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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0177

   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: Snohomish, County of
   b. Employer/Taxpayer Identification Number
      (EIN/TIN): 91-6001368
   c. Organizational DUNS: 079247979
   PLUS 4
   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      Street 2:  
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201
   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:  
      Last Name: Anderson
      Suffix:  
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Monte Cristo

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $62,734.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Monte Cristo 3000 Rockefeller Avenue, M/S 305
Everett Washington

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested/Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/29/2019</td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>Participation in Project/Activity (%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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: X

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/26/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Snohomish, County of

**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:

<table>
<thead>
<tr>
<th>Certification/Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> 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.</td>
</tr>
<tr>
<td><strong>b.</strong> 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.</td>
</tr>
<tr>
<td><strong>c.</strong> 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.;</td>
</tr>
<tr>
<td><strong>d.</strong> 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;</td>
</tr>
<tr>
<td><strong>e.</strong> 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;</td>
</tr>
<tr>
<td><strong>f.</strong> 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;</td>
</tr>
<tr>
<td><strong>g.</strong> Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

**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. X

Applicant: Snohomish County Project: Monte Cristo

| Page 12 | 08/29/2019 |
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: 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)

Authorized Representative

Prefix:  Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   No
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $62,734

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archdiocesan Housing Authority</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$62,734</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Archdiocesan Housing Authority

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

c. Employer or Tax Identification Number: 91-1099134

d. Organizational DUNS: 141908017

<table>
<thead>
<tr>
<th>e. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 100 23rd Ave South</td>
</tr>
<tr>
<td>City: Seattle</td>
</tr>
<tr>
<td>State: Washington</td>
</tr>
<tr>
<td>Zip Code: 98144</td>
</tr>
</tbody>
</table>

f. Congressional District(s): WA-001, WA-002
(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: $62,734

j. Contact Person
Prefix: Mr.
First Name: Steve
Middle Name: 
Last Name: Powers
Suffix:  
Title:  Division Director  
E-mail Address:  stevep@ccsww.org  
Confirm E-mail Address:  stevep@ccsww.org  
Phone Number:  360-671-0715  
Extension:  
Fax Number:  360-671-0445

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0177
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
   2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Monte Cristo

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

7. Does this project include Replacement Reserves? 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.

This project provides twelve (12) units of permanent supportive housing for chronically homeless individuals in a low-barrier, housing first approach. The goals of this project include: increasing residential stability by supporting clients in maintaining their permanent housing; increasing skills and income by accessing mainstream resources; and achieving greater self-determination through a client-centered goal-driven individual action/service plan. CCS provides mental health services, case management, life skills training, substance abuse treatment, health care services, transportation and other services as needed.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Click 'Save' to update

Applicant: Snohomish County 079247979
Project: Monte Cristo 179125

Renewal Project Application FY2019 Page 26 08/29/2019
Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>☒</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>☒</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>☒</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>☒</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>☒</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>☒</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>☒</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>☒</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

**Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

| Access to                                       | Yes |

Applicant: Snohomish County
Project: Monte Cristo
Renewal Project Application FY2019
SSI/SSDI technical assistance provided by
the applicant, a subrecipient, or partner
agency?

3a. 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: 12
Total Beds: 12
Total Dedicated CH Beds: 12

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 12
   b. Beds: 12

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   12
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 2929 Hoyt Avenue
   Street 2: Everett
   City: Everett
   State: Washington
   ZIP Code: 98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   530480 Everett
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

### Persons in Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: Monte Cristo 179125
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

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

   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. Sources of Match

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

Summary for Match

| Total Value of Cash Commitments: | $15,684 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $15,684 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   Yes

   1a. Briefly describe the source of the program income:
   Participant occupancy charges calculated in accordance with 24 CFR 578.77(b).

   1b. Estimate the amount of program income that will be used as Match for this project:  
   $15,684

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Program Income</td>
<td>08/22/2019</td>
<td>$15,684</td>
</tr>
</tbody>
</table>
1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Program Income
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/22/2019

6. Value of Written Commitment: $15,684
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$20,060</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$37,737</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$57,797</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$4,937</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$62,734</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$15,684</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$15,684</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$78,418</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>01/16/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>01/23/2014</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  CCS Nonprofit Documentation

Attachment Details

Document Description:  Subrecipient Nonprofit Documentation - Official Catholic Directory

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**

Mary Jane Brell Vujovic

**Date:**

08/29/2019

**Title:**

Director, Human Services Department

**Applicant Organization:**

Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.
Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
8B Submission Summary

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Project: Monte Cristo
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Internal Revenue Service  
District Director

Date: July 1, 2006

Ms. Deirdre Dessingue  
Associate General Counsel  
United States Conference of Catholic Bishops  
3211 4th Street, N.E.  
Washington, D.C. 20017-1194

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

Person to Contact:  
James Blair  
ID # 31-07578  
Telephone Number:  
877-829-5500  
FAX Number:  
513-263-3756

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^1\). As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

   (a) federal income tax;
   (b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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1 A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

2 Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that
cease to qualify are deleted promptly, and that qualified newly-created organizations
are listed as soon as possible. The current Group Ruling/OCD application package

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the
exemption from federal income tax under section 501(c)(3) of the Code of "the
agencies and instrumentalities and educational, charitable, and religious institutions
operated, supervised or controlled by or in connection with the Roman Catholic
Church in the United States, its territories or possessions appearing in the Official
Catholic Directory for 2008" (with the exception of organizations designated in the
OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect
on an organization's liability for federal excise taxes. Exemption from these taxes is
very limited. Please refer to your attorney any questions you may have about excise
taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not
automatically establish an organization's exemption from state or local income, sales
or property taxes. Typically, separate exemptions must be obtained from the
appropriate state or local tax authorities in order to qualify for any applicable
exemptions. Please refer to your attorney any questions you may have about state
or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors
that contributions to the institutions listed in the 2006 OCD and covered by the
Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from
federal unemployment tax only. Individual states may impose unemployment tax on
organizations included in the Group Ruling, even though they are exempt from the
federal tax. Please refer to your attorney any questions you may have about state
unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including
churches, are required to pay taxes under the Federal Insurance Contributions Act
(FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services
performed by diocesan priests in the exercise of their ministry are not considered

\(^3\) Section 3121(w) of the Code permits certain church-related organizations to
make an irrevocable election to avoid payment of FICA taxes, but only if such
organizations are opposed for religious reasons to payment of social security
taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. **There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000, and certain church-affiliated

---

4 I.R.C. § 3121(b)(8)(A).


7 The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization’s gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8 I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

1. Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

2. Normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.\textsuperscript{12}

8. Revenue Procedure 75-50. Rev. Proc. 75-50\textsuperscript{13} sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are

\begin{footnotes}
\item[11] The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).
\item[12] I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.
\end{footnotes}
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. **This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.** We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/30/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0400

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 X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Snohomish, County of
b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS:

079247979
PLUS 4

d. Address
   Street 1: 3000 Rockefeller Avenue, M/S 305
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip / Postal Code: 98201

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jackie
   Middle Name:
   Last Name: Anderson
   Suffix:
   Title: Division Manager, Housing and Community Services
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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):
(Washington)
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project:
CCS Everett Safe Streets Supportive Housing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
**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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/30/2019
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension:
Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $439,072.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

CCS Everett Safe Streets Supportive Housing
3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>09/18/2019</td>
</tr>
</tbody>
</table>
**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: [X]

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/26/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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.

- **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.

- **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.;

- **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;

- **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;

- **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;

- **g.** Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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. X
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
**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?**

No

**Legal Name:** Snohomish, County of

**Street 1:** 3000 Rockefeller Avenue, M/S 305

**Street 2:**

**City:** Everett

**County:** Snohomish

**State:** Washington

**Country:** United States

**Zip / Postal Code:** 98201

**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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Last Name: Brell Vujovic

Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   No
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition?  "If "No" click on "Next" or "Save & Next" below to move to the next screen.
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $439,072

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$439,072</td>
</tr>
</tbody>
</table>
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: 91-1585652

d. Organizational DUNS: 799006341 PLUS 4

e. Physical Address
   Street 1: 1918 Everett
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $439,072

j. Contact Person
   Prefix: Mr.
   First Name: Will
   Middle Name: 
   Last Name: Rice
Suffix: 
Title: Regional Chief of Operations
E-mail Address: willr@ccsww.org
Confirm E-mail Address: willr@ccsww.org
Phone Number: 425-257-2111
Extension:
Fax Number: 425-257-2120
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0400
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS Everett Safe Streets Supportive Housing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

Everett Safe Streets Supportive Housing (ESSSH) project addresses the need for interventions that serve the rising chronically homeless population in Snohomish County. Many of the chronically homeless households identified during the Point In Time County had multiple barriers. Of the chronically homeless households identified, 46% had one disabling condition and 54% had more than one disabling condition. The ESSSH project target population are the most vulnerable chronically homeless households (50 units), homeless youth ages 18-24 (10 units) and chronically homeless veterans (5 units). However, the eligibility criteria is not limited to single adults and does not automatically exclude households with children. Referral decisions will be made through the coordinated entry process in accordance with the CoCs CE policies and prioritization. ESSSH is a single site permanent supportive housing program that uses the evidence based housing first model. On site services include case management and residential counselors, who provide 24/7 services that are flexible and focused on housing stability. Residential counselors work as part of a multi-disciplinary team to address mental health, substance abuse, life skill, and health needs. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. To achieve these goals, Catholic Community Services partners with Catholic Housing Services to provide property management, and Veterans Administration and Cocoon House to provide specialized case management for veterans, and youth, respectively. The program has a health care treatment room which allows health care providers to treat participants on site, and reduce barriers to receiving care. CCS also leverages several “in house” programs including recovery services, volunteer chore, and long term care. CoC funding is essential to meet the needs of the most vulnerable chronically homeless population that ESSSH is designed to serve. Case management and residential counselors create housing stability by addressing the multiple barriers affecting vulnerable chronically homeless individuals.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)
3. Housing First

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

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income

Having active or history of substance use

Having a criminal record with exceptions for state-mandated restrictions

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services

Failure to make progress on a service plan

Loss of income or failure to improve income

Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

None of the above

3d. Does the project follow a "Housing First" approach? Yes
3C. Dedicated Plus

Dedicated and 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. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

Applicant: Snohomish County
Project: CCS Everett Safe Streets Supportive Housing

DedicatedPLUS
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

---
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 65
Total Beds: 65
Total Dedicated CH Beds: 55

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>65</td>
<td>65</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 65
   b. Beds: 65

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 55
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 6107 Berkshire Drive
   City: Everett
   State: Washington
   ZIP Code: 98203

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County
5A. Project 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.

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<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>65</td>
<td></td>
<td>65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>55</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>10</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>65</td>
<td>0</td>
<td>65</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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.

