

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 2021 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 Data Universal Numbering System (DUNS) 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section 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.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/15/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lane County

b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002303

	c. Organizational DUNS:	030786248	PLUS 4:	
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d. Address

Street 1: 151 W. 7th Ave. Room 560

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-6500-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: The Nel PSH

16. Congressional District(s):

16a. Applicant: OR-004

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

17. Proposed Project

a. Start Date: 07/01/2022

b. End Date: 06/30/2023

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: 10/15/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

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

4a. Total Amount Requested for this project: \$429,136.00

(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 151 W. 7th Ave. Eugene, OR 97401 Room 560	Local government funds	\$41,819.00	Planning Activities (Coordination, project eval, monitoring, developing CoC): \$27,233; Administration match \$14,586
State of Oregon, Oregon Housing and Community Services, 725 Summer St. NE Suite B Salem, OR 97301	State Grant (Emergency Housing Account)	\$201,329.41	HMIS Activities

Note: If additional sources of Government Assistance, please use the

"Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
No developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity.	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

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.

I AGREE:

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

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

Date Signed: 10/15/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

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

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

2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



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

Authorized Representative

Prefix: 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: 10/15/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Lane County

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

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

Date Signed: 10/15/2021

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-6500-N-25

9. Award Amount: \$429,136.00

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

Smith, Dawson, and Andrews
1150 Connecticut Ave, Suite 1025
Washington D.C. 20036

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

n/a

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: Mokrohisky

Suffix:

Title: County Administrator

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

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

Email: steve.mokrohisky@lanecountyor.gov

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

Date Signed: 10/15/2021

IK. SF-424B

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

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

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

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

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

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

Authorized Representative for: Lane County

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: Mokrohisky

Suffix:

Title: County Administrator

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

Date Signed: 10/15/2021

1L. SF-424D

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

No SF-424D is required. Select "Save and Next" 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: \$409,630

Organization	Type	Sub-Award Amount
Laurel Hill Center	M. Nonprofit with 501C3 IRS Status	\$409,630

2A. Project Subrecipients Detail

a. Organization Name: Laurel Hill Center

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 23-7256802

	* d. Organizational DUNS:	077900413	PLUS 4:	
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e. Physical Address

Street 1: 2145 Centennial Plaza

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: \$409,630

j. Contact Person

Prefix: Ms.

First Name: Shawn

Middle Name:

Last Name: Murphy
Suffix:
Title: Executive Director
E-mail Address: shawnm@laurel.org
Confirm E-mail Address: shawnm@laurel.org
Phone Number: 541-485-6340
Extension: 3,121
Fax Number:

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

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

The applicant, Lane County, has been lead agency and successfully administering HUD CoC grants since 1994. LC currently administers the Emergency Solutions Grant, HOME Tenant Based Assistance, Community Development Block Grant, State of Oregon housing programs and numerous other federal, state and local funded housing projects. For three years LC also administered the American Recovery and Reinvestment Act Homeless Prevention and Rapid Rehousing funds. Lane County is responsible for efficiently managing and coordinating resources from city, county, state and federal grants in the area of human services. LC manages the competitive selection processes, monitors sub-recipients’ performance and adherence to program and fiscal grant requirements, completes reports to funding agencies, and provides technical assistance to non-profits and community partners. LC acts as an umbrella applicant of grants with multiple partners and are the regional administrator for the HMIS system. LC collects and analyzes program and client data to determine program effectiveness and to submit performance reports. Lane County, through its Human Services Division (HSD), has provided housing and human services on behalf of Lane County and the cities of Eugene and Springfield since 1972 through partnerships with other public, private non-profit, and private community-based organizations, schools, utilities and hospitals. The CoC program is operated by the Housing & Human Services Section of the Division. The Human Services Division is administratively a division of the Lane County Department of Health & Human Services. Lane County Health and Human Services is a Department within Lane County, Oregon local government. Regionally, over 58,000 low-income residents are served annually through programs, contractual agreements and partnerships with 40 public and private human service and housing agencies. LC has exceptional experience in developing and operating programs to meet the health and human service needs of the populations targeted in this application.

