

## 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: OR0337

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: Evergreen 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: 10/01/2024

b. End Date: 09/30/2025

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: \$632,500.00**

(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.	<p>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.</p>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> <li>(1) The dangers of drug abuse in the workplace</li> <li>(2) The Applicant's policy of maintaining a drug-free workplace;</li> <li>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</li> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> </ul>
c.	<p>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.;</p>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> <li>(1) Abide by the terms of the statement; and</li> <li>(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;</li> </ul>
e.	<p>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;</p>
f.	<p>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 —</p> <ul style="list-style-type: none"> <li>(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</li> <li>(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;</li> </ul>
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>

## 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: \$575,000.00

**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: \$603,600

Organization	Type	Type	Sub-Award Amount
DevNW	M. Nonprofit with 501C3 IRS Status		\$603,600

## 2A. Project Subrecipients Detail

a. Organization Name: DevNW

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

c. Employer or Tax Identification Number: 93-1057296

d. Unique Entity Identifier: RWNUFDJVCWR3

e. Physical Address

Street 1: 212 Main Street

Street 2:

City: Springfield

State: Oregon

Zip Code: 97477

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: \$603,600

j. Contact Person

Prefix:

First Name: Emily

Middle Name:



**Last Name:** Reiman  
**Suffix:**  
**Title:** CEO  
**E-mail Address:** emily.reiman@devnw.org  
**Confirm E-mail Address:** emily.reiman@devnw.org  
**Phone Number:**  
**Extension:**  
**Fax Number:**

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** OR0337  
(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:** Evergreen 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.**

DevNW will support youth (ages 16-24) experiencing homelessness in Lane County to identify safe, affordable housing as quickly as possible and by providing rent assistance to ensure immediate housing security. We will then provide the supportive services and connections to the community-based supports needed to help youth keep their housing and avoid returning to homelessness. This includes housing navigation and placement, rapid rehousing, eviction prevention, and diversion. We will work through the system of Coordinated Housing Access (CHA), to conduct youth intake, screen for eligibility and match youth with the best available combination of rent assistance (through YHDP or other partner/match resources) and unit (TH unit or direct lease on subsidized affordable units owned by DevNW or our housing partners, or private-market units with willing landlords). Navigation and placement services will be provided by case management staff to help youth forge connections with supportive housing, short-term rental assistance, rapid rehousing and other longer-term or permanent affordable housing programs such as Homes for Good’s Section 8 Voucher. As a central component of our work, we will assist youth in accessing preventative health care through community-based health services, purposefully moving youth from childcentered to adult-centered medical care. This is inclusive of helping youth to navigate and enroll in additional supports like the Oregon Health Plan (OHP), Medicaid, Supplemental Nutrition Assistance Program (SNAP), disability, and others. With support, youth will learn about government and health-care options available to them, enroll in insurance, and learn to manage their health care. DevNW proposes to serve 42 youth at a time in our ongoing program:

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

Utilizing Positive Youth Development (PYD), we will promote personal asset building, self-efficacy, and build intrinsic buy-in for youth participants towards their own personal advancement. Our case managers will be certified as peer support specialists so they can support youth in establishing social/emotional networks. The more personal assets a youth builds (community supports, positive relationships, mentoring, responsibility, discipline, etc.), the more likely they are to be a contributing, autonomous agent in society. We will also center youth voice, both of new participants and of those actively participating within our current program, to ensure that our processes, engagement strategies and case management services reflect and are informed by the needs of youth. Centering youth voice and feedback reinforces PYD, showing youth their perspective matters; that they are seen and heard by agencies and systems meant to serve them. Programmatic changes convey that message, serving to better support youth and their peers, while helping to build safe, trusting and supportive relationships, and mutual respect.

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

DevNW’s case management philosophy is built upon the Substance Abuse and Mental Health Services Administration’s four key assumptions for trauma informed care. As such, we realize the widespread impact of trauma and understand potential paths for recovery; recognize the signs and symptoms of trauma in clients, families, staff, and others; respond by fully integrating knowledge about trauma into policies, procedures, practices, and settings; and resist re-traumatization. Our focus on long-term housing units (rather than time/age-limited) is rooted in our trauma-informed lens, as we seek to provide maximum stability and tenant-agency, rather than re-traumatizing vulnerable young people by forcing them to move away from a stable unit before they are ready.

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

DevNW’s YHDP project helps meet the shared vision, goals and objectives of the Coordinated Community Plan by connecting youth to stable, long-term housing and supportive services, that help youth to make the difficult transition into adulthood and provide the best opportunity for a bright and healthy future unencumbered by the hardship and trauma of their pasts. Our project seeks to address the root causes of youth homelessness, supporting youth in their individual journey to develop essential life skills. We are not only housing youth. We are providing wraparound services with referrals and case management that incorporates best practices for long-term sustainability and the success of youth. By supporting youth in this way, we are addressing a growing crisis that is affecting all aspects of community health and wellbeing. Our work seeks to interrupt the cycle of poverty and homelessness so that youth can thrive. The project will provide staff to engage in the recipients CCP through the completion of action steps that go beyond the additional housing assistance it will provide.