<table>
<thead>
<tr>
<th>Persons in Households with at Least One Adult and One Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Chronically Homeless Non-Veterans</td>
</tr>
<tr>
<td>Adults over age 24</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
</tr>
<tr>
<td>Children under age 18</td>
</tr>
<tr>
<td>Total Persons</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persons in Households without Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Chronically Homeless Non-Veterans</td>
</tr>
<tr>
<td>Adults over age 24</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
</tr>
<tr>
<td>Total Persons</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

<table>
<thead>
<tr>
<th>Persons in Households with Only Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Chronically Homeless Non-Veterans</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>Total Persons</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td>$1,541,518.00</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - Operating
6D. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$109,768</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$109,768</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe Streets...</td>
<td>08/21/2019</td>
<td>$9,768</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Providence Region...</td>
<td>08/21/2019</td>
<td>$100,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CCS Everett Safe Streets SH Match Distribution
   City of Everett Human Needs
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $9,768

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Providence Regional Medical Center Everett
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $100,000
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$399,157</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$399,157</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$39,915</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$439,072</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$109,768</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$109,768</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$548,840</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>09/14/2018</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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  
Mary Jane Brell Vujovic
Date: 08/30/2019
Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>[x]</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>[x]</td>
</tr>
<tr>
<td>6D. Match</td>
<td>[x]</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

Part 7 - Attachment(s) & Certification  |  |
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A.  Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
   6A. 3a. Completed indirect cost rate schedule.
   6A. 3b. Changed to [Yes].
   6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/26/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services
July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^1\). As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

---

1 A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

2 Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dft/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2008" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year. Services performed by diocesan priests in the exercise of their ministry are not considered

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3 Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. **There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated

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7. The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8. I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

1. Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

2. normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.  

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return. In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.

8. **Revenue Procedure 75-50.** Rev. Proc. 75-50 sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are

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11 The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).

12 I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at www.usccb.org/opc, contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling. We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652
DATE: 01/27/2017
ORGANIZATION: FILING REF.: The preceding Catholic Community Services agreement was dated
1918 Everett Avenue
07/08/2013
Everett, WA 98201

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/2015</td>
<td>06/30/2019</td>
<td>13.30 Northwest</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2019</td>
<td>06/30/2021</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
</tr>
</tbody>
</table>

*BASE*

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Catholic Community Services

[Signature]

Peter Bernauer
VICE President

[Date]

FEB 13, 2017

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Agency]

Arif M. Karim -A

[Signature]

Arif Karim

[Name]

Director, Cost Allocation Services

[Title]

[Date] 1/27/2017

[Date] 9751

HHS REPRESENTATIVE: Olulola Oluborode

Telephone: (214) 767-3261
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0225
   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 X

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name: 

Last Name: Anderson

Suffix: 

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237
Extension:

Fax Number: (425) 388-3504

Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCS Home Connection

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $443,804.00

   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

CCS Home Connection 3000 Rockefeller Avenue, M/S 305 Everett Washington

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
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<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/29/2019</td>
<td></td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/26/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

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. X

Renewal Project Application FY2019

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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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?
No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  

   No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $443,804

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$443,804</td>
</tr>
</tbody>
</table>
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: 91-1585652

d. Organizational DUNS: 799006341

 e. Physical Address
   Street 1: 1918 Everett Avenue
   Street 2: 
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $443,804

j. Contact Person
   Prefix: Mr.
   First Name: Will
   Middle Name: 
   Last Name: Rice
Suffix:
Title: Regional Chief of Operations
E-mail Address: willr@ccsww.org
Confirm E-mail Address: willr@ccsww.org
Phone Number: 425-257-2111
Extension: 
Fax Number: 425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0225
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS Home Connection

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This project provides tenant-based rental assistance to a minimum of 38 scattered site units for chronically homeless individuals in a low barrier, housing first approach coupled with supportive services. The goals of this project include increasing residential stability by placing eligible homeless individuals into permanent housing and providing supportive services to assist clients in stabilizing so they can maintain their housing; increasing skills and income by assisting clients in accessing mainstream resources or other financial resources as appropriate; and achieving greater self-determination through the development of a client-centered action/service plan that assists clients in achieving their goals toward greater self-sufficiency. The project sponsor collaborates with other service providers and provides case management; mental health; substance abuse services; life skills; basic needs; health care; transportation and other supportive services based on assessed needs.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Families with Children

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

### HIV/AIDS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

### Other

(Click 'Save' to update)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

### 3. Housing First

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

Yes

#### 3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

#### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>---</td>
<td>38</td>
<td>38</td>
</tr>
</tbody>
</table>

Total Units: 38
Total Beds: 38
Total Dedicated CH Beds: 38
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 project participants at the selected housing site.
   a. Units: 38
   b. Beds: 38

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   This includes both the “dedicated” and “prioritized” beds from previous competitions.
   38

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: 1918 Everett Avenue
   Street 2: Everest
   City: Everett
   State: Washington
   ZIP Code: 98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>38</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>38</td>
<td>0</td>
<td>38</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>37</td>
<td>1</td>
<td>16</td>
<td>27</td>
<td>25</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>37</td>
<td>1</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>27</td>
<td>25</td>
<td>17</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td>$1,541,518.00</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term:  1 Year

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

   Leased Units
   Leased Structures
   Rental Assistance  X
   Supportive Services  X
   Operating
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>38</td>
<td>$359,328</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $359,328
Total Units: 38
### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months Request (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$787</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,049</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>38</td>
<td>$1,529</td>
<td>$788</td>
<td>x</td>
<td>$359,328</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,878</td>
<td>$1,523</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,220</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$2,617</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,010</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$3,402</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$3,795</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$4,187</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$4,580</td>
<td>x</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 38

**Grant Term:** 1 Year

**Total Request for Grant Term:** $359,328

---

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$110,951</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$110,951</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>08/21/2019</td>
<td>$58,450</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/21/2019</td>
<td>$20,271</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>08/21/2019</td>
<td>$32,230</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: CCS - Associated Organization Dollars (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $58,450

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County - Ending Homelessness Program (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $20,271

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CCS Everett Safe Streets SH Match Distribution - - City of Everett Human Needs (Be as specific as possible and include the office or grant program as applicable)
office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $32,230
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$359,328</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$59,032</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$418,360</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$25,444</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$443,804</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$110,951</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$110,951</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$554,755</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>10/06/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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: Mary Jane Brell Vujovic

Date: 08/29/2019

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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 statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

X

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.

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
<tr>
<td>Part 3 - Project Information</td>
<td></td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
<tr>
<td>Part 4 - Housing Services and HMIS</td>
<td></td>
</tr>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
<tr>
<td>Part 5 - Participants and Outreach Information</td>
<td></td>
</tr>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
<tr>
<td>Part 6 - Budget Information</td>
<td></td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
6A. 3a. Completed indirect cost rate schedule.
6A. 3b. Changed to [Yes].
6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  
Project: CCS Home Connection  

Renewal Project Application FY2019  
Page 50  
08/29/2019
Applicant: Snohomish County
Project: CCS Home Connection

<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
Internal Revenue Service
District Director

Date: July 1, 2006

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

*The Official Catholic Directory* for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in *The Official Catholic Directory* for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services
Office of the General Counsel
3211 FOURTH STREET NE • WASHINGTON DC 20017-1194 • 202-541-3300 • FAX 202-541-3337

July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
       (Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^1\). As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

   (a) federal income tax;
   (b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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\(^1\) A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

\(^2\) Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2008" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD. Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated

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4 I.R.C. § 3121(b)(8)(A).


7 The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8 I.R.C. § 6033(a)(2)(A)(ii); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

1. Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

2. normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.  

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return. In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.

8. Revenue Procedure 75-50. Rev. Proc. 75-50 sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are

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11 The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).

12 I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.

met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. *This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.* We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652

DATE: 01/27/2017

ORGANIZATION:

DATE: 01/27/2017

Catholic Community Services

FILING REF.: The preceding

1918 Everett Avenue

agreement was dated

Everett, WA 98201

07/08/2013

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/2015</td>
<td>06/30/2019</td>
<td>13.30 Northwest</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2019</td>
<td>06/30/2021</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
</tr>
</tbody>
</table>

*BASE*

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

ON BEHALF OF THE FEDERAL GOVERNMENT:

Dean of Health and Human Services

[Signature]

Arif M. Karim -A

[Name]

Director, Cost Allocation Services

[Title]

[Date]

HHS REPRESENTATIVE: Olulola Oluborode

[Telephone]: (214) 767-3261
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0251
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
   X
5. Date Received by State:
6. State Application Identifier:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
a. Legal Name: Snohomish, County of
b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979 PLUS 4

d. Address
   Street 1: 3000 Rockefeller Avenue, M/S 305
   Street 2:  
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip / Postal Code: 98201

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jackie
   Middle Name:  
   Last Name: Anderson
   Suffix:  
   Title: Division Manager, Housing and Community Services
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-3237
Extension:

Fax Number:  (425) 388-3504

Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCS Homeless Families, Home at Last

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension: 
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $208,759.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

CCS Homeless Families, Home at Last 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/29/2019</td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation</td>
<td>in Project/Activity ($)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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: X

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/27/2019
I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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. X
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?
   No

   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $208,759

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$208,759</td>
</tr>
</tbody>
</table>
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: 91-1585652

d. Organizational DUNS: 799006341 PLUS 4

e. Physical Address
   Street 1: 1918 Everett Ave
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $208,759

j. Contact Person
   Prefix: Mr.
   First Name: Will
   Middle Name: Rice
   Last Name: Rice
Suffix:  
Title:  Regional Chief of Operations  
E-mail Address:  willr@ccsww.org  
Confirm E-mail Address:  willr@ccsww.org  
Phone Number:  425-257-2111  
Extension:  
Fax Number:  425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0251
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

   2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
   2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS Homeless Families, Home at Last

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

   6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

The project provides tenant-based rental assistance to a minimum of 10 scattered site units for families with children, where the head of household meets the federal definition of chronic homelessness, in a low-barrier, housing first approach. The goal of this project is to assist families in obtaining and retaining permanent housing and enhancing their abilities to the maximum extent possible with various supportive services. Persons served will receive case management services, mental health or other treatment services, life skills, and other supports necessary for stable long-term housing. In addition, clients will receive assistance with health care, dental care, subsistence for basic needs, applying for entitlement benefits, transportation and assistance with employment or education preparation activities. Clients will receive ongoing assessments and updated service planning that is tailored to the families’ individual needs. This population suffers from a host of conditions such as alcohol and drug abuse, unemployment, lack of transportation and many types of chronic health conditions. We will concentrate on those homeless families who have service-access difficulties in addition to those barriers previously mentioned. As an organization we are aware of the variety of challenging issues, specific needs, barriers and characteristics of this population and have been a vanguard in the pursuit of housing development and case management services for this population. CCS utilizes a well-developed, goal-oriented, individualized case management process to ensure housing retention and self-sufficiency growth.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)
### Chronic Homeless | Domestic Violence | Veterans | Substance Abuse | Youth (under 25) | Mental Illness | Families with Children | HIV/AIDS
---|---|---|---|---|---|---|---
X | | | | | |

Other:

### 3. Housing First

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

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | X |
| Active or history of substance use | X |
| Having a criminal record with exceptions for state-mandated restrictions | X |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | X |
| None of the above | |

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | X |
| Failure to make progress on a service plan | X |
| Loss of income or failure to improve income | X |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | X |
| None of the above | |

3d. Does the project follow a "Housing First" approach? Yes
3C. Dedicated Plus

Dedicated and 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. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Applicant: Snohomish County
Project: CCS Homeless Families, Home at Last

Renewal Project Application FY2019  Page 29  08/29/2019
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 10 |
| Total Beds: 25 |
| Total Dedicated CH Beds: 25 |

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 10
   b. Beds: 25

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   25
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 7211 Rainier Drive
   Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98203

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>16</td>
<td></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>29</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>8</td>
<td>11</td>
<td>10</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

The children under age 18 who are listed as "Persons not represented by listed subpopulations," are children that accompany adults with one or more of the listed characteristics.
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td>$1,541,518.00</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term:  1 Year

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

   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - Operating

Applicant: Snohomish County  079247979
Project: CCS Homeless Families, Home at Last  179623