Laurel Hill Center is the subrecipient for this project. The organization has been a leading nonprofit behavioral health provider in Lane County since 1991 and serves nearly 650 individuals with chronic mental illness every year. At least 13 percent of those households were experiencing homelessness, while others were at risk of homelessness. Laurel Hill Center has extensive experience serving unhoused populations and providing housing with supportive services in Lane County. In 2019, the agency was awarded a 5 year nearly 2 million grant from Substance Abuse and Mental Health Services Agency to provide street outreach to chronically homeless individuals and to connect them to supportive services and housing. Between 2018 and 2019, Laurel Hill Center worked with Homes for Good, the sole PHA in Lane County, to secure Mainstream Vouchers, providing housing to 53 households who were homeless, at-risk of homelessness, or exiting an institution. The organization also works with Homes

for Good to provide supportive services to clients in the Madrone Permanent Supportive Housing program. Laurel Hill Center operates and provides property management services for another two HUD congregate site complexes for individuals with a documented disability, with 32 one-bedroom units in Eugene. The agency owns an additional 5 housing sites in the Eugene/Springfield metro area. In partnership with Bell Property Management, these sites provide homes and services to an additional 56 units. With a nearly 7 million annual budget from Federal, State, local, and private funds, Laurel Hill Center has strong organization operation and financial systems in place.

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

As the applicant, the Lane County has a 44-year history of integrating and leveraging local, state and federal funding sources resources, while engaging business, private and philanthropic sectors as partners to improve outcomes for the homeless and people at risk of homelessness. Lane County coordinates and integrates services maximizing the use of public sector resources and leveraging private sector resources to meet human needs. LC provides the community with access to state and federal grants, leveraging local resources. LC staff work to continually identify all federal, state, and local funds to support the core components of a comprehensive, high-quality CoC system. Innovative funding strategies have always been an important building block. In this way, LC is able to use categorical funding for homeless programs at both the federal and state levels and meld them while leveraging private sector resources to perform the challenging work of comprehensive system building.

As the subrecipient and service provider for this project, Laurel Hill Center has extensive experience leveraging Federal, State, local and private funds. The organization has contracts with Oregon Health Authority (State), Substance Abuse and Mental Health Services Administration (Federal), Public Housing Authority (Local), and private foundations (Local). Laurel Hill Center is also a certified outpatient behavioral health provider for the State of Oregon and has a robust tracking system to bill and receive Medicaid funding.

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

As a county governmental organization, Lane County (the applicant), has a very sophisticated financial accounting system in place. Lane County follows the well-established Lane County financial policies and procedures manual, which was approved by the governing board to document the financial policies by which the organization operates in accordance with Generally Accepted Accounting Principles. The policies are also reviewed during the annual financial audit for consistency with GAAP and for compliance with OMB Uniform Guidance. As a division of the Lane County Department of Health and Human Services, the Human Services Division has a clear separation of duties regarding collection, posting, and depositing of receipts, accounts payable, bank reconciliations, and check signing. The organization’s accounting system is more than adequate to track all revenue sources and expenditures in sufficient detail to obtain financial data on each program and each service within a program.

Laurel Hill Center operates a nearly \$7M annual budget. Financial statements are prepared on the accrual basis of accounting in accordance with generally accepted accounting principles, and are audited annually by an external accounting firm. The organization maintains records for different programs and grants using cost centers. Indirect costs are allocated to cost centers based on FTE in the program (administrative & general costs) or on square footage of occupancy (for facilities costs). Lane County audited Laurel Hill Center in 2021 and found that the agency has adequate financial management and accounting systems in place in accordance with the requirements of 2 CFR part 200.

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

3A. Project Detail

1. CoC Number and Name: OR-500 - Eugene, Springfield/Lane County CoC

2. CoC Collaborative Applicant Name: Lane County

3. Project Name: The Nel PSH

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

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

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

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

The Nel is a new, 45-unit permanent supportive housing (PSH) apartment community that will be located at 1100 Charnelton in Eugene. Based in Housing First and Harm Reduction principles, this apartment community will provide permanent, stable housing as the first priority, while also offering the supportive services necessary to ensure each individual’s maximum opportunity for accessing care and overcoming homelessness. The Nel will serve chronically homeless adult households with high barriers to housing and level of vulnerability. Laurel Hill Center, is the subrecipient, and service provider, and will provide on-site, client-centered case management, housing stabilization services and life skills support. Supportive services staffing will include case managers and peer support specialists. Key project outcomes include the following: at least 80% of households exiting the program will exit to permanent housing, at least 85% of households housed through the program will be housed within 60 days of the entry date, at least 75% of households will maintain or increase their income through cash benefits, earned income or combination of both, at least 90% of households will be enrolled in mainstream benefit such as Medicaid, SNAP, TANF, VA services, etc. within the first 3 years. The site is ideally located in downtown Eugene near facilities that provide access to public transportation, public library, Federally Qualified Health Center, and several social service and community agencies. While CoC funds will specifically cover supportive services, this project relies on key partnerships with Homes for Good (the sole PHA in Lane County) and Quantum Residential. Homes for Good is the lead developer agency and is responsible for capital construction, as well as overseeing the property management contract and administering rent through the Section 8 Project Based Voucher program. Quantum Residential is the on-site 24/7 property management agency. Homes for Good and Quantum have partnered with Lane County on other PSH projects in the community and are experienced working with chronically homeless households using the Housing First and PSH model.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			

Leased or rental assistance units or structure, and supportive services near 100% capacity	120			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

n/a

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

(Select ALL that apply)

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

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

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will 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"/>

5c. 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"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

6a. Explain how and why the project will implement this requirement.