**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: ORS 109.610 allows minors to be served

**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.**

From 2019 through 2021, DevNW's Youth Housing Initiative (YHI) in Clackamas County increased its service provision to youth of color from 33% to 47%. The majority of youth we currently house through our YHI in Clackamas County have incomes below 30% Area Median Income (AMI) and experience one or more disability. 46% of our current residents are single parents, 12.5% identify as LGBTQ+, and 47% identify as people of color. Individuals on our waiting list is reflective of the demographics currently served in housing. Based on the demographic make-up of Clackamas County's population, which is 85.1% White, 4% Asian, 1.1% Black or African American, .9% American Indian/Alaska Native, .3% Pacific Islander, and 4.1% from two or more races (and those of Hispanic or Latino origin make up 9.2%), DevNW is serving 213% more BIPOC youth than what would be flatly proportionate to the County population. More broadly, DevNW has extensive experience providing culturally responsive services to BIPOC communities, including to people experiencing homelessness. As one example, DevNW is the convener of the Linn Benton Health Equity Alliance, a network of more than 30 culturally specific and culturally responsive organizations working to improve health outcomes for BIPOC and other historically marginalized communities. At DevNW, approximately 85% of our clients have incomes below 80% AMI and roughly 20% represent communities of color. 68% of our beneficiaries are women; and 74% are aged 25-44. Ethnicities served by our financial capability programming include: American Indian/Alaska Native, Asian, African American, Hispanic, Hawaiian/Pacific Islander, and white.

**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. Lane County continues to hold a 1.2% rental market with rising rents that make find affordable housing difficult. Youth and young adults are often easily overlooked in the housing rental market due to a lack of rental history and/or credit history. This impacts housing affordability and inventory for the youth that DevNW serves.

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

DevNW provides rent wellness classes and other life skills classes to ensure to remove any potential barriers to housing. It is to ensure that any barriers with landlords' unwillingness to rent to youth and young adults are being met with trainings and support. The dedicated housing navigators to this project also work closely with landlords and property management companies to develop relationships. The housing navigators also participate in the YHDP case conferencing bi-weekly meetings. DevNW also has employment specialists who work with youth and young adults to ensure that they are ready for employment.

DevNW is committed to ensuring that they provide equitable programming that is welcoming to all participants. They begin training their staff during onboarding and from there provide trainings that include weekly supervision, group supervision, annual trainings and retreats. The agency engages youth feedback into programming. They utilize coordinated entry to ensure that referrals are received based on priority. They are committed to continuous quality improvement to look at who they are serving and overcoming challenges and barriers to success. They identify community agencies to partner with that share their same commitment to providing equitable services.

**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?**

Housing Navigators begin working with a participant by meeting with them over a series of meetings to develop trust and rapport. They complete an intake that takes a history of homelessness, supports, employment, education and benefits. They then develop a service and case management plan with the participant which includes getting the necessary releases of information signed. They participate in community meetings and warm handoffs between providers. They are able to quickly identify and locate available resources and housing and work towards getting the YYA housed.

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

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input checked="" type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input 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.

**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 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 checked="" 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 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 type="checkbox"/>
No Exemptions Requested.	<input checked="" type="checkbox"/>

**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	Semi-annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-weekly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

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

Our Housing First model is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. Our case managers will expand current relationships among a network of established service providers offering mental, behavioral and physical health services, career and technical education supports, parenting, food security, transportation and employment pathways to ensure youth have access to interventions that meet their short and long-term stability. Each of these partners strengthen our ability to deliver client-focused services, including meeting the needs of our youth. Importantly, our team will build bridges to ensure ease of access for transition-aged youth, many of whom are caught in between youth-serving and adult-serving systems and need support in navigating new, complex processes. We will also create a network of participating property management companies and landlords in order to provide options and choice to youth entering our program, a key component of what has proven to be successful in our Clackamas County program.

