and insight into their efforts. The YHDP YAC includes voices with lived experience.

Looking Glass uses a combination of data provided through their agency tracking and monthly reports, local HMIS, Youth Point-in-Time count data, Oregon Department of Education annual numbers (McKinney Vento and School Districts demographics to analyze the local population. According to the US Census website, as reported on July 1, 2022, Lane County is home to 88.6% White alone with Hispanic or Latino is 10.1%. Looking Glass has historically been the only youth serving agency to conduct outreach and front door assessments. Through ongoing conversations, quarterly continuous quality improvements and a deep dive into the populations they are serving they work to identify how to engage and work with youth and young adults from communities of color and underserved populations. The agency conducts outreach to culturally responsive agencies and local school districts to educate both staff and populations who would benefit from being served in a housing project..

**5b. Identify any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities.**

The subrecipient works hard to ensure that the project is equitable to all the communities that they serve as mentioned in 5a. The agency has employed a Landlord Liaison who is key position to engage landlords and develop relationships to ensure that any barriers that might be engaged after the potential housing has been identified are engaged with an already established relationship. Lane County continues to hold a 1.2% rental market with rising rents that make find affordable housing difficult. Looking Glass also has employment specialists who work with youth and young adults to ensure that they are ready for employment.

**5c. Detail the steps you will take to prevent, reduce or eliminate these barriers.**

As mentioned above the Landlord Liaison works closely with landlords and property management companies to establish a relationship and develop processes that benefit the housing client. Employment Specialists at the agency also work with YYA towards employment goals and life skill development to help YYA obtain employment that pays a liveable wage. The agency employs a SOAR certified case manager to help YYA navigate any SSI/SSDI benefits they may qualify for to ensure that they are gaining income during their time with the agency.

**5d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.**

The project participates in continuous quality improvement on a quarterly basis to track their efforts. They use data to inform their annual strategic plans and plan out their efforts for the next year. This informs the projects program and project implementation.



## Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

**1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?**

The agency begins with each client by completing an intake that takes a deep dive into the YYA's history including services tried in the past, education and employment, foster care, incarceration and a support structure analysis. The have the YYA sign releases of information for other agencies and supports so they can begin to make calls as they develop their case management/service plan. They participate in the YHDP case conference bi-weekly phone calls, 15th Night Service Provider monthly meetings and provide their own staffing of clients in weekly staff meetings.

**1b. What services are provided to engage the family and youth? (You may select more than one)**

Family counseling	<input checked="" type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input checked="" type="checkbox"/>
Relative or kinship caregiver resources	<input checked="" type="checkbox"/>
Targeted substance abuse and mental health treatment	<input checked="" type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input checked="" type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>
Rental Application fees	<input checked="" type="checkbox"/>
Utility or Rental Arrears	<input checked="" type="checkbox"/>

Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>
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**2. Is this a Host Homes Project?** No

**3. Does this project plan to use Rental Assistance?** Yes

**3a. Will this project use Rental Deposits?** Yes

**3b. Will this project cover first months rent?** Yes

**3c. Short Term Rental Assistance:** Yes

**3d. Medium Term Rental Assistance:** Yes

**4. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?**

The recipient hosts a monthly YHDP workgroup meeting that is a combination of review and evaluation of projects, a dive into the action steps of Coordinated Community Plan, a space to receive updates on agencies (not specific to YHDP) programming and a training space. YHDP youth advisory council members are in attendance at this meeting and engaged in conversations and decisions. The YHDP youth advisory council also meets twice a month to discuss and make recommendations and/or decisions for the projects and the coordinated community plan. YHDP projects are encouraged to engage the YHDP youth advisory council members in programming. The CoC and other divisions in Lane County also use YHDP youth advisory council members in decisions including scoring of applications to ensure that youth and young adults voice is a part of critical decision making.

Looking Glass also has an active Youth Advisory Council. They members of their YAC have, at times, been on the YHDP YAC. Looking Glass has a YAB that meets every other week: one week event planning and working on a Zine. The other meeting is set aside to discuss policy PQI, administrative tasks and other recommendations for program implementation. Looking Glass YAB members are members of the YHDP YAC and have been instrumental to the work on the CCP. They attend our bi-weekly YHDP Workgroup meetings, Executive Team meetings and Core meetings. They have been strong participants in the YHDP work. The subrecipient will participate and take leads on action items listed throughout our CCP. They have already been assigned several action items. As stated previously, they do and will continue to utilize youth voice on hiring decisions, policies and procedures, performance quality improvement and other concerns as identified by the YAC.

