

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.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to 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.
- 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 from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. 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).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- 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 NOFA.

1A. SF-424 Application Type

- 1. Type of Submission: Application
- 2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/28/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: OR0010

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: McKenzie Rapid Re-housing Project

16. Congressional District(s):

a. Applicant: OR-004
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 08/01/2024

b. End Date: 07/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: Mokrohisky

Suffix:

Title: County Administrator

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

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

Email: steve.mokrohisky@lanecountyor.gov

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

Date Signed: 08/28/2023

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
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: \$729,618.00

(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 |
|---|

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

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

Date Signed: 08/28/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

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

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

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I 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.

| |
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| X |
|---|

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: 08/28/2023

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: 08/28/2023

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: \$729,618.00
- 10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):
Smith, Dawson, & Andrews
1150 Connecticut Ave. NW, Suite 1025
Washington, D.C. 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 Official: Considered signed upon submission in e-snaps.

Date Signed: 08/28/2023

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. |

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|-----|--|
| 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: 08/28/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? Yes
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

The applicant has either selected "Yes" to Question #1 , has not brought forward details from a previously awarded renewal project application, or has manually selected "Make Changes" to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

| | |
|--|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| Part 6 - Budget Information | |

| | |
|---|-------------------------------------|
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7B. Certification | <input checked="" type="checkbox"/> |

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- *updated subaward expected, subrecipient info
- *updated budget based on reduction
- *updated indirect cost

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
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? Yes

4a. If HUD recaptured funds provide an explanation.

Overall, subrecipient agencies continued to struggle in terms of finding housing for households enrolled in RRH due to the lack of inventory and rapidly rising rents in the area, in addition to continued struggles with maintaining full staff. McKenzie consolidated with another RRH grant, Cascades, in FY21 resulting in programmatic and budgetary changes. We have continued to work with subrecipient agencies to take on additional households in order to achieve full spending.

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

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

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. 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 either the Expansion or 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 renewal project application requesting to consolidate or expand? 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: \$710,441

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| ShelterCare | M. Nonprofit with 501C3 IRS Status | \$338,734 |
| Catholic Community Services | M. Nonprofit with 501C3 IRS Status | \$234,251 |
| Looking Glass Youth and Family Services Inc. | M. Nonprofit with 501C3 IRS Status | \$137,456 |

2A. Project Subrecipients Detail

a. Organization Name: ShelterCare

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

c. Employer or Tax Identification Number: 23-7115003

d. Unique Entity Identifier: H36JN49MN6N3

e. Physical Address

Street 1: 499 W.4th Ave.

Street 2:

City: Eugene

State: Oregon

Zip Code: 97401

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: \$338,734

j. Contact Person

Prefix: Ms.

First Name: Michelle

Middle Name:
Last Name: Hankes
Suffix:
Title: Executive Director
E-mail Address: mhankes@sheltercare.org
Confirm E-mail Address: mhankes@sheltercare.org
Phone Number: 541-686-1262
Extension:
Fax Number: 541-686-0359

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

- a. Organization Name:** Catholic Community Services
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 93-0409105
- d. Unique Entity Identifier:** VACNC1MH5R74
- e. Physical Address**
- Street 1:** 1025 G St.
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? Yes

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: \$234,251

j. Contact Person

Prefix: Ms.

First Name: Lorri

Middle Name:

Last Name: Perreault

Suffix:

Title: Executive Director

E-mail Address: lperreault@ccslc.org

Confirm E-mail Address: lperreault@ccslc.org

Phone Number: 541-345-3628

Extension: 318

Fax Number: 541-744-2272

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Looking Glass Youth and Family Services Inc.

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

c. Employer or Tax Identification Number: 93-0605174

d. Unique Entity Identifier: SY8MKFRK8P98

e. Physical Address

Street 1: 1790 W. 11th Ave

Street 2: Suite 200

City: Eugene

State: Oregon

Zip Code: 97402

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

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

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

i. Expected Sub-Award Amount: \$137,456

j. Contact Person

Prefix: Ms.