Renewal Project Application FY2019  Page 36  08/29/2019
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$161,772</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $161,772
Total Units: 10
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$787</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,049</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,529</td>
<td>$1,225</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>9</td>
<td>$1,878</td>
<td>$1,348</td>
<td>x</td>
<td>$145,584</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,719</td>
<td>$1,349</td>
<td>x</td>
<td>$16,188</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$2,617</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,010</td>
<td>x</td>
<td>$30,000</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$3,402</td>
<td>x</td>
<td>$12,720</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$3,795</td>
<td>x</td>
<td>$12,720</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$4,187</td>
<td>x</td>
<td>$12,720</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$4,580</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 10

**Grant Term:** 1 Year

**Total Request for Grant Term:** $161,772

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $52,190 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $52,190 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>08/21/2019</td>
<td>$6,420</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/21/2019</td>
<td>$13,502</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>08/21/2019</td>
<td>$32,268</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: CCS Everett Safe Streets SH Match Distribution - - City of Everett Human Needs

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $6,420

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Snohomish County - Ending Homelessness Program

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $13,502

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: CCS - Associated Organization Dollars

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $13,502
office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $32,268
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$161,772</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$34,878</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$196,650</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,109</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$208,759</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$52,190</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$52,190</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$260,949</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Documentation</td>
<td>01/16/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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  Mary Jane Brell Vujovic
Date: 08/29/2019
Title: Director, Human Services Department
Applicant Organization: Snohomish, County of
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 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.
submission without changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?
   No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
6A. 3a. Completed indirect cost rate schedule.
6A. 3b. Changed to [Yes].
6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  
Project: CCS Homeless Families, Home at Last  

079247979  
179623
1D. SF-424 Congressional District(s) 08/27/2019
1E. SF-424 Compliance 08/27/2019
1F. SF-424 Declaration 08/27/2019
1G. HUD-2880 08/27/2019
1H. HUD-50070 08/27/2019
1I. Cert. Lobbying 08/27/2019
1J. SF-LLL 08/27/2019

Recipient Performance 08/27/2019
Renewal Expansion 08/27/2019
Renewal Grant Consolidation 08/27/2019

2A. Subrecipients 08/27/2019
3A. Project Detail 08/27/2019
3B. Description 08/27/2019
3C. Dedicated Plus 08/27/2019

4A. Services 08/27/2019
4B. Housing Type 08/27/2019

5A. Households 08/27/2019
5B. Subpopulations 08/27/2019

6A. Funding Request 08/29/2019
6C. Rental Assistance 08/27/2019
6D. Match 08/29/2019

6E. Summary Budget No Input Required

7A. Attachment(s) 08/29/2019
7B. Certification 08/27/2019

Submission Without Changes 08/29/2019
Internal Revenue Service
District Director

Date: July 1, 2006

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

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

James Blair

for Janna Skufca, Director, TE/GE
Customer Account Services
TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")¹. As explained in greater detail below, this ruling is important for establishing:

1. the exemption of such organizations from:

   a. federal income tax;
   b. federal unemployment tax (but see ¶5 of "Explanation" below); and

2. the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD². The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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¹ A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

² Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD. Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated


7. The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8. I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}*

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.\textsuperscript{12}

8. **Revenue Procedure 75-50.** Rev. Proc. 75-50\textsuperscript{13} sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. **Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are**

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{11} The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).

\textsuperscript{12} I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.

\textsuperscript{13} 1975-2 C.B. 587.
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidelines for Catholic Organizations (March 15, 2004) available at [www.usccb.org/goc](http://www.usccb.org/goc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.\(^\text{14}\) We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

\(^{14}\) IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652
DATE: 01/27/2017
ORGANIZATION:
FILING REF.: The preceding
Catholic Community Services
agreement was dated
1918 Everett Avenue
07/08/2013
Everett, WA 98201

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE PERIOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TYPE</td>
<td>FROM</td>
<td>TO</td>
<td>RATE(%) LOCATION</td>
<td>APPLICABLE TO</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/2015</td>
<td>06/30/2019</td>
<td>13.30 Northwest</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2019</td>
<td>06/30/2021</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
</tr>
</tbody>
</table>

*BASE*
Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Catholic Community Services

(INSITUTION)

(FOOTNOTE)

Peter Bernstein

(NAME)

VICE President

(TITLE)

FEB 13, 2017

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY

Arif M. Karim -A

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

1/27/2017

(DATE) 9751

HHS REPRESENTATIVE: Olulola Oluborode

Telephone: (214) 767-3261
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0271
       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
5. Date Received by State:
6. State Application Identifier:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

   c. Organizational DUNS: 079247979  PLUS 4

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      Street 2: 
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201

   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:
      Last Name: Anderson
      Suffix: 
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCS Journey Home

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension: 
Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $327,701.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

CCS Journey Home 3000 Rockefeller Avenue, M/S 305 Everett Washington

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
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: [X]

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

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.
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: 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)

Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  
   No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $327,701

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$327,701</td>
</tr>
</tbody>
</table>
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: 91-1585652

d. Organizational DUNS: 799006341

 e. Physical Address
  Street 1: 1918 Everett Avenue
  Street 2: Everett
  City: Everett
  State: Washington
  Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $327,701

j. Contact Person
Prefix: Mr.
First Name: Will
Middle Name: 
 Last Name: Rice
Suffix:

Title: Regional Chief of Operations

E-mail Address: willr@ccsww.org

Confirm E-mail Address: willr@ccsww.org

Phone Number: 425-257-2111

Extension:

Fax Number: 425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0271
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS Journey Home

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This project provides tenant-based rental assistance to a minimum of 20 scattered site units for chronically homeless individuals, with a priority for chronically homeless veterans, in a low barrier, housing first approach with supportive services. Some of the project goals include increasing residential stability by placing eligible homeless individuals in permanent housing and providing supportive services to assist clients in stabilizing so they can maintain their housing; and, increasing skills and income by assisting clients in achieving their goals toward greater self-sufficiency. The project sponsor collaborates with other service providers and provides case management, mental health, substance abuse services, life skills, basic needs, health care, transportation; and other services.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td></td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: CCS Journey Home

Renewal Project Application FY2019 Page 26 08/29/2019
3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income [X]
- Active or history of substance use [X]
- Having a criminal record with exceptions for state-mandated restrictions [X]
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse) [X]
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services [X]
- Failure to make progress on a service plan [X]
- Loss of income or failure to improve income [X]
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area [X]
- None of the above

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Total Units: 20
Total Beds: 20
Total Dedicated CH Beds: 20
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 project participants at the selected housing site.
   a. Units: 20
   b. Beds: 20

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   20
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1918 Everett Avenue
   Street 2:  
   City: Everett
   State: Washington
   ZIP Code: 98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>20</td>
<td>20</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>16</td>
<td>4</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>12</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td>$1,541,518.00</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term:  1 Year

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

   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - Operating

Applicant: Snohomish County  079247979
Project: CCS Journey Home  179734

Renewal Project Application FY2019  Page 35  08/29/2019
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>20</td>
<td>$264,480</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $264,480
Total Units: 20
Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$787</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,049</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>20</td>
<td>$1,529</td>
<td>$1,102</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,878</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,220</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$2,617</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,010</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$3,402</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$3,795</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$4,187</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$4,580</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>20</td>
<td>$264,480</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grant Term

Total Request for Grant Term

$264,480

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$81,926</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$81,926</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County...</td>
<td>08/21/2019</td>
<td>$16,814</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated...</td>
<td>08/21/2019</td>
<td>$20,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe...</td>
<td>08/21/2019</td>
<td>$45,112</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County - Ending Homelessness Program
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $16,814

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: CCS - Associated Organization Dollars
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $20,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CCS Everett Safe Streets SH Match Distribution City of Everett Human Needs

Renewal Project Application FY2019       Page 40       08/29/2019
office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $45,112
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$264,480</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$44,047</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$308,527</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$19,174</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$327,701</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$81,926</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$81,926</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$409,627</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: CCS Journey Home 179734
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Doc...</td>
<td>10/06/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane Brell Vujovic

**Date:**  08/29/2019

**Title:**  Director, Human Services Department

**Applicant Organization:**  Snohomish, County of
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
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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
6A. 3a. Completed indirect cost rate schedule.
6A. 3b. Changed to [Yes].
6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel (Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\textsuperscript{1}. As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\textsuperscript{2}. The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

\textsuperscript{1} A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

\textsuperscript{2} Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD. Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated

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7. The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization’s gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8. I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

   (1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

   (2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}\footnote{Rev. Proc. 96-10, 1996-1 C.B. 577.}

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.\textsuperscript{11}\footnote{The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).} In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.\textsuperscript{12}\footnote{I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.}

8. **Revenue Procedure 75-50.** Rev. Proc. 75-50\textsuperscript{13}\footnote{1975-2 C.B. 587.} sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. **Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are**
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling. We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652
ORGANIZATION: Catholic Community Services
1918 Everett Avenue
Everett, WA 98201

DATE: 01/27/2017
FILING REF.: The preceding agreement was dated 07/08/2013

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVE PERIOD</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td><strong>TYPE</strong></td>
<td><strong>FROM</strong></td>
<td><strong>TO</strong></td>
<td><strong>RATE(%) LOCATION</strong></td>
<td><strong>APPLICABLE TO</strong></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/2015</td>
<td>06/30/2019</td>
<td>13.30 Northwest</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2019</td>
<td>06/30/2021</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
</tr>
</tbody>
</table>

*BASE*

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) the same costs that have been treated as indirect costs are not claimed as direct costs; (3) similar types of costs have been accorded consistent accounting treatment; and (4) the information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:
Catholic Community Services

(INSITUTION)

(AGENCY)

[Signature]

(AGENCY)

(DATE)

(Authority)

(TITLE)

(NAME)

(Vice President)

(NAME)

(Febr 13, 2017)

(DATE)

(TITLE)

(SIGNATURE)

(MSS REPRESENTATIVE: Olulola Oluborode

(Telephone: (214) 767-3261

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Digital Signature]

[Signature]

(NAME)

(DIRktor, Cost Allocation Services)

(TITLE)

(DATE) 9751

(TITLE)
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0211

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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name: 

Last Name: Anderson

Suffix: 

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:      jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCS Meadowdale

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No  
   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE:  

21. Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236  
(Format: 123-456-7890)
Fax Number:  (425) 259-1444  
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/29/2019
Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $188,013.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

CCS Meadowdale 3000 Rockefeller Avenue, M/S 305 Everett Washington

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.