This project will utilize a site-based model of PSH. The rent subsidy is provided through Project Based Vouchers (PBV) in partnership with the local housing authority, Homes for Good. The PBV are tied to the project/building units. The vouchers could have mobility after a period of time.

7. Will more than 16 persons live in a single structure? Yes

7a. Describe the local market conditions that necessitate a project of this size.

A shortage of affordable housing supply and low affordable rental vacancy rates (less than 3%) in Lane County necessitate a project of this size. Recent estimates indicate that for every 100 households in Lane County with extremely low incomes, there are only 16 units available. The Eugene/Metro area is experiencing a population growth rate that is unable to keep up with the demand for affordable housing. Lastly, there are 434 adult only households who are on the Coordinated Entry list for PSH, highlighting the demand for this type of project.

7b. Describe how the project will be integrated into the neighborhood.

This site is in an ideal location downtown in close proximity to public

transportation, health and social service agencies, public library, and other community resources. Individuals residing in the building will be able to participate in supportive services offered through Laurel Hill Center, as well as connected to community based resources in the area.

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**8. Is this project 100% Dedicated or DedicatedPLUS
DedicatedPLUS?**

3C. Project Expansion Information

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

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

The Nel will serve chronically homeless single adults in a site-based apartment complex with on-site supportive services. The target population is expected to have significant barriers to housing placement, as well as disabilities related to mental health, substance use, physical health, and other chronic conditions. The program will use a housing first approach. The site-based model will eliminate the need for housing search in the rental market. Once in housing, on-site case managers will assist clients to stabilize and offer support to comply with their lease agreement. Staff will be trained in trauma informed care and harm reduction and will work closely on eviction prevention. Each person will work with a case manager to develop a housing stability plan (HSP). Peer support specialists w/ lived experience will be available to help them achieve the goals outlined in the HSP and connect them to community based resources. Case managers will have training in mental health (QMHA/QMHP).

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

This project will work intentionally to connect participants to mainstream resources. Each participant will work with the service provider to assess barriers to housing and stability, and then will create a housing stability plan that will lead to successful exits from homelessness. Laurel Hill Center is the service provider and will have staff trained in SOAR to assist participants with SSI/SSDI income. Laurel Hill Center also has a supportive employment program that will be offered to participants who have barriers to employment or need job training assistance. Staff are experienced with connecting participants to non-employment income, such as SNAP benefits, veteran benefits, and health insurance. The project is located within a few blocks of a FQHC where participants can get assistance with Medicaid enrollment, primary care, and integrated behavioral health.

**3. 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	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Daily

Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Partner	As needed
Subrecipient	As needed
Partner	Bi-weekly
Subrecipient	Daily
Partner	As needed
Subrecipient	Daily
Subrecipient	Daily
Partner	As needed
Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Partner	As needed

Identify whether the project will include the following activities:



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

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

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

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

4B. Housing Type and Location

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

Total Units: 45

Total Beds: 45

Total Dedicated CH Beds: 25

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Single Room Occupancy (SRO)...	---	45	45	25

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

2a. Units: 45

2b. Beds: 45

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 25

This includes both the “dedicated” and “prioritized” beds.

4. 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: 1100 Charnelton

Street 2:

City: Eugene

State: Oregon

ZIP Code: 97401

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

410426 Eugene

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	45	0	45
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	40	0	40
Persons ages 18-24	0	5	0	5
Accompanied Children under age 18	0	0	0	0
Unaccompanied Children under age 18	0	0	0	0
Total Persons	0	45	0	45

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

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	35	5		13	1	35	5	35	1	
Persons ages 18-24	5			2		5	0		0	
Total Persons	40	5	0	15	1	40	5	35	1	0

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation + CoC Bonus

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.