First Name: Maleigha

Middle Name:

Last Name: Myers

Suffix:

Title: Homeless Youth Services Director

E-mail Address: maleigha.myers@lookingglass.us

Confirm E-mail Address: maleigha.myers@lookingglass.us

Phone Number: 541-686-2688

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): OR0010

(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: McKenzie Rapid Re-housing Project

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

McKenzie Rapid Rehousing is a rapid rehousing project which facilitates the movement of homeless individuals and families to permanent housing. Homeless individuals and families may participate in McKenzie Rapid Rehousing up to 24 months and receive supportive services that enable them to live more independently. McKenzie Rapid Rehousing serves at least 18 households without children and 33 households with children at any given point in time. The homeless individuals and families have multiple barriers to housing stability including low income, lack of sufficient education or training for the current marketplace and a lack of economic assets. These households have challenges that are essential to housing stability in the areas of childcare, transportation, medical services, crisis intervention issues and supports around continuing education and obtaining or maintaining employment. After an assessment is completed, a housing stability and rental assistance plan is developed to address the barriers identified and move toward self-sufficiency. Through supportive on-going case management, connections to mainstream resources, home visits and assistance in connecting to all appropriate community resources, the individual or family becomes self-sufficient. Households are continually assessed using a Progressive Engagement approach so as to provide the least amount of assistance needed to reach self-sufficiency in housing. McKenzie RRH providers coordinate with McKinney Vento Homeless School liaisons, Community Health Centers of Lane County, DHS, Lane County Work Source, and numerous local property management companies. Expected outcomes include 80% of participants will exit to permanent housing during the operating year and 55% of adults will increase their total income (from all sources) by the end of operating year or program exit.

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 checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" type="checkbox"/> |

| | | | |
|------------------------|-------------------------------------|-------------------------------|--------------------------|
| Families with Children | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other(Click 'Save' to update) | <input type="checkbox"/> |

3. Housing First

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

3b. Does the project 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

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

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

Identify whether the project includes the following activities:

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

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

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Units: 51

Total Beds: 109

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 51 | 109 |

4B. Housing Type and Location Detail

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

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

a. **Units:** 51

b. **Beds:** 109

3. 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: 125 E. 8th Ave.

Street 2:

City: Eugene

State: Oregon

ZIP Code: 97401

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

411290 Springfield, 410426 Eugene, 419039
Lane County

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 33 | 18 | 0 | 51 |

| 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 | 32 | 9 | | 41 |
| Persons ages 18-24 | 9 | 9 | | 18 |
| Accompanied Children under age 18 | 50 | | 0 | 50 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 91 | 18 | 0 | 109 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 14 | 0 | 0 | 1 | 0 | 8 | 2 | 1 | 1 | 18 |
| Persons ages 18-24 | 2 | 0 | 0 | 2 | 0 | 2 | 1 | 0 | 0 | 5 |
| Children under age 18 | 22 | | | 0 | 0 | 12 | 4 | 0 | 0 | 28 |
| Total Persons | 38 | 0 | 0 | 3 | 0 | 22 | 7 | 1 | 1 | 51 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 8 | 0 | 0 | 1 | 0 | 5 | 3 | 8 | 1 | 0 |
| Persons ages 18-24 | 4 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 5 |
| Total Persons | 12 | 0 | 0 | 1 | 0 | 7 | 4 | 8 | 1 | 5 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | 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 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the unlisted subpopulations referred to above:

Households or household members who do not have a disability or domestic violence.

6A. Funding Request

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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? **No**

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? **No**

3. 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 |
|------------------|--------------------|------------------|---|
| DHS | 21% | \$5,663,331 | Approved Rate |

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: **1 Year**

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |

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

6C. Rental Assistance Budget

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

| | |
|-------------------------------|-----------|
| Total Request for Grant Term: | \$458,580 |
| Total Units: | 51 |

The number of beds for which funding has been requested in the Rental Assistance budget is 87.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | OR - Eugene-Springfield, OR MSA (4103... | 42 | \$389,880 |
| TRA | OR - Eugene-Springfield, OR MSA (4103... | 9 | \$68,700 |