### 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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
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: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/28/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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 X
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: 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)

Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X

Applicant: Snohomish County
Project: CCS Meadowdale

079247979
179767

Renewal Project Application FY2019 Page 16 08/29/2019
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No
   
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   No  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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:** $188,013

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$188,013</td>
</tr>
</tbody>
</table>
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: 91-1585652

d. Organizational DUNS: 799006341

  PLUS 4

e. Physical Address
  Street 1: 1918 Everett Ave
  Street 2: Everett
  City: Everett
  State: Washington
  Zip Code: 98201

f. Congressional District(s): WA-001, WA-002

  (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: $188,013

j. Contact Person

  Prefix: Mr.
  First Name: Will
  Middle Name: Rice
  Last Name: Rice
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0211
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS Meadowdale

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

The project provides tenant-based rental assistance to a minimum of 14 scattered site units for chronically homeless individuals in a low barrier, housing first approach coupled with supportive services. The project goals include increasing residential stability by placing eligible homeless individuals in permanent housing and providing supportive services to assist clients in stabilizing so they can maintain their housing; increasing skills and income by assisting clients in accessing mainstream resources or other financial resources as appropriate; and achieving greater self-determination through client-centered action/service plans that assist clients in achieving their own goals to lead to greater self-sufficiency. The project sponsor collaborates with other service providers and provides case management; mental health; substance abuse services; life skills; basic needs (food, furnishing, etc); health care; transportation and other supportive services based on need.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. 
   Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
   Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  
   Yes

3. Do project participants have access to

Yes

Renewal Project Application FY2019 | Page 29 | 08/29/2019
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 14  
Total Beds: 14  
Total Dedicated CH Beds: 14

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 14
   b. Beds: 14

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   14
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 5011 168th Street SW
   Street 2:
   City: Lynnwood
   State: Washington
   ZIP Code: 98037

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>12</td>
<td>2</td>
<td>11</td>
<td>11</td>
<td>6</td>
<td>12</td>
<td></td>
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<tr>
<td>Total Persons</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>6</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Applicant:
- Snohomish County 079247979
- CCS Meadowdale 179767
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td>$1,541,518.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term: 1 Year

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

   - Leased Units
   - Leased Structures X
   - Rental Assistance X
   - Supportive Services X
   - Operating

Applicant: Snohomish County 079247979
Project: CCS Meadowdale 179767
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>14</td>
<td>$152,712</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $152,712
Total Units: 14
## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$787</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,049</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>14</td>
<td>$1,529</td>
<td>$909</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,878</td>
<td>$1,523</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,220</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$2,617</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,010</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$3,402</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$3,795</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$4,187</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$4,580</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 14

Grant Term: 1 Year

Total Request for Grant Term: $152,712

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $47,004 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $47,004 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County</td>
<td>08/21/2019</td>
<td>$13,302</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated</td>
<td>08/21/2019</td>
<td>$20,802</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe</td>
<td>08/21/2019</td>
<td>$12,900</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County - Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $13,302

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: CCS - Associated Organization Dollars
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $20,802

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CCS Everett Safe Streets SH Match Distribution
   City of Everett Human Needs
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $20,802
office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $12,900
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$152,712</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$24,433</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$177,145</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,868</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$188,013</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$47,004</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$47,004</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$235,017</td>
</tr>
</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Documentation</td>
<td>01/16/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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

Mary Jane Brell Vujovic

Date: 08/29/2019

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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 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.
## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   - No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
6A. 3a. Completed indirect cost rate schedule.
6A. 3b. Changed to [Yes].
6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

Applicant: Snohomish County 079247979
Project: CCS Meadowdale 179767

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>Section</td>
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<td>08/29/2019</td>
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Internal Revenue Service
District Director

Date: July 1, 2006

Ms. Deirdre Dessingue
Associate General Counsel
United States Conference
of Catholic Bishops
3211 4th Street, N.E.
Washington, D.C. 20017-1194

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

Person to Contact:
James Blair
ID # 31-07578
Telephone Number:
877-829-5500
FAX Number:
513-263-3756

Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^1\). As explained in greater detail below, this ruling is important for establishing:

1. the exemption of such organizations from:
   a. federal income tax;
   b. federal unemployment tax (but see ¶5 of "Explanation" below); and

2. the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

---

1 A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

2 Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfi/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD. Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated

---

4 I.R.C. § 3121(b)(8)(A).


7 The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization’s gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8 I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources, public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church
retirement insurance programs, and organizations controlled by religious orders that
finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}

Organizations that are required to file Form 990 must upon request make a
copy of the form and its schedules and attachments (other than contributor lists)
available for public inspection during regular business hours at the organization's
principal office and at any regional or district offices having three or more
employees. Form 990 for a particular year must be made available for a three year
period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file
Form 990 must comply with written or in-person requests for copies of the Form 990.
The organization may impose no charge other than a reasonable fee to cover
copying and mailing costs. If requested, copies of the Form 990 for the past three
years must be provided. In-person requests must be satisfied on the same day.
Written requests must be satisfied within 30 days.\textsuperscript{12}

8. **Revenue Procedure 75-50.** Rev. Proc. 75-50\textsuperscript{13} sets forth notice,
publishation, and recordkeeping requirements regarding racially nondiscriminatory
policies that must be complied with by private schools, including church-related
schools, as a condition of establishing and maintaining exempt status under section
501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an
annual certification of racial nondiscrimination with the IRS. For private schools not
required to file Form 990, the annual certification must be filed on Form 5578,
Annual Certification of Racial Nondiscrimination for a Private School Exempt from
Federal Income Tax. This form may be obtained from your local IRS office. Form
5578 must be filed by the 15th day of the fifth month following the close of the fiscal
year. Form 5578 may be filed individually or by the diocese on behalf of all schools
operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in
effect and must be complied with by all schools listed in the OCD. **Diocesan or
school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Revis. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{11} The penalty for failure to permit public inspection of the Form 990 is $20 for each
day during which such failure continues, up to a maximum of $10,000. I.R.C. §
6652(c)(1)(C).

\textsuperscript{12} I.R.C. § 6104(d). Generally, a copy of an organization's exemption application
and supporting documents must also be provided on the same basis. However,
since Catholic organizations covered under the Group Ruling did not file
exemption applications with IRS, nor did USCCB, organizations covered under
the Group Ruling should respond to requests for public inspection and written or
in-person requests for copies by providing a copy of the page of the current OCD
on which they are listed. If a covered organization does not have a copy of the
current OCD, it has two weeks within which to make it available for inspection
and to comply with in-person requests for copies. Written requests must be
satisfied within the general time limits.

\textsuperscript{13} 1975-2 C.B. 587.
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling. We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652
DATE: 01/27/2017
ORGANIZATION:
FILING REF.: The preceding
Catholic Community Services
agreement was dated
1918 Everett Avenue
07/08/2013
Everett, WA 98201

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
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<tbody>
<tr>
<td>PRED.</td>
<td>07/01/2015</td>
<td>06/30/2019</td>
<td>13.30</td>
<td>Northwest</td>
<td>All Programs</td>
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<tr>
<td>PROV.</td>
<td>07/01/2019</td>
<td>06/30/2021</td>
<td></td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
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</tbody>
</table>

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHERS:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:
Catholic Community Services

[Signature]
Peter Bernauer
VICE President

DATE: Feb 13, 2017

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Signature]
Arif M. Karim-A

[Agency]
Director, Cost Allocation Services

[Title]

[Date] 1/27/2017

[Identification]
BHS REPRESENTATIVE: Olulola Oluborode

[Telephone]: (214) 767-3261

Page 3 of 3
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/30/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0292
   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 X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name: 

Last Name: Anderson

Suffix: 

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: 
   Title: 

Applicant: Snohomish County
Project: CCS The Road Home
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CCS The Road Home

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
1E. SF-424 Compliance

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

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

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

    If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: 

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension:

   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $295,080.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
CCS The Road Home 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
<td></td>
</tr>
</tbody>
</table>
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: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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. X

Applicant: Snohomish County
Project: CCS The Road Home

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079247979
179773
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. 

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$295,080</td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $295,080
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: 91-1585652

d. Organizational DUNS: 799006341

  PLUS 4

e. Physical Address
   Street 1: 1918 Everett Avenue
   Street 2: Everett
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $295,080

j. Contact Person
   Prefix: Mr.
   First Name: Will
   Middle Name: Rice
   Last Name:
Suffix:
Title: Regional Chief of Operations
E-mail Address: willr@ccsww.org
Confirm E-mail Address: willr@ccsww.org
Phone Number: 425-257-2111
Extension:
Fax Number: 425-257-2120

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0292
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: CCS The Road Home

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

The project will provide tenant-based rental assistance to a minimum of 17 scattered site units for chronically homeless individuals in a low barrier, housing first approach coupled with supportive services. The project goals include increasing residential stability by placing eligible homeless individuals in permanent housing and providing supportive services to assist clients in stabilizing and maintaining their housing; increasing skills and income by accessing mainstream resources or other financial resources as appropriate; and, achieving greater self-determination by developing client-centered action/service plans that assist clients in achieving their goals toward greater self-sufficiency. The sponsor collaborates with other service providers and provides case management, mental health, substance abuse services, life skills, basic needs (food, furnishing, etc.), health care, transportation, and other supportive services.

The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: CCS The Road Home

Renewal Project Application FY2019 Page 26 08/30/2019
3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? **Yes**
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. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

1. 100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? | Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? | Yes

3. Do project participants have access to

| Access to | Yes |
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

Total Units: 17
Total Beds: 17
Total Dedicated CH Beds: 17
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 project participants at the selected housing site.
   a. Units: 17
   b. Beds: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   17
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1918 Everett Avenue
   Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? 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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health &amp; Human Services</td>
<td>13%</td>
<td>$1,541,518.00</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operating
HMIS
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>17</td>
<td>$238,068</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $238,068
Total Units: 17
# Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$787</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,049</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>17</td>
<td>$1,529</td>
<td>$1,167</td>
<td>x</td>
<td>$238,068</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,878</td>
<td>$1,523</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,220</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$2,617</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,010</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$3,402</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$3,795</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$4,187</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$4,580</td>
<td>x</td>
<td>$0</td>
</tr>
</tbody>
</table>

| Total Units and Annual Assistance Requested | 17 | $238,068 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | $238,068 |

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $73,770 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $73,770 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/21/2019</td>
<td>$19,797</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>08/21/2019</td>
<td>$30,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>08/21/2019</td>
<td>$23,973</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County - Ending Homelessness Program
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $19,797

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: CCS - Associated Organization Dollars
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $30,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CCS Everett Safe Streets SH Match Distribution City of Everett Human Needs
office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $23,973
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$238,068</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$39,905</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$277,973</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$17,107</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$295,080</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$73,770</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$73,770</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$368,850</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: CCS The Road Home 179773

Renewal Project Application FY2019 Page 42 08/30/2019
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>10/24/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Subrecipient Nonprofit Documentation

Attachment Details

Document Description:  CCS Indirect Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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: Mary Jane Brell Vujovic

Date: 08/30/2019

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
6A. 3a. Completed indirect cost rate schedule.
6A. 3b. Changed to [Yes].
6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
### Submission Summary

<table>
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<tr>
<td><strong>1A. SF-424 Application Type</strong></td>
<td>08/28/2019</td>
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<tr>
<td><strong>1B. SF-424 Legal Applicant</strong></td>
<td>No Input Required</td>
</tr>
<tr>
<td><strong>1C. SF-424 Application Details</strong></td>
<td>No Input Required</td>
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</table>

**Applicant:** Snohomish County 079247979  
**Project:** CCS The Road Home 179773
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
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<tr>
<td>1E. SF-424 Compliance</td>
<td>08/28/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/28/2019</td>
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<td>1G. HUD-2880</td>
<td>08/28/2019</td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
<td>08/28/2019</td>
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<td>1J. SF-LLL</td>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
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<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<td>3C. Dedicated Plus</td>
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<td>08/30/2019</td>
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<td>08/28/2019</td>
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<tr>
<td>6E. Summary Budget</td>
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<td>7A. Attachment(s)</td>
<td>08/30/2019</td>
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<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
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</table>
Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")¹. As explained in greater detail below, this ruling is important for establishing:

1. the exemption of such organizations from:

   a. federal income tax;
   b. federal unemployment tax (but see ¶5 of "Explanation" below); and

2. the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD². The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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1. A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

2. Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at [http://www.usccb.org/bishops/dfi/exemptionruling.htm](http://www.usccb.org/bishops/dfi/exemptionruling.htm).

**EXPLANATION**

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of *the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2006* (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. **There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated

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7. The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8. I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

   (1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

   (2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.\textsuperscript{12}

8. Revenue Procedure 75-50. Rev. Proc. 75-50\textsuperscript{13} sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{11} The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).