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

Our case management and coordinated services focus on a long-term vision of stable, independent, and self-sufficient adulthood and seek to assist youth with individualized services in accordance with their expressed needs and goals. While some of the rent assistance programs we administer have time limitations, none of our housing units (excluding TH units) has age or time limitations, or other set end-dates. Our top priority is that youth have the ability to stay safely and stably housed on their timeline (not ours), and that we are not creating artificial dates on a calendar that dictate their housing stability. In seven years of operating the Polk Apartments, we find that youth naturally transition for organic life events (moving for work/college, moving in with a partner, etc.), and we have not needed to impose timelines in order to keep the units dedicated to young adults. Our Case Managers are guided by Housing First principals and work with clients to support them with their own goals and to assist them in whatever ways needed to ensure long-term success. Each case management plan is individualized based on the needs and goals of each client. No client is forced to participate in services but instead provided with supports to utilize in their own ways and on their own timeline. For example, we can modify our step down rental assistance process based on the specific needs of youth. If a youth is unable to work due to physical or mental disability and we are helping them to applying for long-term disability or housing subsidy, our case manager would work with the Assistant Director so the youth can get rent assistance for the full two years or until we are able to get them on permanent rent assistance through another source. Additionally, unlike many programs of our kind, we don't have gendered housing ("men's" dorms and "women's" dorms, for example), and don't have any criteria or preference for family type (e.g. only young mothers with children).

**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?** No

**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? No

## 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
<b>Total Units:</b>	2	39	41
<b>Total Beds:</b>	2	42	44
Housing Type	Housing Type (JOINT)		Units
---	Shared housing		2
---	Scattered-site ap...		39
Housing Type	Housing Type (JOINT)		Beds
---	Shared housing		2
---	Scattered-site ap...		42

## 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? No

2. Housing Type: Shared housing

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: 2

b. Beds: 2

5. Beds for Youth: 2

### 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:** 212 Main Street

**Street 2:**

**City:** Springfield

**State:** Oregon  
**ZIP Code:** 97477

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

## 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: 39

b. Beds: 42

5. Beds for Youth: 42

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:** 212 Main Street

**Street 2:**

**City:** Springfield

**State:** Oregon

**ZIP Code:** 97477

**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	2	38	2	42

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	0		0
Persons ages 18-24	2	38		40
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			2	2
Total Persons	4	38	2	44

**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										2
Children under age 18										2
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	4

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										38
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	38

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										2
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	2

Click Save to automatically calculate totals

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

Youth & Young Adult meeting literal homelessness definition

## 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	
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>	\$21,492
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$21,492
<b>Total Units:</b>	2

The number of beds for which funding has been requested in the Leased Units budget is 2.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
OR - Eugene-Sprin...	2	\$21,492	\$21,492

## 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	2	
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>2</b>	<b>\$21,492</b>
Grant Term		1 Year
<b>Total Request for Grant Term</b>		<b>\$21,492</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:	\$424,008
Total Units:	39

The number of beds for which funding has been requested in the Rental Assistance budget is 42.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	OR - Eugene-Springfield, OR MSA (4103...	39	\$424,008

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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	2	x	\$625	\$625	x	12	=	\$15,000
0 Bedroom	18	x	\$833	\$833	x	12	=	\$179,928
1 Bedroom	16	x	\$958	\$958	x	12	=	\$183,936
2 Bedrooms	3	x	\$1,254	\$1,254	x	12	=	\$45,144
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>								\$424,008
		39						
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$424,008

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
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Youth Housing and Health Navigator @48,750 plus associated materials @ \$1365, cell phones for 2 FTE case manager/navigator @\$50/month = \$1200; Assistant Director @ 0.07 FTE = \$6500	\$57,815
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	Application Fees @ \$800 estimated, associated staff accountant time @ \$3383; 1 FTE Youth Housing and Health Navigator @48,750 plus associated materials @ \$1365; Assistant Director @ 0.07 FTE = \$6500	\$60,798
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	outreach and youth engagement @ \$1000; Direct client assistance for basic needs @ \$2000	\$3,000
14. Substance Abuse Treatment Services		
15. Transportation	Estimated 251 bus passes annually @ \$4 each @ \$1004; gas assistance @ \$1000	\$2,004
16. Utility Deposits	Estimated utility deposits at \$2500; associated staff accountant time @ \$3383	\$5,883
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$129,500</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$129,500</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:	\$152,753
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$152,753

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	DevNW	\$145,565
Cash	Government	Lane County-Local...	\$7,188



## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: DevNW  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$145,565

## 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: \$7,188

## 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)	\$21,492
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$424,008
3. Supportive Services (Screen 6E)	\$129,500
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$575,000
8. Admin (Up to 10% of Sub-total in #8)	\$57,500
9. HUD funded Sub-total + Admin. Requested	\$632,500
10. Cash Match (From Screen 6H)	\$152,753
11. In-Kind Match (From Screen 6H)	\$0
12. Total Match (From Screen 6H)	\$152,753
13. Total Project Budget for this grant, including Match	\$785,253

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	DevNW Certificati...	08/28/2023
2) Other Attachmenbt	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** DevNW Certification of Non Profit Status

## 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	09/05/2023
Youth Homeless Demonstration Projects	09/05/2023
Special YHDP Activities	09/05/2023
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	09/05/2023
6B. Leased Units	09/05/2023
6D. Rental Assistance	09/05/2023
6E. Supp Srvcs Budget	09/05/2023
VAWA Budget	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  
DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: JUN 17 1996