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? Yes

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) |
|--|------------------------|----------------------|---------------------------|-----------|---------------------------|
| SRO | x | \$625 | \$0 | x 12 = | \$0 |
| 0 Bedroom | x | \$833 | \$0 | x 12 = | \$0 |
| 1 Bedroom | 9 x | \$958 | \$690 | x 12 = | \$74,520 |
| 2 Bedrooms | 31 x | \$1,254 | \$780 | x 12 = | \$290,160 |
| 3 Bedrooms | 1 x | \$1,781 | \$900 | x 12 = | \$10,800 |
| 4 Bedrooms | 1 x | \$2,146 | \$1,200 | x 12 = | \$14,400 |
| 5 Bedrooms | x | \$2,468 | \$0 | x 12 = | \$0 |
| 6 Bedrooms | x | \$2,790 | \$0 | x 12 = | \$0 |
| 7 Bedrooms | x | \$3,112 | \$0 | x 12 = | \$0 |
| 8 Bedrooms | x | \$3,434 | \$0 | x 12 = | \$0 |
| 9 Bedrooms | x | \$3,756 | \$0 | x 12 = | \$0 |
| Total Units and Annual Assistance Requested | | 42 | | | \$389,880 |
| Grant Term | | | | | 1 Year |
| Total Request for Grant Term | | | | | \$389,880 |

Click the 'Save' button to automatically calculate totals.

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? Yes

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) |
|--|------------------------|----------------------|---------------------------|-----------|---------------------------|
| SRO | | x \$625 | \$618 | x 12 = | \$0 |
| 0 Bedroom | 1 | x \$833 | \$525 | x 12 = | \$6,300 |
| 1 Bedroom | 8 | x \$958 | \$650 | x 12 = | \$62,400 |
| 2 Bedrooms | | x \$1,254 | \$1,249 | x 12 = | \$0 |
| 3 Bedrooms | | x \$1,781 | \$1,781 | x 12 = | \$0 |
| 4 Bedrooms | | x \$2,146 | \$2,130 | x 12 = | \$0 |
| 5 Bedrooms | | x \$2,468 | \$2,449 | x 12 = | \$0 |
| 6 Bedrooms | | x \$2,790 | \$2,768 | x 12 = | \$0 |
| 7 Bedrooms | | x \$3,112 | \$3,089 | x 12 = | \$0 |
| 8 Bedrooms | | x \$3,434 | \$3,408 | x 12 = | \$0 |
| 9 Bedrooms | | x \$3,756 | \$3,727 | x 12 = | \$0 |
| Total Units and Annual Assistance Requested | | | | | \$68,700 |
| Grant Term | | | | | 1 Year |
| Total Request for Grant Term | | | | | \$68,700 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|--|------------------|
| Total Value of Cash Commitments: | \$202,405 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$202,405 |

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 | Government | Looking Glass, La... | \$13,891 |
| Cash | Private | Looking Glass - 4... | \$5,421 |
| Cash | Government | Catholic Communit... | \$25,000 |
| Cash | Private | Catholic Communit... | \$45,678 |
| Cash | Government | Lane County Healt... | \$4,795 |
| Cash | Private | Looking Glass - T... | \$2,769 |
| Cash | Government | ShelterCare - Loc... | \$26,976 |
| Cash | Private | ShelterCare - Pri... | \$65,188 |
| Cash | Government | Looking Glass - U... | \$12,687 |

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Looking Glass, Lane County HSC local gov't funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$13,891

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Looking Glass - 4J School District Contract
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$5,421

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Catholic Community Services, Human Services Division General Fund
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$25,000

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private

3. Name of Source: Catholic Community Services General Fund
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$45,678

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Lane County Health and Human Services General Fund
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$4,795

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Looking Glass - Trillium
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$2,769

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: ShelterCare - Local Government Funds
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$26,976

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: ShelterCare - Private
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$65,188

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: Looking Glass - US Dept. H&HS
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$12,687

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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) | \$0 |
| 1b. Leased Structures (Enter) | \$0 |
| 2. Rental Assistance (Screen 6C) | \$458,580 |
| 3. Supportive Services (Enter) | \$232,684 |
| 4. Operating (Enter) | \$0 |
| 5. HMIS (Enter) | \$0 |
| 6. VAWA (Enter) | \$0 |
| 7. Sub-total of CoC Program Costs Requested | \$691,264 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$38,354 |
| 9. HUD funded Sub-total + Admin. Requested | \$729,618 |
| 10. Cash Match (From Screen 6D) | \$202,405 |
| 11. In-Kind Match (From Screen 6D) | \$0 |
| 12. Total Match (From Screen 6D) | \$202,405 |
| 13. Total Project Budget for this grant, including Match | \$932,023 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Non Profit Docume... | 08/03/2017 |
| 2) Other Attachment | No | | |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: Non Profit Documentation SC-CCS-LG