\textsuperscript{12} I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.

\textsuperscript{13} 1975-2 C.B. 587.
met since failure to do so could jeopardize the exempt status of the school
and, in the case of a school operated by a church, the exempt status of the
church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby
for changes in the law, provided such lobbying is not more than an insubstantial part
of their total activities. Attempts to influence legislation both directly and through
grassroots lobbying are subject to this restriction. The term "lobbying" includes
activities in support of or in opposition to referenda, constitutional amendments, and
similar ballot initiatives. There is no distinction between lobbying activity that is
related to an organization's exempt purposes and lobbying that is not. There is no
fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please
refer to your attorney any questions you may have about permissible lobbying
activities.

10. **Political Activities.** Organizations included in the Group Ruling may
not participate or intervene in any political campaign on behalf of or in
opposition to any candidate for public office. Violation of the prohibition
against political activity can jeopardize the organization's tax-exempt status.
In addition to revoking exempt status, IRS may also impose excise taxes on an
exempt organization and its managers on account of political expenditures. Where
there has been a flagrant violation, IRS has authority to seek an injunction against
the exempt organization and immediate assessment of taxes due. Political
Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available
at [www.usccb.org/opcg](http://www.usccb.org/opcg), contains detailed information regarding the political activity
prohibition. If you have any questions in this regard, please refer them to your
attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that
organizations included in the OCD are not private foundations under section 509(a)
of the Code. However, the Group Ruling does not identify the subsection of section
509(a) under which a particular organization is classified as a public charity.
Organizations must determine for themselves whether they qualify for such status
under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-
affiliated organizations must establish that they are not private foundations as a
condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned
to USCC is 928 or 0928. **This number must be included on each Form 990,
Form 990-T, and Form 5578 required to be filed by any organization exempt
under the Group Ruling.** We recommend against using the group exemption
number on Form SS-4, Request for Employer Identification Number, because in the
past this has resulted in IRS including USCCB as part of the organization's name
when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling
that fail to include the group exemption number, 0928, on their Form 990 filings,
particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652
DATE: 01/27/2017
ORGANIZATION:
FILING REF.: The preceding
Catholic Community Services
agreement was dated
1918 Everett Avenue
07/08/2013
Everett, WA 98201

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

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<th>RATE(%)</th>
<th>LOCATION</th>
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<td>Northwest</td>
<td>All Programs</td>
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<td>07/01/2019</td>
<td>06/30/2021</td>
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<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
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**BASE**

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (1 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Catholic Community Services

[Signature]

Peter Bernauer

VICE President

[Signature]

Feb 13, 2017

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Agency]

[Name]

[Title]

[Signature]

[Date]

[Phone]

[Representative]
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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:  08/30/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier:  WA0233
   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:** Snohomish, County of

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 91-6001368

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>079247979</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

**d. Address**

- **Street 1:** 3000 Rockefeller Avenue, M/S 305
- **City:** Everett
- **County:** Snohomish
- **State:** Washington
- **Country:** United States
- **Zip / Postal Code:** 98201

**e. Organizational Unit (optional)**

- **Department Name:** Human Services Department
- **Division Name:** Office of Community and Homeless Services

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

- **Prefix:** Ms.
- **First Name:** Jackie
- **Middle Name:**
- **Last Name:** Anderson
- **Suffix:**
- **Title:** Division Manager, Housing and Community Services

**Organizational Affiliation:** Snohomish, County of

**Telephone Number:** (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CCS Veterans Permanent Housing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

  Prefix:  Ms.
  First Name:  Mary Jane
  Middle Name: 
  Last Name:  Brell Vujovic
  Title:  Director, Human Services Department

  Telephone Number:  (425) 388-7236
  (Format: 123-456-7890)

  Fax Number:  (425) 259-1444
  (Format: 123-456-7890)

  Email:  MaryJane.Vujovic@co.snohomish.wa.us

  Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
  Date Signed:  08/30/2019
1G. HUD 2880

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

2. Employer ID Number (EIN): 91-6001368
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $101,448.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
CCS Veterans Permanent Housing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/30/2019</td>
</tr>
<tr>
<td>reportable financial interest in the project or activity</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>in Project/Activity (%)</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-------------------</td>
<td>--------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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: X

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Establishing an on-going drug-free awareness program to inform employees ---</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>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.;</td>
</tr>
<tr>
<td>D. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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 ---</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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.

Applicant: Snohomish County 079247979

Project: CCS Veterans Permanent Housing 179782

Renewal Project Application FY2019 08/30/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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?
No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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.

X

Renewal Project Application FY2019 Page 16 08/30/2019
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
**2A. Project Subrecipients**

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.

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:** $101,448

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Community Services</td>
<td>N. Nonprofit without 501C3 IRS Status</td>
<td>$101,448</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. **Organization Name:** Catholic Community Services

b. **Organization Type:** N. Nonprofit without 501C3 IRS Status

c. **Employer or Tax Identification Number:** 91-1585652

d. **Organizational DUNS:** 799006341

**e. Physical Address**
- **Street 1:** 1918 Everett Avenue
- **City:** Everett
- **State:** Washington
- **Zip Code:** 98201

f. **Congressional District(s):** WA-001, WA-002

(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:** $101,448

j. **Contact Person**
   - **Prefix:** Mr.
   - **First Name:** Will
   - **Middle Name:**
   - **Last Name:** Rice
Suffix:  
Title:  Regional Chief of Operations  
E-mail Address:  willr@ccsww.org  
Confirm E-mail Address:  willr@ccsww.org  
Phone Number:  425-257-2111  
  Extension:  
Fax Number:  425-257-2120  

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0233
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

   2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
   2b. CoC Collaborative Applicant Name: Snohomish, County of

   3. Project Name: CCS Veterans Permanent Housing

   4. Project Status: Standard

   5. Component Type: PH

   5a. Does the PH project provide PSH or RRH? PSH

   6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This project will provide tenant-based rental assistance to a minimum of 8 scattered site units for chronically homeless veterans, in a low-barrier, housing first approach coupled with supportive services based on an individualized assessment of participant needs. All participants come from the streets or emergency shelters and have suffered from long-term homelessness. The project sponsor coordinates with other agencies on the Veteran's Homeless Committee for outreach and coordination of services. Some of the project goals include residential stability by providing supportive services to assist veterans in stabilizing so they can maintain their housing, increase skills and income by assisting veterans in accessing mainstream resources or other financial resources as appropriate, and greater self-determination as they develop client-centered action/service plans and assist veterans in achieving their goals toward optimal self-sufficiency. The sponsor collaborates with other providers and provides case management, mental health, substance abuse services, life skills, basic needs, health care, transportation, and other supportive services as needed.

The projected outcome for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. This will be achieved by connecting participants and/or assisting them with accessing mainstream resources for which they qualify and increasing their life skills as well as working to assist them with overcoming long-term barriers that have resulted in chronic homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: CCS Veterans Permanent Housing

Renewal Project Application FY2019 Page 26 08/30/2019
Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | X |
| Active or history of substance use |   |
| Having a criminal record with exceptions for state-mandated restrictions | X |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | X |
| None of the above |   |

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | X |
| Failure to make progress on a service plan | X |
| Loss of income or failure to improve income | X |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | X |
| None of the above |   |

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  Yes

3. Do project participants have access to

| Renewal Project Application FY2019 | Page 29 | 08/30/2019 |
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 8
Total Beds: 8
Total Dedicated CH Beds: 8

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 8
   b. Beds: 8

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   8
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 1918 Everett Avenue
   Street 2: 
   City: Everett
   State: Washington
   ZIP Code: 98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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:

      | Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
      |----------------------------------|-------------------|-----------------|
      | Department of Health & Human Services | 13%               | $1,541,518.00   |

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

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

4. Renewal Grant Term: 1 Year

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

   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operating
6C. Rental Assistance Budget

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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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>8</td>
<td>$78,816</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $78,816
Total Units: 8
Applicant: Snohomish County  
Project: CCS Veterans Permanent Housing  

Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>$1,022</td>
<td>$787</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1</td>
<td>$1,363</td>
<td>$1,049</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>8</td>
<td>$1,529</td>
<td>$821</td>
<td>12</td>
<td>78,816</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>1</td>
<td>$1,878</td>
<td>$1,523</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,719</td>
<td>$2,220</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>1</td>
<td>$3,219</td>
<td>$2,617</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>1</td>
<td>$3,702</td>
<td>$3,010</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>1</td>
<td>$4,185</td>
<td>$3,402</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>1</td>
<td>$4,668</td>
<td>$3,795</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>1</td>
<td>$5,150</td>
<td>$4,187</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>1</td>
<td>$5,633</td>
<td>$4,580</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>8</strong></td>
<td></td>
<td></td>
<td></td>
<td>$78,816</td>
</tr>
</tbody>
</table>

**Grant Term**  
1 Year

**Total Request for Grant Term**  
$78,816

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$25,362</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$25,362</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/21/2019</td>
<td>$8,656</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>CCS - Associated ...</td>
<td>08/21/2019</td>
<td>$12,110</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>CCS Everett Safe ...</td>
<td>08/21/2019</td>
<td>$4,596</td>
</tr>
</tbody>
</table>
### Sources of Match Detail

1. **Will this commitment be used towards Match?**  
   Yes

2. **Type of Commitment:** Cash

3. **Type of Source:** Government

4. **Name the Source of the Commitment:** Snohomish County - Ending Homelessness Program
   
5. **Date of Written Commitment:** 08/21/2019

6. **Value of Written Commitment:** $8,656

---

### Sources of Match Detail

1. **Will this commitment be used towards Match?**  
   Yes

2. **Type of Commitment:** Cash

3. **Type of Source:** Private

4. **Name the Source of the Commitment:** CCS - Associated Organization Dollars
   
5. **Date of Written Commitment:** 08/21/2019

6. **Value of Written Commitment:** $12,110

---

### Sources of Match Detail

1. **Will this commitment be used towards Match?**  
   Yes

2. **Type of Commitment:** Cash

3. **Type of Source:** Government

4. **Name the Source of the Commitment:** CCS Everett Safe Streets SH Match Distribution City of Everett Human Needs

---

<table>
<thead>
<tr>
<th>Applicant: Snohomish County</th>
<th>Project: CCS Veterans Permanent Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>079247979</td>
<td>179782</td>
</tr>
</tbody>
</table>
office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: $4,596
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$78,816</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$16,772</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$95,588</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,860</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$101,448</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$25,362</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$25,362</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$126,810</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>CCS Nonprofit Documentation</td>
<td>10/06/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CCS Indirect Rate</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: CCS Nonprofit Documentation

Attachment Details

Document Description: CCS Indirect Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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: Mary Jane Brell Vujovic

Date: 08/30/2019

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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 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.
1. Are the requested renewal funds reduced from the previous award as a result of reallocation? **No**

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**

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
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<tr>
<td>3B. Description</td>
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<tr>
<td>3C. Dedicated Plus</td>
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<table>
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<th>Part 4 - Housing Services and HMIS</th>
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<tr>
<td>4A. Services</td>
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<tr>
<td>4B. Housing Type</td>
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<table>
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<th>Part 5 - Participants and Outreach Information</th>
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<tr>
<td>5A. Households</td>
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<tr>
<td>5B. Subpopulations</td>
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</table>

<table>
<thead>
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<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
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</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

6A. Funding Request #3. Allocate funds according to an indirect cost rate changed to [Yes].
6A. 3a. Completed indirect cost rate schedule.
6A. 3b. Changed to [Yes].
6A. 3c. Changed to [No].