3a. Complete the indirect cost rate table below

Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10 % de minimis rate
DHS	10%	\$3,898,691	1/8/21

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>

Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

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



6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	0.45 FTE Team Lead @ \$95,787 including fringe benefits of \$22,508	\$43,105
2. Assistance with Moving Costs		
3. Case Management	0.7 FTE Case Manager @ 83,892 including fringe benefits of \$20,26; 0.8 FTE Peer Support Specialist/ Traditional Health Worker @ 68,363 including fringe benefits of \$18,665	\$113,415
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	0.7 FTE Case Manager @ 83,892 including fringe benefits of \$20,261; 1 FTE Peer Support Specialist/ Traditional Health Worker @ 68,363 including fringe benefits of \$18,665	\$127,088
9. Legal Services		
10. Life Skills	1.3081 FTE Peer Support Specialist/ Traditional Health Worker @ 68,363 including fringe benefits of \$18,665	\$89,426
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	0.25 Peer Support Specialist/ Community Health Worker @ 68,363 including fringe benefits of \$18,665	\$17,090
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$390,124
Grant Term		1 Year
Total Request for Grant Term		\$390,124

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$107,772
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$107,772

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Lane County - Loc...	\$5,364
Cash	Private	Laurel Hill	\$15,641
Cash	Government	Laurel Hill - Med...	\$86,767

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Lane County - Local Government Funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$5,364

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Laurel Hill
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$15,641

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Laurel Hill - Medicaid
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$86,767

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$390,124	1 Year	\$390,124
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$390,124
8. Admin (Up to 10%)			\$39,012
9. Total Assistance Plus Admin Requested			\$429,136
10. Cash Match			\$107,772
11. In-Kind Match			\$0
12. Total Match			\$107,772
13. Total Budget			\$536,908

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Laurel Hill Cente...	10/15/2021
2) Other Attachment(s)	No	Laurel Hill Cente...	10/15/2021
3) Other Attachment(s)	No		

Attachment Details

Document Description: Laurel Hill Center IRS Letter

Attachment Details

Document Description: Laurel Hill Center Match Letter

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Steve Mokrohisky

Date: 10/15/2021

Title: County Administrator

Applicant Organization: Lane County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2021	Page 51
	10/26/2021

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/15/2021
1E. SF-424 Compliance	10/07/2021
1F. SF-424 Declaration	10/07/2021
1G. HUD 2880	10/07/2021
1H. HUD 50070	10/07/2021
1I. Cert. Lobbying	10/07/2021
1J. SF-LLL	10/07/2021
IK. SF-424B	10/07/2021
1L. SF-424D	10/07/2021
2A. Subrecipients	10/15/2021
2B. Experience	10/15/2021
3A. Project Detail	10/07/2021
3B. Description	10/15/2021
3C. Expansion	10/07/2021
4A. Services	10/15/2021
4B. Housing Type	10/15/2021
5A. Households	10/15/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/11/2021
6F. Supp Srvcs Budget	10/15/2021
6I. Match	10/15/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/15/2021
7D. Certification	10/15/2021

OGDEN UT 84201-0029

In reply refer to: 4077967774
June 22, 2018 LTR 4168C 0
23-7256802 000000 00

00037359
BODC: TE

LAUREL HILL CENTER
2145 CENTENNIAL PLZ
EUGENE OR 97401-2474



045729

Employer ID number: 23-7256802
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Apr. 25, 2018, about your tax-exempt status.

We issued you a determination letter in May 1974, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

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LAUREL HILL CENTER
2145 CENTENNIAL PLZ
EUGENE OR 97401-2474

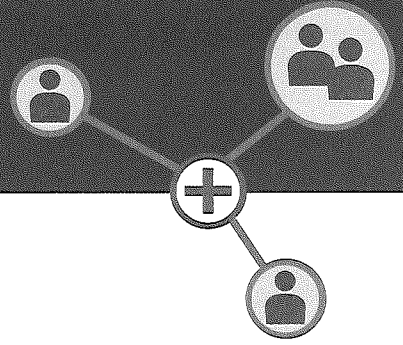
local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements



October 14, 2021

US Department of Housing and Urban Development
Office of CP&D
200 North High Street
Columbus OH 43215-2499


Re: Cash Match commitment to the Nel (1100 Charnelton) project

To Whom It May Concern,

Laurel Hill Center commits to provide a contribution of at least \$102,408 per year over the next program year (7/1/2022 – 6/30/2022) to the Nel project in matching funds. Our contribution will be available beginning July 1, 2022. Our contribution will be used for the activities detailed in the table below. The source of these funds is also detailed in the table below.

Laurel Hill Center will keep and make available for inspection records documenting the cash match provided.

Type of Contribution/Activity	Funding Source	Match Amount
Administrative Costs	Private	\$15,641
Assessment of Service Needs	Government (Medicaid)	\$ 958
Case Management	Government (Medicaid)	\$65,809
Life Skills Training	Government (Medicaid)	\$20,000


Shawn Murphy, Executive Director

10/14/21
Date