Attachment Details

Document Description: Indirect Cost Rate

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: 08/28/2023

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 | 08/08/2023 |
| 1B. SF-424 Legal Applicant | 08/08/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/28/2023 |
| Renewal Project Application FY2023 | Page 56 |
| | 09/08/2023 |

| | |
|--|-------------------|
| 1E. SF-424 Compliance | 08/08/2023 |
| 1F. SF-424 Declaration | 08/08/2023 |
| 1G. HUD 2880 | 08/14/2023 |
| 1H. HUD-50070 | 08/08/2023 |
| 1I. Cert. Lobbying | 08/08/2023 |
| 1J. SF-LLL | 08/14/2023 |
| IK. SF-424B | 08/08/2023 |
| Submission Without Changes | 08/15/2023 |
| Recipient Performance | 08/08/2023 |
| Renewal Grant Consolidation or Renewal Grant Expansion | 08/08/2023 |
| 2A. Subrecipients | 08/15/2023 |
| 3A. Project Detail | 08/14/2023 |
| 3B. Description | 08/08/2023 |
| 4A. Services | 08/08/2023 |
| 4B. Housing Type | 08/08/2023 |
| 5A. Households | 08/08/2023 |
| 5B. Subpopulations | 08/08/2023 |
| 6A. Funding Request | 08/23/2023 |
| 6C. Rental Assistance | 08/28/2023 |
| 6D. Match | 08/14/2023 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/08/2023 |
| 7B. Certification | 08/28/2023 |

McKenzie Rapid Rehousing

Non-Profit Documentation

Three Subrecipients:

- Catholic Community Services
- Looking Glass Youth and Family Services
- ShelterCare

Non Profit Documentation:

Catholic Community Services of Lane County, Inc.

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

CATHOLIC COMMUNITY SERVICES OF LANE COUNTY, INC.

was

incorporated

under the Oregon

Nonprofit Corporation Act

on

November 4, 1953

and is active on the records of the Corporation Division as of
the date of this certificate.



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

By Debra L. Vrag

Debra L. Vrag

July 26, 2011

**Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: June 4, 2014

Person to Contact:

Roger Meyer ID# 0110429

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

53-0196617

Group Exemption Number:

0928

United States Conference of Catholic
Bishops
3211 4th Street, NE
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2014, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2014*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2014* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

In your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive, flowing style.

Tamera Ripperda
Director, Exempt Organizations

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA
NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS
ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA
IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO
GEORGIA • DELAWARE • ILLINOIS • KANSAS • NORTH CAROLINA • OREGON • NEBRASKA • KENTUCKY
NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS
INDIANA • OKLAHOMA • RHODE ISLAND • MONTANA
HAWAII • WASHINGTON • VIRGINIA • VERMONT • WYOMING • OHIO

1817



2014

The Official Catholic Directory

Anno
Domini

2014

Published Annually by
P. J. Kennedy & Sons

Teachers 26; Students 511.

(F) ELEMENTARY SCHOOLS, PRIVATE

PORTLAND. *St. Andrew Nativity School* (2000) (Grades 6-8), 4925 N.E. 9th Ave., 97211. Tel: 603-335-9600; Fax: 603-336-9494. Email: info@nativityportland.com. Web: www.nativityportland.com. Mike Chambers, Prin.; Carolyn Bess, Pres.; Carol Rausey, Librarian. Lay Teachers 8; Students 78.

Franciscan Montessori Earth School/St. Francis Academy, 14750 S.E. Clinton St., 97235. Tel: 503-760-8220; Fax: 503-760-8333. Email: info@fms.org. Web: www.fms.org. Sisters Kathleen Ann Cieslak, F.S.E., Admin.; Therest Guitling, F.S.E., Co-Admin. Staffed by Franciscan Sisters of the Eucharist. Franciscan Sisters of the Eucharist; Lay Teachers 29; Students 272.

BEAVERTON. *Valley Catholic Elementary School*, (Grades K-5), 4420 S.W. St. Mary's Dr., 97007. Tel: 503-718-5500; Fax: 603-718-5520. Email: juanng@valleycatholic.org. Web: www.valleycatholic.org. Joe Manning, Prin. & Contact Person; Bob Weber, Pres.; Shauntia Jasperon, Librarian. Sisters of St. Mary of Oregon Sisters 2; Lay Teachers 20; Students 340.