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
## 8B Submission Summary

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<thead>
<tr>
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<th>Last Updated</th>
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<tr>
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<tr>
<td>1C. SF-424 Application Details</td>
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**Applicant:** Snohomish County  
**Project:** CCS Veterans Permanent Housing  

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<thead>
<tr>
<th>Section</th>
<th>Title</th>
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<tr>
<td>1D</td>
<td>SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1E</td>
<td>SF-424 Compliance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1F</td>
<td>SF-424 Declaration</td>
<td>08/28/2019</td>
</tr>
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<td>1G</td>
<td>HUD-2880</td>
<td>08/28/2019</td>
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<td>1J</td>
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<td>08/28/2019</td>
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<td>Project Detail</td>
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</tr>
<tr>
<td>3B</td>
<td>Description</td>
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</tr>
<tr>
<td>3C</td>
<td>Dedicated Plus</td>
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</tr>
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<td>Services</td>
<td>08/28/2019</td>
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<td>4B</td>
<td>Housing Type</td>
<td>08/28/2019</td>
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<tr>
<td>5A</td>
<td>Households</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5B</td>
<td>Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A</td>
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<td>08/28/2019</td>
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<tr>
<td>6D</td>
<td>Match</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6E</td>
<td>Summary Budget</td>
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<tr>
<td>7B</td>
<td>Certification</td>
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<tr>
<td></td>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation, and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Deirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel
(Staff: Deirdre Desingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^1\). As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

   (a) federal income tax;
   (b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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\(^1\) A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

\(^2\) Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/di/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2008" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. **There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000; and certain church-affiliated

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7. The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization’s gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8. I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

   1. Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

   2. normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization’s principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50.} Rev. Proc. 75-50\textsuperscript{13} sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. \textit{Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.
\textsuperscript{11} The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).
\textsuperscript{12} I.R.C. § 6104(d). Generally, a copy of an organization’s exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.
\textsuperscript{13} 1975-2 C.B. 587.
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization’s exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization’s tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. **This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.** We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

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14 IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
NONPROFIT RATE AGREEMENT

EIN: 91-1585652
DATE: 01/27/2017

ORGANIZATION:
FILING REF.: The preceding
Catholic Community Services
agreement was dated
1918 Everett Avenue
07/08/2013
Everett, WA 98201

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

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<td>TO</td>
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<td>06/30/2019</td>
<td>13.30 Northwest</td>
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<td>07/01/2019</td>
<td>06/30/2021</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2019.</td>
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*BASE*

Total direct costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations), that portion of each subaward in excess of $25,000 and flow-through funds.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment Definition -

Equipment means an article of non expendable, tangible personal property having a useful life of more than one year and an acquisition cost of $1,500 or more per unit.

FRINGE BENEFITS:

Health and Welfare
Life, Vision, Dental Insurance
Long-term Disability
Flexible Savings Account
Employee Assistance Program
Wellness Program
Retirement Plan

Your next proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

This Rate Agreement is performed in accordance with the Customer Service Agreement with the Corporation for National and Community Service.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Catholic Community Services

[Signature]

Peter Bernauer

Vice President

FEB 13, 2017

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Agency]

Arif M. Karim -A

[Signature]

Arif Karim

[Name]

Director, Cost Allocation Services

[Title]

1/27/2017

[Date]

9751

[Phone]

Olulola Oluborode

[Phone] (214) 767-3261
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 09/23/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier: WA0339
   5b. Federal Award Identifier: WA0339
   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:
   X
5. Date Received by State:
6. State Application Identifier:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368
   c. Organizational DUNS: 079247979
   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      Street 2:  
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201
   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:  
      Last Name: Anderson
      Suffix:  
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:

Fax Number:  (425) 388-3504

Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homeless Youth Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic

Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension:
Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $118,189.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Homeless Youth Rapid Rehousing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td></td>
<td>09/23/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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

| X |

Renewal Project Application FY2019 Page 12 09/23/2019
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: 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)

Authorized Representative

Prefix:  Ms.  
First Name:  Mary Jane  
Middle Name:  
Last Name:  Brell Vujovic  
Suffix:  
Title:  Director, Human Services Department  
Telephone Number:  (425) 388-7236 
(Format: 123-456-7890)  
Fax Number:  (425) 259-1444 
(Format: 123-456-7890)  
Email:  MaryJane.Vujovic@co.snohomish.wa.us  
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.  
Date Signed:  09/23/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/23/2019
**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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X

Renewal Project Application FY2019 Page 16 09/23/2019
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  09/23/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process. The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application? Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

Combined Renewal Expansion Project Name: Homeless Youth Rapid Rehousing Combined Expansion

combined Renewal Expansion PIN Number: WA0339
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:** $118,189

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>N. Nonprofit without 501C3 IRS Status</td>
<td>$118,189</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 91-1497667

d. Organizational DUNS: 803301167

 e. Physical Address
   Street 1: 3530 Colby Ave
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $118,189

j. Contact Person
   Prefix: Mr.
   First Name: Joseph
   Middle Name:  
   Last Name: Alonzo
Suffix:

Title: Director of Programs
E-mail Address: joseph.alonzo@cocoonhouse.org
Confirm E-mail Address: joseph.alonzo@cocoonhouse.org
Phone Number: 425-259-5802
Extension: 205
Fax Number: 425-317-9632

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0339
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Homeless Youth Rapid Rehousing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

   6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

Cocoon House will provide short- to medium-term tenant-based rental assistance to a minimum of 4 scattered site units at any given point in time. This project will fill a community need by serving unaccompanied homeless youth. CoC Program funds are needed to help end youth homelessness within the Everett/Snohomish County Continuum of Care. Specific housing locations will be based on client needs and preferences within the available rental market. Client-driven case management will be provided with a focus on building self-sufficiency and gaining permanent housing.

Cocoon House’s Case Manager will assist clients in obtaining and maintaining safe and desirable housing. Cocoon House will provide rental subsidies and other support to be adjusted as the client reaches higher levels of independence. Case Management will include landlord liaison services to support youth and property owners. Other areas of focus will include navigating systems, accessing mainstream benefits, establishing or strengthening connections to employment and education, and the fostering of beneficial life skills.

Cocoon House will serve young adults, ages 18 to 24, with program admission facilitated through the County’s Coordinated Entry System. Without critical services, youth are at risk of getting caught in a cycle that perpetuates poverty and homelessness. Homelessness creates a constant risk of victimization, physical and/or sexual assault, involvement in gangs, risk of sexual exploitation, and crimes of desperation as efforts to meet basic needs. Lack of physical health, mental health, and chemical dependency services can lead to serious conditions if left untreated. Homelessness also creates educational, training, and employment obstacles that easily compound and contribute to the likelihood of chronic homelessness throughout adulthood.

With a minimum of four units assisted at any given point in time, it is estimated that Cocoon House will serve six (6) youth per year. The projected outcomes are to increase the percentage of adults who increase their total income, to decrease the average number of days for participants to obtain permanent housing, and to increase the percentage of participants who exit to permanent housing during the operating period. An additional outcome is to increase the percentage of participants who increase their money management skills.

Relying on resources within the agency and community, Cocoon House will
assist clients in developing internal and external supports to success in achieving and maintaining permanent housing. Cocoon House has relationships with many agencies within the County, including partnerships with Workforce Development Council, Catholic Community Services, and Compass Health. Cocoon staff are skilled at navigating both adult and youth systems within the county to assist participants in getting their needs met.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  No

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
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: 4
Total Beds: 4

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   
   a. **Units:** 4
   
   b. **Beds:** 4

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:** 3530 Colby Ave
   
   **Street 2:**
   
   **City:** Everett
   
   **State:** Washington
   
   **ZIP Code:** 98201

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

   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Household Type</th>
<th>Total Number of Households</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Households with at Least One Adult and One Child</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Households with Only Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housesholds with at Least One Adult and One Child</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Households with Only Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housesholds with Only Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

Two of the persons not represented by the listed subpopulations will have other barriers not listed here, such as Adverse Childhood Experiences (ACE) including abuse and other trauma, and other physical and mental health issues.
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>17%</td>
<td>2,037,916</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term:  1 Year

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

   - Rental Assistance [x]
   - Supportive Services [x]
   - HMIS [ ]
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>4</td>
<td>$69,408</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $69,408
Total Units: 4
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>2</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td>$32,712</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>2</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>$36,696</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>1</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>1</td>
<td>$3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>1</td>
<td>$3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>1</td>
<td>$4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>1</td>
<td>$4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>1</td>
<td>$5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>1</td>
<td>$5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td></td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: 4

Total Request for Grant Term: $69,408

Grant Term: 1 Year

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$29,548</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$29,548</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Cocoon House Fund...</td>
<td>08/29/2019</td>
<td>$29,548</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Cocoon House Fundraising
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2019

6. Value of Written Commitment: $29,548
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$69,408</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$40,485</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$109,893</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$8,296</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$118,189</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$29,548</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$29,548</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$147,737</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing

Renewal Project Application FY2019 Page 40 09/23/2019
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Approved Indirect...</td>
<td>09/11/2017</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Approved Indirect Cost Rate

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane Brell Vujovic  
**Date:** 09/23/2019  
**Title:** Director, Human Services Department  
**Applicant Organization:** Snohomish, County of
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 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.
1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>[x]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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<tbody>
<tr>
<td>3A. Project Detail</td>
<td>[x]</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>[x]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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</tr>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td>[x]</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>[x]</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

Part 7 - Attachment(s) & Certification

Applicant: Snohomish County
079247979
Project: Homeless Youth Rapid Rehousing
179845
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Part 2 - Subrecipient Information: Subrecipient has changed their physical address and the total grant allocation has increased; Part 4 - Housing Services and HMIS (4B): Subrecipient has changed their physical address, but this does not impact the ability to provide RRH units across the county; Part 6 - Funding Request (6A): Subrecipient has changed their Direct Cost Base amount.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/29/2019</td>
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<td>1I. Cert. Lobbying</td>
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<td>1J. SF-LLL</td>
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<td>Renewal Expansion</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/29/2019</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3B. Description</td>
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<tr>
<td>4A. Services</td>
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<td>4B. Housing Type</td>
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</tr>
<tr>
<td>6A. Funding Request</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
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<tr>
<td>7B. Certification</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>09/23/2019</td>
</tr>
</tbody>
</table>
In reply refer to: 0248162350
July 08, 2013 LTR 4168C 0
91-1497667 000000 00
00020775
BODC: TE

COCOON HOUSE
2929 PINE ST
EVERETT WA 98201

032714

Employer Identification Number: 91-1497667
Person to Contact: Mr Edwards
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 25, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
March 28, 2016

Max Sanchez, Director of Finance
Cocoon House
2929 Pine Street
Everett, WA 98201

Dear Mr. Sanchez:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be returned to me by email while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/19, is due in our office by 12/31/19. Please submit your next proposal electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,

Arif M. Karim
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL
NONPROFIT RATE AGREEMENT

EIN: 911497667
ORGANIZATION: Cocoon House
2929 Pine Street
Everett, WA 98201

DATE: 03/28/2016
FILING REF.: The preceding agreement was dated 04/20/2015

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
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</table>

**EFFECTIVE PERIOD**

<table>
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<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATIONS</th>
<th>APPLICABLE TO</th>
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<tr>
<td>FINAL</td>
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<td>06/30/2015</td>
<td>16.90 All</td>
<td>All Programs</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/2015</td>
<td>06/30/2018</td>
<td>16.90 All</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2018</td>
<td>06/30/2020</td>
<td>16.90 All</td>
<td>All Programs</td>
</tr>
</tbody>
</table>

*BASE

Direct salaries and wages including all fringe benefits.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

The following fringe benefits are treated as direct costs:
FICA, Worker's Compensation, Unemployment, and Health Insurance.