**5. Will your project offer any specialized services for youth living with HIV/AIDS?** No

## Special YHDP Activities

1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more

III.B.4.b(7)(a)(i) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input type="checkbox"/>
III.B.4.b(7)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input type="checkbox"/>
III.B.4.b(7)(a)(vi) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)	<input type="checkbox"/>
III.B.4.b(7)(a)(ix) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.	<input type="checkbox"/>
No Special YHDP Activities Requested	<input type="checkbox"/>

**3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI**

III.B.4.b(7)(a)(x)(i) Security deposits (not to exceed 2 months of rent)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(ii) Pay for damage to units (not to exceed 2 months rent)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(iii) Costs to provide household cleaning supplies	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(vi) Cost of Internet (costs must be reasonable)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(vii) Payment of rental arrears (up to 6 months)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(viii) Payment of utility arrears (up to 6 months)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(ix) Payment of utilities (up to 3 months)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(xi) Payment of Legal fees	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(xii) Payment of insurance, registration and past driving fines	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>		

**4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. (Select all that apply)**

III.B.4.b(7)(b)(i) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance. - (ELIGIBLE ONLY FOR PH-RRH)	<input type="checkbox"/>
III.B.4.b(7)(b)(ii) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.4.b(7)(b)(iii) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.3.h Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community. - (ELIGIBLE FOR ALL PROJECTS)	<input checked="" type="checkbox"/>

III.B.4.b(7)(b)(iv) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)	<input type="checkbox"/>
III.B.4.b(7)(b)(v) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)	<input type="checkbox"/>
III.B.4.b(7)(b)(vi) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)	<input checked="" type="checkbox"/>
No Exemptions Requested.	<input type="checkbox"/>

**Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.**

**III.B.3.h:**

This project applied for and was granted 111. B. 3h due to a lack of funds in the first application. The subrecipient is requesting is requesting a match waiver for this project. The subrecipient has over 50 years of experience working with and providing. services to homeless youth and young adults. The pandemic, current housing costs, increasing wage levels, mental health needs and substance use addiction in our community are overwhelming their current resources. They are proposing to leverage the funds to provide additional housing units, mental health services, education and re-unification to families with the funding. The approved waiver will ensure that more youth and young adults receive services and are moved towards stability

**III.B.4.b(7)(b)(vi):**

The project is planning on utilizing a 20-unit apartment building that will be donated to them by a community member. Not all participants in the program are required to utilize that as their housing. The subrecipient will be using rental assistance for RRH units and Leasing/Operating for the TH units, within the same building. The subrecipient is required to submit monthly invoices to Lane County which distinguishes between the two categories.

**5. Innovative Activities III.B.4.b(7)(c)**

**a. Is the applicant requesting an innovative activity? No**

**6. Are the Special YHDP Activity selections made on this screen different than what this project was awarded in FY2022? If you are unsure what you were awarded, please contact your local CPD Rep.** No

## 4A. Supportive Services for Participants

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

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

2. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

All programs operate on a universal intake that allows youth to move through the agency's continuum of care with ease, diminishing barriers that exist while attempting to access various levels of programming from outreach to housing. Youth identify during this initial intake, completed at their first visit to the drop-in center or shelter, whichever program they enter first, the fundamental problems they feel they are facing and what services they seek to obtain while accessing current needs. This universal intake ensures that referrals are coordinated, and youth have access to all of the community's resources, including all necessary information for youth to access all programs offered in the HYS continuum and to be entered into HMIS, the initial step in ensuring that referrals are able to access the full continuum of CoC programs. From intake, youth are provided a general overview of available programs and foster a conversation with the youth on which programs they think will meet their needs. It is important that during this conversation, staff are transparent about potential barriers that may come up throughout the process so that you can make informed decisions that pertain to their life and fit their needs. Beyond the universal intake and subsequent conversation about available programming, youth complete additional assessments such as the Casey Life Skills Assessment, questions from the Rescue and Restore plan to assess for human trafficking and sexual exploitation, CANS assessment, and others. The assessments assist in the creation of the service plan along with the youth's input on what they view as their strengths and areas for growth. Based on the needs uncovered in these assessments, youth can choose certain service providers. Research indicates that the biggest predictor of success in service delivery is the relationship with the provider and recognizes that not everyone is a good fit which can create unnecessary barriers to permanency and stabilization.