(G) SOCIAL AND MINISTERIAL SERVICES

PORTLAND. *Catholic Charities of the Archdiocese of Portland in Oregon*, 2740 S.E. Powell Blvd., 97202. Tel: 503-231-4566; Fax: 503-231-4327. Email: info@catholiccharitiesoregon.org. Web: www.catholiccharitiesoregon.org. Douglas Alles, Interim Exec. Dir.; Trefl Anderson, Interim Exec. Dir.; Richard Darr, C.F.A., CFO. CSS Group Homes 80; Resettlement Services 604; Total persons annually served by CSS 166,134.

Catholic Charities Social Service Division of Portland, 2740 S.E. Powell Blvd., 97202. Tel: 503-231-4666; Fax: 503-231-4327. Douglas Alles, Social Svcs. Dir. Programs include: crisis pregnancy counseling, adoption services, mental health, case management, domestic violence intervention, parent/child development services, refugees resettlement, resident services, Hispanic health outreach, ministry to the elderly, Project Rachel, Immigration Legal Services, housing and social services for homeless women, anti-human trafficking, trafficking victims assistance, affordable housing for low income families and individuals, gang outreach and prevention, Hispanic school support, financial counseling and healthcare worker employee assistance.

Catholic Youth Organization/Comp Howard, 825 N.E. 20th, Ste. 120, 97202-2905. Tel: 503-291-9484; Fax: 503-231-9531. Web: www.cyouphoward.org. Sr. Krista Von Bostel, S.S.M.O., Exec. Dir. Programs include: Youth vocational training, 1025 O. St., Springfield, 97477. Tel: 541-345-3558; Fax: 541-744-2272. Web: www.cyou.org. Thomas Mulhern, Exec. Dir. Programs include: Emergency shelter, utilities, and food, single mothers shelter, drug dependent mothers shelter, family shelter, young parents program, family self-sufficiency program.

Catholic Community Services of Mid-Willamette Valley and the Central Coast, 3787 Portland Rd., N.E., Salem, 97301. Tel: 503-990-2600; Fax: 503-390-6648. Web: www.ccsnw.org. Jim Seymour, Exec. Dir. Programs include: Center for delinquent youth, developmentally & physically disabled group homes, shelter for displaced youth, counseling center, Hispanic mental health outreach, child abuse, parent/teen program.

Catholic Charities in Southern Oregon, 724 S. Central Ave., Ste. 210, Medford, 97501. Tel: 541-779-0803; Fax: 541-246-6368. Programs include: immigration legal services.

(H) CHILD DEVELOPMENT CENTERS

PORTLAND. *Portland Montessori School*, 4911 N.E. Couch, 97213. Tel: 603-213-2400; Fax: 603-215-0660. Preschool and elementary education for children ages 3 to 10 with a broad array of developmental needs and abilities. Students 224. *Providence Health & Services-Oregon dba Providence Child Center* 830 N.E. 47th Ave., 97213. Tel: 503-215-2400; Fax: 503-215-0660. Patricia Budo, Operations Admin. Total Staff 186; Patients Assisted Annually 3,987.

Providence Health & Services-Oregon dba Center for Medically Fragile Children. Tel: 503-215-2400; Fax: 503-215-2424. The Center for Medically Fragile Children at Providence Child Center is the only nursing facility in the Northwest providing skilled nursing care for children with complex medical needs in a residential setting. Fifty-eight beds are dedicated to children needing long-term chronic care, short-term assessment and/or respite care, and end-of-life care. Total Assisted 74.

Providence Health & Services-Oregon dba Providence Wee Care. Tel: 503-215-6532; Fax: 503-215-

0533. Child development program for children of Providence Health System employees and the community, ages 6 weeks to 6 years. Developmental and age-appropriate activities support child's growth and development. Students 104. *Providence Health & Services-Oregon dba Providence Neurodevelopmental Center for Children*. Tel: 503-215-2233; Fax: 603-215-2478. Providence Neurodevelopmental Center for Children (PNCC) provides diagnostic and therapy services for children with complex developmental/medical needs as well as children with developmental delays. Total Assisted 1,992.