The four-year extension of the indirect cost rate was granted in accordance with 2 CFR 200.414(g).

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/19.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Cocoon House

(SIGNATURE)
Maximilian Sanchez

(NAME)
Director of Finance

(TITLE)
03/13/16

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)
Arif M. Karim -S

(SIGNATURE)
Arif Karim

(NAME)
Director, Cost Allocation Services

(TITLE)
03/28/2016

(DATE) 9552

HHS REPRESENTATIVE: Robert Lee

Telephone: (415) 437-7820
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- 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 2019 CoC Program Competition NOFA.
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: 09/23/2019
4. Applicant Identifier: 
5a. Federal Entity Identifier: 
6. Date Received by State: 
7. State Application Identifier: 

Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing Expansion
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979 PLUS 4:

d. Address
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

e. Organizational Unit (optional)
Department Name: Human Services Department
Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Jackie
Middle Name: 
Last Name: Anderson
Suffix: 
Title: Division Manager, Housing and Community Services
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-3237
Extension:

Fax Number:  (425) 388-3504

Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (state(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homeless Youth Rapid Rehousing Expansion

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236  
(Format: 123-456-7890)
Fax Number:  (425) 259-1444  
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/23/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $124,130.00
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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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: X

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 09/23/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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. |
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

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

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

Warning: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/23/2019
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

Answer “No” if your organization is NOT engaged in lobbying.

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

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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:** $125,383

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$125,383</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

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

c. Employer or Tax Identification Number: 91-1497667

d. Organizational DUNS: 803301167

* e. Physical Address
   Street 1: 3530 Colby Ave
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $125,383

j. Contact Person
   Prefix: Mr.
   First Name: Joseph
   Middle Name:
Last Name: Alonzo
Suffix:
Title: Executive Director
E-mail Address: joseph.alonzo@cocoonhouse.org
Confirm E-mail Address: joseph.alonzo@cocoonhouse.org
Phone Number: 425-259-5802
Extension: 205
Fax Number: 425-317-9632
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Snohomish County has been the recipient of multiple federal funding sources for several years. The County is currently the recipient of 23 CoC grants and has been designated as a Unified Funding Agency since FY2018. The County has a history of successful implementation of various program types.

Cocoon House, the subrecipient, has experience/expertise in the following:
1. Working with/addressing the target population’s identified housing and supportive service needs: Since 1991, Cocoon House has been the only agency in Snohomish County with a mission focused solely on homeless and at-risk youth and young adults (ages 12-24). The organization provides a continuum of services including outreach, drop-in, emergency shelter, transitional housing, and rapid rehousing. Cocoon House is uniquely positioned and qualified to serve the population of homeless youth and young adults in our community. The agency utilizes interventions proven to be effective with youth and young adults who have experienced homelessness and trauma.
2. Developing and implementing relevant program systems/services: Cocoon House is the lead agency for Snohomish County Youth and Young Adult Coordinated Entry. Coordinated Entry is the means by which youth ages 18 through 24 access community services and resources. Cocoon House’s Outreach programs provide a variety of services to Snohomish County youth, including mobile outreach, stationary outreach (at the full-service drop-in center), case management, and other supportive services. Outreach case managers are trained in working with young people who are experiencing crises, specializing in individual, client-directed care.
3. Identifying and securing matching funds from a variety of sources: Cocoon House is currently managing 30 government contracts from all levels of government: federal, state, county, and city. Matching funds are secured through private giving (which account for nearly 50% of agency revenue).
4. Managing basic organization operations including financial accounting systems: Cocoon House has extensive experience managing and accounting for public funding. Cocoon House is well-versed in all aspects of determining client eligibility and in understanding and adhering to rules and standards set forth by public funding entities. The Chief Financial Officer monitors adherence to Board-approved Internal Control Policies (available for review), which specify proper segregation of duties between staff that handle each type of financial transaction within the Agency.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Snohomish County has several years of experience managing federal, state,
and local funds. As the Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

Cocoon House maintains strong relationships with government and private funders, as well as with the community in general. Cocoon House’s CEO, COO, and the Board of Directors are dedicated to diversifying funding sources to ensure the sustainability of the organization. This commitment is reflected in the agency’s four-year strategic plan. Cocoon House employs a seasoned 4.0 FTE person development office. General fundraising efforts include a growing annual fund, an annual gala dinner/auction event, a spring fundraising event, private grants, and workplace giving.

Though most funding sources are provided to Cocoon House on a yearly basis, government funding reductions have recently presented a new challenge and opportunity to rely more on the community. Intensified fund development efforts have resulted in an increase in both grant funds and private donations. Private funding now accounts for approximately 36% of the operational revenue in the organization. In 2016, Cocoon House secured two federal RHY grants for Basic Center Prevention Services and Street Outreach Program.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Grants & Program Specialists, from OCHS within Snohomish County Human Services Department, manage subrecipient grants, including conducting annual monitoring for compliance, and provide overall project and CoC Program management and oversight. Regular OCHS staff meetings and Supervisor project and Program review ensure work is completed and consistent with CoC requirements and HUD grant agreements.

The Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants & Program Specialists to resolve issues. The Financial Compliance Officer completes subrecipient financial monitoring and eLOCCS draws, after final review of monthly program close-out by the Administrative Services Division Manager.

Cocoon House’s organizational structure includes a 16 member Board of Directors that oversees the CEO of the organization and assists with strategy and vision for the organization. The CEO and COO oversee the directors of programs, fundraising, human resources, administration, and finance. Cocoon House maintains an accounting, financial reporting and financial management and operations system in order to comply with Generally Accepted Accounting Principles (GAAP). Cocoon House’s corporate governing body, officers, and management personnel exercise due vigilance and diligence to assure all financial transactions, accounts, records, and reports comply with these standards. All uses of program income are accurately reflected in the agency’s records and are subject to review and audit by an independent auditor and agents of a granting authority.
4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No
3A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
1b. CoC Collaborative Applicant Name: Snohomish, County of

2. Project Name: Homeless Youth Rapid Rehousing Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

Cocoon House already provides short- to medium-term tenant-based rental assistance to a minimum of 4 scattered site units at any given point in time. This project will allow Cocoon House to expand their services with 4 additional scatter site units. CoC Program funds are needed to help end youth homelessness within the Everett/Snohomish County Continuum of Care. Specific housing locations will be based on client needs and preferences within the available rental market. Client-driven case management will be provided with a focus on building self-sufficiency and gaining permanent housing. Cocoon House’s Case Manager will assist clients in obtaining and maintaining safe and desirable housing. Cocoon House will provide rental subsidies and other support to be adjusted as the client reaches higher levels of independence. Case Management will include landlord liaison services to support youth and property owners. Other areas of focus will include navigating systems, accessing mainstream benefits, establishing or strengthening connections to employment and education, and the fostering of beneficial life skills.

Cocoon House will serve young adults, ages 18 to 24, with program admission facilitated through the County’s Coordinated Entry System. Without critical services, youth are at risk of getting caught in a cycle that perpetuates poverty and homelessness. Homelessness creates a constant risk of victimization, physical and/or sexual assault, involvement in gangs, risk of sexual exploitation, and crimes of desperation as efforts to meet basic needs. Lack of physical health, mental health, and chemical dependency services can lead to serious conditions if left untreated. Homelessness also creates educational, training, and employment obstacles that easily compound and contribute to the likelihood of chronic homelessness throughout adulthood.

With the additional of four (4) more units assisted at any given point in time, it is estimated that Cocoon House will serve six (6) additional youth per year. The projected outcomes are to increase the percentage of adults who increase their total income, to decrease the average number of days for participants to obtain permanent housing, and to increase the percentage of participants who exit to permanent housing during the operating period. An additional outcome is to increase the percentage of participants who increase their money management skills.

Relying on resources within the agency and community, Cocoon House will assist clients in developing internal and external supports to success in achieving and maintaining permanent housing. Cocoon House has relationships with many agencies within the County, including partnerships with Workforce Development Council, Catholic Community Services, and Compass Health. Cocoon staff are skilled at navigating both adult and youth systems within the county to assist participants in getting their needs met.
2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New construction completed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project's specific population focus.
(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)
5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?  No

8. Will more than 16 persons live in one structure?  No
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: WA0339
1b. Eligible Renewal Grant Project Name: 1. Homeless Youth Rapid Rehousing

2. Will this expansion project increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

<table>
<thead>
<tr>
<th>Current level of effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of persons served at a point-in-time</td>
<td>4</td>
</tr>
<tr>
<td># of units</td>
<td>4</td>
</tr>
<tr>
<td># of beds</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New effort</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td># of additional persons served at a point in time that this project will provide</td>
<td>6</td>
</tr>
<tr>
<td># of additional units this project will provide</td>
<td>4</td>
</tr>
<tr>
<td># of additional beds this project will provide</td>
<td>6</td>
</tr>
</tbody>
</table>

3. Will this Expansion Project bring additional supportive services to homeless persons? No

4. Will this expansion project bring existing facilities up to government health and safety standards? No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

Participants are assisted to obtain/maintain permanent housing through client driven case management that focuses on building self-sufficiency through education and employment. Case management, which is highly individualized and tailored to needs, includes assistance locating, applying to, securing, and maintaining safe, appropriate (i.e. rent reasonable) permanent housing. Youth gain knowledge of tenant rights, understanding leases, maintaining positive relationships with landlords/neighbors, and independent living skills. Landlord liaison services support youth and property owners to ensure a mutually beneficial relationship. Initial and ongoing assessments identify goals, needs, and preferences. The Case Manager works with youth to address barriers to maintaining permanent housing, such as chemical dependency, physical and mental health. Areas of focus include employment/education, navigating systems, accessing mainstream benefits and referrals to supportive services.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

As education and employment are key to achieving permanent housing, case management will include goals in these areas. The Rapid Rehousing Case Manager will assist youth in increasing skills related to obtaining and maintaining employment and in meeting educational goals. Cocoon House has established relationships with all Snohomish County school districts (for younger participants who are completing a traditional high school education path), Snohomish County WorkSource (for GED completion and job services),
and higher education resources including Everett and Edmonds Community Colleges.

Using individualized case management services and a progressive engagement model, Cocoon House will work collaboratively with participants to increase their self-sufficiency. The Case Manager will utilize formal and informal assessment tools to determine the strengths and needs of each participant. This strengths based approach is key to improving a youth’s sense of self-efficacy which, in turn, improves their ability to live independently.

This low barrier program will first meet the basic needs of participants, providing housing and support while connecting them to vital services. Cocoon House will assist youth in understanding their options and creating a case plan. The agency has a wealth of experience in working with this population and recognizes that many youth face barriers that need to be addressed before or while employment goals are being pursued. These barriers include chemical dependency and physical and mental health issues. By first addressing these challenges, youth are better prepared for employment success.

The Rapid Rehousing Case Manager will also work with youth to access mainstream benefits as appropriate. Cocoon House is well-versed in assisting youth in navigating benefits systems including medical, food, and financial assistance programs. Staff will aid youth in determining eligibility, understanding options, completing paperwork, attending appointments, and adhering to requirements.