CORVALLIS NEIGHBORHOOD HOUSING  
SERVICES INC  
C/O CHRISTINE PUETZ  
2797 N.W. 9TH STREET  
CORVALLIS, OR 97330

Employer Identification Number:  
93-1057296

Case Number:  
956138127

Contact Person:  
TYRONE THOMAS

Contact Telephone Number:  
(213) 894-2289

Our Letter Dated:  
November 1991

Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

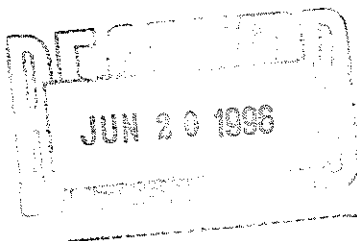
Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Richard R. Orosco  
District Director



This number indicates that the letter is an "advanced ruling" and grants permanent status  
per Federal IRS "1010's"

Letter 1050 (DO/CG)

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: ~~Jan 11 1996~~

CORVALLIS NEIGHBORHOOD HOUSING  
SERVICES INC  
544 SW THIRD ST  
CORVALLIS, OR 97333-4439

Employer Identification Number:  
93-1075296  
Case Number:  
956008011  
Contact Person:  
TERESA SMITH  
Contact Telephone Number:  
(213) 725-1758  
Our Letter Dated:  
NOV 8 1991  
Advance Ruling Period Begins:  
APR 29 1991  
Advance Ruling Period Ends:  
DEC 31 1995  
Addendum Applies:  
NO

Dear Applicant:

Our letter of the above date stated that we had determined your organization is exempt under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) and that you would be treated as a publicly supported organization and not as a private foundation during your advance ruling period. This was based on our determination that you could reasonably be expected to be an organization described in sections 170(b)(1)(A)(vi) and 509(a)(1) or in section 509(a)(2).

We also stated that at the end of your advance ruling period you would have to establish that you were in fact an organization described in one of the above sections.

Our records indicate that your advance ruling period begins and ends on the dates shown above. Your exempt status as an organization described in section 501(c)(3) is still in effect. However, to establish that you are a publicly supported organization described in sections 170(b)(1)(A)(vi) and 509(a)(1) or in section 509(a)(2), please complete the attached Form 8734, Support Schedule for Advance Ruling Period, for each of the tax years in your advance ruling period.

The information requested in this letter is required to support your claim to be other than a private foundation. It is needed in addition to any required Form 990 or other annual return. Please send it to us within 90 days from the end of your advance ruling period.

If we do not receive this information, we will presume you are a private foundation and you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940 of the Code. In addition, if you do not provide the information by the time requested, it will be considered by the Internal Revenue Service that you have not taken all reasonable steps to secure the determination you requested. Under section 7428(b)(2) of the Code, not taking all reasonable steps, in a timely manner, to secure the determination may be considered as a failure to exhaust administrative remedies available to you within the Service, and may preclude the issu-

Letter 1046 (DO/CG)

CORVALLIS NEIGHBORHOOD HOUSING

ance of a declaratory judgment in the matter under judicial proceedings.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Richard R. Orosco", written over a horizontal line.

Richard R. Orosco  
District Director

Enclosures:  
Form 8734  
Copy of this letter

**Internal Revenue Service  
District Director**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** August 26, 1999

**Person to Contact:**

Dalphone Naegele 31-04025  
Customer Service Representative

Corvallis Neighborhood Housing Services, Inc.  
2797 NW Ninth St.  
Corvallis, OR 97330-3857

**Telephone Number:**

877-829-5500

**Fax Number:**

513-684-5936

**Federal Identification Number:**

93-1057296

Dear Sir or Madam:

This letter is in response to your telephone request of August 25, 1999, requesting a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in June 1996 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

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 section 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.

Corvallis Neighborhood Housing Services, Inc.  
93-1057296

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.

The law 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. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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,

A handwritten signature in black ink that reads "C. Ashley Bullard". The signature is written in a cursive style with a small "cc" at the end.

C. Ashley Bullard  
District Director

**Internal Revenue Service**

**Department of the Treasury**

District  
Director

300 N. Los Angeles Street, MS 7043  
Los Angeles, CA 90012

CORVALLIS NEIGHBORHOOD  
HOUSING SERVICES INC.  
2797 NW NINTH ST.  
CORVALLIS, OR 97330-3857

Person to Contact: L. Barragan  
Telephone Number: (213) 894-2336  
Refer Reply to: EO (0819) 99  
Date: August 31, 1999  
EIN: 93-1057296

Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate this organization was recognized to be exempt from Federal Income Tax in June 1996 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in June 1996 continues to be in effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,



L. Barragan  
Disclosure Assistant  
Badge #95-01180