(I) RESIDENTIAL SCHOOLS FOR YOUTHS WITH EMOTIONAL/SOCIAL PROBLEMS

BEAVERTON. *St. Mary's Home for Boys, Inc.*, 16535 S.W. Tualatin Valley Hwy., 97006. Tel: 503-849-5651; Fax: 503-649-7405. Francis Mosher, Exec. Dir. & Contact Person. Residential & day treatment center for behaviorally & emotionally disturbed children. Out patient mental health services. Staff 116; Students 162.

(J) GENERAL HOSPITALS

PORTLAND. *Providence Health & Services-Oregon dba Providence Portland Medical Center* (1941) 4805 N.E. Glisan St., 97213. Tel: 503-215-1111; Fax: 503-215-6858. Email: huace.wolkowski@providence.org. Web: www.providence.org. Revs. Jon Bullington (EST), Priest Chap.; Kevin T. Clarke, S.J., Priest Chap.; Bruce Cwikowski, Dir. Pastoral Care & Contact. Tel: 503-215-6933; Fax: 203-215-3619; Augustine Monyana, A.J., Priest Chap.; Dominic Ngyaku, S.J., Priest Chap.; Vernetta Ollison, Chap.; Herbert Wheatley, Priest Chap.; Sr. Mary Coakley, O.S.P., Chap.; Julie Di-Munoz, Chap.; Mary Ann Henry, Catholic Lay Chap. On Call; Gordon MacDonald, Catholic Chap.; Sabine Marzecz, Chap.; Jean McQuiggin, Catholic Chap.; Kays Partenheimer, Music Therapist; Jon Sturm, Chap.; Sandra J. Walker, E.L.C.A., Clinical Pastoral Educ. Sppov. *Providence Health & Services-Oregon Prelesta 6*; Sisters 1; Bed Capacity 483; Total Staff 3,417; Patients Assisted Annually 509,926.

Providence Health & Services-Oregon dba Providence St. Vincent Medical Center 9205 S.W. Barnes Rd., 97225. Tel: 503-215-1234; Fax: 503-215-2458. Web: www.providence.org. Revs. Francis Njau, A.J., Catholic Chap.; Godfred Ogun, A.J., Spiritual Care Dir.; Constantine Shikuku, Chap.; Peter Siamoo, Catholic Chap. Sr. Patricia Valentine, S.N.J.M., Catholic Chap.; Barbara Blair, Child Life Specialist; Orestis Peter Costant, Protestant Chap.; Charlene K. Epp, Protestant Chap.; Richard Gilbert, Protestant Chap.; Tracy Hufschmid, Chap.; Tamara Martinez, Child Life Specialist; Laura A. Moya, Music Therapist; Ms. Judith A. Mcowan, Catholic Chap. On Call; Ashton Roberts, Protestant Chap.; Ms. Shiela Schaeffer, Catholic Chap.; Dean Schrock, Chap. On Call; Beth Warrick, Child Life Specialist; Sr. Lynda Thompson, S.N.J.M., Mission Integration Dir. *Providence Health & Services-Oregon*. Priests 4; Sisters 2; Total Staff 3,320; Bed Capacity 623; Patients Assisted Annually 416,670.

BUCINE/SPRINGFIELD. *Sacred Heart Medical Center*, P.O. Box 10905, 97440. Tel: 541-322-7300; Fax: 541-222-2270. Web: www.peacehealth.org. 3333 RiverBend Dr., Springfield, 97477. John Hill, CEO, PeaceHealth OR; Jennifer Ensminger, Chief Admin. Officer; Robert V. Schori, Dir. Mission Svcs. & Spiritual Care & Chap.; Revs. J. Noel Heikie (BAK), Priest Chap.; Kenneth Olsen, Priest Chap.; David Waggoner, Chap.; Kate Dawes, Chap.; Marcella Fox, Chap.; Matt Granahan, Chap.; Edward Harrod, Chap.; Patricia Hughes, Chap.; Scott Johnson, Chap.; Ann-Marie Lenzke, Chap.; Matthew Miller, Chap.; Linda Mueller, Chap.; Gordon Ruddick, Chap.; Margie Sherman, Chap.; Micki Shirey, Chap. Sisters of St. Joseph of Peace., Div. of PeaceHealth. Sisters 7; Bed Capacity 451; Total Staff 3,641; Patients Assisted Annually 168,897.