**3. How will the project respond to the different needs for service type, intensity, and length of supports for youth?**

Looking Glass recognizes that each youth will require a different need for service type, intensity, and length of support based on their unique situation and circumstances. All youth are engaged with an individualized approach for services through a trauma-informed and positive youth development lens. HYS has a variety of services available in house that can address varying needs and maintains close partnerships with outside agencies to address anything outside of LG's continuum of care.

**Identify whether the project includes the following activities:**

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

**4a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?** Yes



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


**6. Do program participants have access to SSI/SSDI technical assistance provided by this project applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## **4A. HMIS Standards**

- 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual?**
  
- 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.).**
  
- 3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?**
  
- 4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?**
  
- 5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**
  
- 6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**
  
- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?**
  
- 8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

## 4B. Housing Type and Location

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

	TH	RRH	Total	
Total Units:	6	11	17	
Total Beds:	11	16	27	
Housing Type	Housing Type (JOINT)		Units	Beds
---	Clustered apartments		6	11
---	Scattered-site ap...		11	16

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Clustered apartments

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 6

b. Beds: 11

5. Beds for Youth: 11

### 6. Address:

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

**Street 1:** 1790 W 11th Ave

**Street 2:**

**City:** Eugene

**State:** Oregon  
**ZIP Code:** 97402

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

419039 Lane County

## **4B. Housing Type and Location Detail**

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type for the TH or RRH portion of the project?** RRH

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

**3. What is the funding source for these units and beds?** CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

**4. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**a. Units:** 11

**b. Beds:** 16

**5. Beds for Youth:** 16

**6. Address:**

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

**Street 1:** 1790 W 11th Ave

**Street 2:**

**City:** Eugene

**State:** Oregon

**ZIP Code:** 97402

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

419039 Lane County

## 5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	3	8	5	16

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				0
Persons ages 18-24	3	16		19
Accompanied Children under age 18	3			3
Unaccompanied Children under age 18			5	5
Total Persons	6	16	5	27

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	3									
Children under age 18	3									
<b>Total Persons</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										16
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18	5									0
<b>Total Persons</b>	<b>5</b>	<b></b>	<b></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

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



Youth & Young Adults meeting the literal definition of homelessness

## 6A. Funding Request

1. Does this project propose to allocate funds according to an indirect cost rate? **Yes**

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Department of Health & Human Services	21%	\$5,663,331	Approved Rate

2. Renewal Grant Term: **1 Year**

This field is pre-populated with a one-year grant term and cannot be edited:

3. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	X
HMIS	
VAWA	X

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.

## 6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<b>Total Annual Assistance Requested:</b>	\$68,556
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$68,556
<b>Total Units:</b>	5

The number of beds for which funding has been requested in the Leased Units budget is 7.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
OR - Eugene-Sprin...	5	\$68,556	\$68,556

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.



Metropolitan or non-metropolitan OR - Eugene-Springfield, OR MSA (4103999999)  
 fair market rent area:

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	3	
2 Bedroom	2	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>5</b>	<b>\$68,556</b>
Grant Term		1 Year
<b>Total Request for Grant Term</b>		<b>\$68,556</b>

Click the 'Save' button to automatically calculate totals.

## 6D. Rental Assistance Budget

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

Total Request for Grant Term:	\$144,216
Total Units:	11

The number of beds for which funding has been requested in the Rental Assistance budget is 16.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
SRA	OR - Eugene-Springfield, OR MSA (4103...	11	\$144,216

## Rental Assistance Budget Detail

Type of Rental Assistance: SRA

Metropolitan or non-metropolitan fair market rent area: OR - Eugene-Springfield, OR MSA (4103999999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$625	\$625	x	12	=	\$0
0 Bedroom		x	\$833	\$833	x	12	=	\$0
1 Bedroom	6	x	\$958	\$958	x	12	=	\$68,976
2 Bedrooms	5	x	\$1,254	\$1,254	x	12	=	\$75,240
3 Bedrooms		x	\$1,781	\$1,781	x	12	=	\$0
4 Bedrooms		x	\$2,146	\$2,146	x	12	=	\$0
5 Bedrooms		x	\$2,468	\$2,468	x	12	=	\$0
6 Bedrooms		x	\$2,790	\$2,790	x	12	=	\$0
7 Bedrooms		x	\$3,112	\$3,112	x	12	=	\$0
8 Bedrooms		x	\$3,434	\$3,434	x	12	=	\$0
9 Bedrooms		x	\$3,756	\$3,756	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>								\$144,216
		11						
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$144,216

Click the 'Save' button to automatically calculate totals.