FLORENCE. *Peace Harbor Hospital*, 400 Ninth St., 97439. Tel: 541-997-8412; Fax: 541-997-2913. Email: spuckett_bradford@peacehealth.org. Web: www.peacehealth.org. Rick Ycny, Regl. CEO; Sr. Noreen Terrault, C.S.J.P., Pastoral Care; Sharron Puckett Bradford, Contact Person. Critical access hospital owned and operated by Peace Health, Bellevue, WA. Bed Capacity 21; Total Staff 630; Patients Assisted Annually 36,142.

MEDFORD. *Providence Health & Services-Oregon dba Providence Medford Medical Center* 1111 Crater Lake Ave., 97504-0225. Tel: 541-732-6000; Fax: 541-732-6372. Rev. James Clifford, O.S.A., Dir. Mission & Spiritual Care; Sr. Patricia Marie Landin, S.S.M.O., Chap.; Josue Delgado, Chap;

John Dungey, Chap.; Rev. Fred Grewe, Hospice Chap.; Paul Hagedorn, Chap.; Paul Murphy, On Call Chap.

Providence Health & Services-Oregon Priests 5; Sisters 1; Bed Capacity 168; Total Staff 1,056; Patients Assisted Annually 110,218.

Providence Community Health Foundation, Medford, 040 Royal Ave., Ste. 410, 97504. Tel: 541-732-6766; Fax: 541-772-2861. Email: jodi.barnard@providence.org. Web: www.providence.org/medford/foundation.

MILWAUKIE. *Providence Health & Services-Oregon dba Providence Milwaukie Hospital* (1568) 10150 S.E. 32nd Ave., 97222. Tel: 603-513-8300; Fax: 603-513-3191. Email: Denise.Anderson@providence.org. Web: www.providence.org/milwaukie. Rev. Bruce Cwikowski, Dir. Spiritual Life; Denise Anderson, Dir. Pastoral Care & Mission Integration; Chuck Allig, Chap.; Jonathan Andres, On Call Chap.; Judith Kleinstele, Chap.; Linda Smith, Chap.; Melissa Smith, Chap. *Providence Health & Services-Oregon*. Bed Capacity 77; Total Staff 500; Patients Assisted Annually 117,462.

NEWBERG. *Providence Health & Services-Oregon dba Providence Nisberg Medical Center* 1001 Providence Dr., 97132-1857. Tel: 503-537-1655; Fax: 503-637-6611. Alan Olive, Chief Exec; Diane Endicott, Chap.; Carolyn Fairweather, On Call Chap.; William Larson, Chap.; Harry Litzenberg, Chap.; John Malloff, Chap.; Lee Shuster, Chap.; Thomas Struck, Chap.; Ken Vandenhoek, Chap.; Rev. Timothy Bushy, Dir. Mission & Spiritual Life. Priests 1; Bed Capacity 40; Total Staff 637; Patients Assisted Annually 100,723.

OREGON CITY. *Providence Health & Services-Oregon dba Providence Willamette Falls Medical Center* 1500 Division St., 97146. Tel: 503-656-1631; Fax: 503-650-8607. Web: www.providence.org. Elizabeth Sublette, CFO; Denise Anderson, Interim Mission & Spiritual Care Dir.; Mary Follen, Chap.; David Jones, On-Call Chap.; Julia Smith, Music Therapist; Jon Sturm, On-Call Chap.; Sisla Van Buskirk, On-Call Chap.; Rev. Bruce Cwikowski, Dir. Spiritual Life. Bed Capacity 143; Total Staff 660; Patients Assisted Annually 52,962.

Providence Willamette Falls Medical Foundation, 1500 Division St., 97146. Tel: 503-656-1631; Fax: 503-650-8607.

ROSELBURG. *Mary Medical Center, Inc.*, 2700 Stewart Pkwy., 97471. Tel: 541-673-0611; Fax: 541-677-2391. Web: www.marycenter.org. Kelly C. Morgan, Pres. & CEO; John G. Krasberger, Vice Pres. Fin., CFO. Tel: 541-677-2658; David Price, Ph.D., Vice Pres., Dir. Mission Integration; Rev. Clonus Quill, Catholic Chap. Bed Capacity 134; Total Staff 1,033; Patients Assisted Annually 263,935.

Mary Foundation, Inc., 2700 Stewart Pkwy., 97471. Tel: 541-677-4813; Fax: 541-677-4891.

Lias Oaks, Inc., 2700 Stewart Pkwy., 97471. Tel: 541-677-4800; Fax: 541-677-2106.

SEASIDE. *Providence Health & Services-Oregon dba Providence Seaside Hospital* 725 S. Wahanna Rd., 97139-7736. Tel: 503-717-7000; Fax: 503-717-7605. Email: marytrudell@providence.org. Web: www.providence.org/northwest. Mary Trudell, Mission & Spiritual Care Dir. *Sisters of Providence in Oregon*. Bed Capacity 25; Total Staff 375; Patients Assisted Annually 76,930.

(K) RETIREMENT AND ASSISTED LIVING

PORTLAND. *St. Anthony Village facility of St. Anthony Village Enterprises*, 3560 S.E. 79th Ave., 97206. Tel: 503-776-4414; Fax: 503-771-9169. Email: kmarrhall@villageenterprises.org. Web: www.villageenterprises.org. Rev. Michael Maslovsky, Pres.; Karen Marshall, Admin. & Contact Person; Kristi Johnson, Leasing Coord.; Tracy Koslicki, Leasing Coord. Assisted living facility centered around Catholic Parish. Independent, assisted living and memory care unit. Total Assisted Annually 178; Bed Capacity 126; Staff 72.

Assumption Village facility of St. Anthony Village Enterprises (2002) 9121 N. Bury Ave., 97203. Tel: 503-283-5644; Fax: 503-283-5692. Web: www.villageenterprises.org. Rev. Michael Maslovsky, Pres.; Jon Klein, Admin. Retirement Village, Senior independent and assisted living, chapel with daily Mass multiple activities, gardens, intergenerational interaction with neighborhood and local social service agencies. Total Staff 35; Bed Capacity 77; Total Assisted Annually 63.

Providence Health & Services-Oregon dba Providence Elder Place 4531 S.E. Belmont, Ste. 100, 97216. Tel: 503-215-6556; Fax: 503-215-0089. Ellen Gazels, Exec. Dir.; Ms. Theresa VitiyaChil

Non Profit Documentation:

Looking Glass Youth and Family Services

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of
said State, do hereby certify:

LOOKING GLASS YOUTH AND FAMILY SERVICES, INC.

was
incorporated
under the Oregon
Nonprofit Corporation Act
on
February 24, 1971

and is active on the records of the Corporation Division as
of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

PHIL KEISLING, Secretary of State



By Marilyn R. Smith
Marilyn R. Smith
February 23, 1998

Internal Revenue Service

Date: December 4, 2003

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

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

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

Dear Sir or Madam:

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

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

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

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

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

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

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

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

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

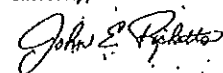
Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make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

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

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

This letter affirms your organization's exempt status.

Sincerely,



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

Non-Profit Documentation

ShelterCare

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

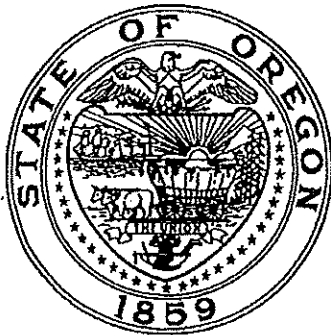
LANE SHELTERCARE INC.

was
incorporated
under the Oregon
Nonprofit Corporation Act
on
December 2, 1970

and is active on the records of the Corporation Division as
of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

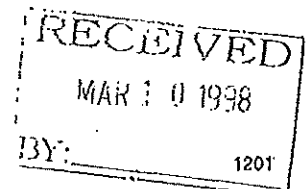
PHIL KEISLING, Secretary of State



By

Debbie Virag

Debbie Virag
March 6, 1998



Attachment 1. d.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: August 20, 2001

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Representative

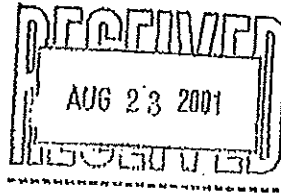
Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
23-7115003

Sheltercare
P.O. Box 23338
Eugene, OR 97402



Dear Sir or Madam:

This letter is in response to your request for 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 February 1997 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 sections 509(a)(1) and 170(b)(1)(A)(vi).

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

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

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Sheltercare
23-7115003

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.

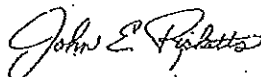
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and 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,



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