## 6E. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Estimated Moving Costs for participants; Move-In Kits @\$2,339	\$3,154
<b>3. Case Management</b>	0.63 FTE Case Manager @\$63,288 annually, with associated benefits; 0.01 FTE Program Director @\$1,264 and 0.02 FTE Assistant Program Director @\$1,273 and 0.04 FTE Program Manager @\$3,215; case manager supplies (phone) @ \$19.67/month = \$236	\$51,367
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>	0.31 Landlord Navigator @ \$21094	\$21,094
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	0.63 Case Manager/Site Manager @ \$46,329; Household Supplies @ \$1630	\$47,960
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>	Staff mileage of 733 miles @ \$0.585	\$429
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Estimated 145 bus passes @ \$4/pass	\$580
<b>16. Utility Deposits</b>	\$4,785 estimated in utility deposits/year	\$4,785
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$129,369
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$129,369

Click the 'Save' button to automatically calculate totals.

## 6F. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	\$664.58/month estimated facility maintenance x12 = 7975	\$7,975
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	\$180/month estimated facility utilities	\$2,160
6. Furniture		
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		<b>\$10,135</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$10,135</b>



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

# VAWA Budget

## VAWA Budget

New in FY2023, 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:	
Estimated budget amount for VAWA Confidentiality Requirements:	

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

Click the 'Save' button to automatically calculate totals.

## 6H. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$79,736
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$79,736

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Looking Glass	\$75,333
Cash	Government	Lane County-Local...	\$4,403

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Looking Glass  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$75,333

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Lane County-Local Government Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$4,403

## 6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$68,556
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$144,216
3. Supportive Services (Screen 6E)	\$129,369
4. Operating (Screen 6F)	\$10,135
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$352,276
8. Admin (Up to 10% of Sub-total in #8)	\$35,224
9. HUD funded Sub-total + Admin. Requested	\$387,500
10. Cash Match (From Screen 6H)	\$79,736
11. In-Kind Match (From Screen 6H)	\$0
12. Total Match (From Screen 6H)	\$79,736
13. Total Project Budget for this grant, including Match	\$467,236

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NonProfitCertific...	09/05/2023
2) Other Attachmenbt	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** NonProfitCertification

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**



## 7B. Certification

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Steve Mokrohisky

**Date:** 09/06/2023

**Title:** County Administrator

**Applicant Organization:** Lane County

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

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

X

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/05/2023
1B. SF-424 Legal Applicant	09/05/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/05/2023
1E. SF-424 Compliance	09/05/2023
1F. SF-424 Declaration	09/05/2023
1G. HUD 2880	09/05/2023
1H. HUD 50070	09/05/2023
1I. Cert. Lobbying	09/05/2023
1J. SF-LLL	09/05/2023
IK. SF-424B	09/05/2023
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation	09/05/2023
2A. Subrecipients	09/06/2023
3A. Project Detail	09/05/2023
3B. Description	09/06/2023
Youth Homeless Demonstration Projects	09/06/2023
Special YHDP Activities	09/06/2023
4A. Services	09/05/2023
4A. HMIS Standards	No Input Required
4B. Housing Type	09/05/2023
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/06/2023
6B. Leased Units	09/05/2023
6D. Rental Assistance	09/05/2023
6E. Supp Srvcs Budget	09/05/2023

<b>6F. Operating</b>	09/05/2023
<b>VAWA Budget</b>	No Input Required
<b>6H. Match</b>	09/06/2023
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/05/2023
<b>7B. Certification</b>	09/05/2023

Internal Revenue Service

Date: December 4, 2003

Looking Glass Youth and Family Services, Inc  
72 B Centennial Loop  
Eugene, OR 97401-2440

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
Shirley Rudolph 31-03949  
Customer Service Specialist  
Toll Free Telephone Number:  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
93-0605174

Dear Sir or Madam:

This is in response to your request of December 4, 2003, regarding your organization's tax-exempt status.

In March 1976 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

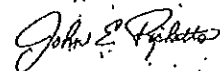
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1999-17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services