Employment assistance offered through the program will address all elements of employment readiness, retention, and success. The agency’s commitment to meeting youth “where they are” demonstrates the capacity to tailor services to each individuals’ abilities and needs. The Case Manager will provide the assistance needed to gain skills related to job searching, creating a resume, the interview process, hiring, maintaining employment, and setting career goals. An emphasis will be placed on the “soft skills” of employment – attire, hygiene, attitude, attendance, and other aspects of workplace culture and success.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.
5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

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

6. Will project participants have access to SSI/SSDI technical assistance provided by 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? No
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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>---</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Total Units: 4
Total Beds: 6
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 project participants at the selected housing site.
   a. Units: 4
   b. Beds: 6

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: 3530 Colby Ave
   Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98201

4. 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)

   539061 Snohomish County, 530480 Everett
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
<th>Adults over age 24</th>
<th>Persons ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Households with Only Children</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td></td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
# 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
Persons not represented by the listed subpopulations will have other barriers
not listed here, such as Adverse Childhood Experiences (ACE) including abuse and other trauma, and other physical and mental health issues.
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?  Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition?  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.

   a. Please complete the indirect cost rate schedule below

      | Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
      |---------------------------------|-------------------|-----------------|
      | Department of Health & Human Services | 17%              | 2,037,916       |

   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 being requested:

   Rental Assistance  X
   Supportive Services  X
   HMIS
6. If awarded, will this project require an initial grant term greater than 12 months?  

No
6E. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>4</td>
<td>$81,768</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $81,768
Total Units: 4
Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>2</td>
<td>$1,529</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>$36,696</td>
</tr>
<tr>
<td>Bedrooms</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

**Grant Term**: 1 Year

**Total Request for Grant Term**: $81,768

Click the 'Save' button to automatically calculate totals.
# 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>624 Hours of case management</td>
<td>$15,463</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>520 Hours of Landlord liaison services</td>
<td>$14,114</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Youth transportation</td>
<td>$1,500</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$31,077</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td>$31,077</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments:       | $31,346  |
| Total Value of In-Kind Commitments:   | $0       |
| Total Value of All Commitments:       | $31,346  |

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>General fundraising</td>
<td>08/29/2019</td>
<td>$31,346</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: General fundraising
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/29/2019
6. Value of Written Commitment: $31,346
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$81,768</td>
<td>1 Year</td>
<td>$81,768</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$31,077</td>
<td>1 Year</td>
<td>$31,077</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$112,845</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$11,285</td>
<td></td>
<td>$11,285</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$124,130</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$31,346</td>
<td></td>
<td>$31,346</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$31,346</td>
<td></td>
<td>$31,346</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td>$155,476</td>
<td></td>
<td>$155,476</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Cocoon House Nonp...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>CH Indirect Cost ...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Cocoon House Nonprofit Documentation

Attachment Details

Document Description:  CH Indirect Cost Rate Documentation

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: Mary Jane Brell Vujovic
Date: 09/23/2019
Title: Director, Human Services Department
Applicant Organization: Snohomish, County of

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
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.

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<td>7D. Certification</td>
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Employer Identification Number: 91-1497667
Person to Contact: Mr Edwards
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 25, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation; and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Delirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The condition concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
July 11, 2006

TO: Most Reverend Archbishops and Bishops, Diocesan Attorneys and State Conference Directors

SUBJECT: 2006 Group Ruling

FROM: Mark E. Chopko, General Counsel (Staff: Deirdre Dessingue, Associate General Counsel)

Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^1\). As explained in greater detail below, this ruling is important for establishing:

1. the exemption of such organizations from:
   a. federal income tax;
   b. federal unemployment tax (but see ¶5 of "Explanation" below); and

2. the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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\(^1\) A copy of the Group Ruling and this memo may be found on the USCCB website at [www.usccb.org/ogc](http://www.usccb.org/ogc).

\(^2\) Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that
cease to qualify are deleted promptly, and that qualified newly-created organizations
are listed as soon as possible. The current Group Ruling/OCD application package

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the
exemption from federal income tax under section 501(c)(3) of the Code of "the
agencies and instrumentalities and educational, charitable, and religious institutions
operated, supervised or controlled by or in connection with the Roman Catholic
Church in the United States, its territories or possessions appearing in the Official
Catholic Directory for 2006" *(with the exception of organizations designated in the
OCD with an asterisk and foreign organizations)*.

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect
on an organization's liability for federal excise taxes. Exemption from these taxes is
very limited. Please refer to your attorney any questions you may have about excise
taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not
automatically establish an organization's exemption from state or local income, sales
or property taxes. Typically, separate exemptions must be obtained from the
appropriate state or local tax authorities in order to qualify for any applicable
exemptions. Please refer to your attorney any questions you may have about state
or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors
that contributions to the institutions listed in the 2006 OCD and covered by the
Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from
federal unemployment tax only. Individual states may impose unemployment tax on
organizations included in the Group Ruling, even though they are exempt from the
federal tax. Please refer to your attorney any questions you may have about state
unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including
churches, are required to pay taxes under the Federal Insurance Contributions Act
(FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services
performed by diocesan priests in the exercise of their ministry are not considered

\(^3\) Section 3121(w) of the Code permits certain church-related organizations to
make an irrevocable election to avoid payment of FICA taxes, but only if such
organizations are opposed for religious reasons to payment of social security
taxes.
"employment" for FICA (Social Security) purposes, and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them. Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.

7. Form 990. All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD. Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year. Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000, and certain church-affiliated

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4 I.R.C. § 3121(b)(8)(A).


7 The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

8 I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

(1) Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

(2) normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church retirement insurance programs, and organizations controlled by religious orders that finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}

Organizations that are required to file Form 990 must upon request make a copy of the form and its schedules and attachments (other than contributor lists) available for public inspection during regular business hours at the organization's principal office and at any regional or district offices having three or more employees. Form 990 for a particular year must be made available for a three year period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file Form 990 must comply with written or in-person requests for copies of the Form 990. The organization may impose no charge other than a reasonable fee to cover copying and mailing costs. If requested, copies of the Form 990 for the past three years must be provided. In-person requests must be satisfied on the same day. Written requests must be satisfied within 30 days.\textsuperscript{12}

8. \textbf{Revenue Procedure 75-50.} Rev. Proc. 75-50\textsuperscript{13} sets forth notice, publication, and recordkeeping requirements regarding racially nondiscriminatory policies that must be complied with by private schools, including church-related schools, as a condition of establishing and maintaining exempt status under section 501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an annual certification of racial nondiscrimination with the IRS. For private schools not required to file Form 990, the annual certification must be filed on Form 5578, Annual Certification of Racial Nondiscrimination for a Private School Exempt from Federal Income Tax. This form may be obtained from your local IRS office. Form 5578 must be filed by the 15th day of the fifth month following the close of the fiscal year. Form 5578 may be filed individually or by the diocese on behalf of all schools operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in effect and must be complied with by all schools listed in the OCD. \textit{Diocesan or school officials should insure that the requirements of Rev. Proc. 75-50 are}

\begin{itemize}
\item[\textsuperscript{10}] Rev. Proc. 96-10, 1996-1 C.B. 577.
\item[\textsuperscript{11}] The penalty for failure to permit public inspection of the Form 990 is $20 for each day during which such failure continues, up to a maximum of $10,000. I.R.C. § 6652(c)(1)(C).
\item[\textsuperscript{12}] I.R.C. § 6104(d). Generally, a copy of an organization's exemption application and supporting documents must also be provided on the same basis. However, since Catholic organizations covered under the Group Ruling did not file exemption applications with IRS, nor did USCCB, organizations covered under the Group Ruling should respond to requests for public inspection and written or in-person requests for copies by providing a copy of the page of the current OCD on which they are listed. If a covered organization does not have a copy of the current OCD, it has two weeks within which to make it available for inspection and to comply with in-person requests for copies. Written requests must be satisfied within the general time limits.
\item[\textsuperscript{13}] 1975-2 C.B. 587.
\end{itemize}
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term "lobbying" includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization's exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for "insubstantial" lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization's tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.\(^\text{14}\) We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization's name when it enters the organization in its database.

\(^\text{14}\) IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
March 28, 2016

Max Sanchez, Director of Finance
Cocoon House
2929 Pine Street
Everett, WA 98201

Dear Mr. Sanchez:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be returned to me by email while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/19, is due in our office by 12/3119. Please submit your next proposal electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,

Arif M. Karim
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL
NONPROFIT RATE AGREEMENT

EIN: 911497667
ORGANIZATION: Cocoon House
2929 Pine Street
Everett, WA 98201

DATE: 03/28/2016
FILING REF.: The preceding agreement was dated 04/20/2015

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

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<th>PRED. (PREDETERMINED)</th>
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EFFECTIVE PERIOD

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<td>All Programs</td>
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*BASE

Direct salaries and wages including all fringe benefits.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

The following fringe benefits are treated as direct costs:
FICA, Worker’s Compensation, Unemployment, and Health Insurance.

The four-year extension of the indirect cost rate was granted in accordance with 2 CFR 200.414(g).

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/19.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Cocoon House

(SIGNATURE)
Maximilian Sanchez

(NAME)
Director of Finance

(TITLE)
03/3/16

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)
Arif M. Karim -S

(SIGNATURE)
Arif Karim

(NAME)
Director, Cost Allocation Services

(TITLE)
3/28/2016

(DATE) 9552

HHS REPRESENTATIVE: Robert Lee

Telephone: (415) 437-7820
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 09/23/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0339

   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 X

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>079247979</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

   d. Address
       Street 1: 3000 Rockefeller Avenue, M/S 305
       City: Everett
       County: Snohomish
       State: Washington
       Country: United States
       Zip / Postal Code: 98201

   e. Organizational Unit (optional)
       Department Name: Human Services Department
       Division Name: Office of Community and Homeless Services

   f. Name and contact information of person to be contacted on matters involving this application
       Prefix: Ms.
       First Name: Jackie
       Middle Name: 
       Last Name: Anderson
       Suffix: 
       Title: Division Manager, Housing and Community Services
       Organizational Affiliation: Snohomish, County of
       Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homeless Youth Rapid Rehousing Combined Expansion

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
   e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $243,572.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:  
Homeless Youth Rapid Rehousing Combined Expansion 3000 Rockefeller Avenue, M/S 305 Everett Washington

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
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<tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>09/23/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
**1H. HUD 50070**

**HUD 50070 Certification for a Drug Free Workplace**

**Applicant Name:** Snohomish, County of  
**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:

<table>
<thead>
<tr>
<th>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> 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.</td>
<td><strong>e.</strong> 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;</td>
</tr>
</tbody>
</table>
| **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

---

Applicant: Snohomish County  
Project: Homeless Youth Rapid Rehousing Combined Expansion  

079247979  
179862  

Renewal Project Application FY2019  
Page 12  
09/23/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/23/2019
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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:  
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 09/23/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No

Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing Combined Expansion 179862
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application? Combined Renewal Expansion

2b. Combined Renewal Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-Alone New</td>
<td>Homeless Youth Rapid Rehousing Expansion</td>
<td>$125,383</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand-Alone Renewal</td>
<td>Homeless Youth Rapid Rehousing</td>
<td>$118,189</td>
<td>WA0339</td>
<td>06/30/2020</td>
</tr>
</tbody>
</table>

Combined Renewal Expansion Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in the Combined Renewal Expansion</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in the Combined Renewal Expansion</td>
<td>$243,572</td>
</tr>
</tbody>
</table>

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing Combined Expansion

Renewal Project Application FY2019 Page 20 09/23/2019
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $125,383

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocoon House</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$125,383</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Cocoon House

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

c. Employer or Tax Identification Number: 91-1497667

d. Organizational DUNS: 803301167

---

e. Physical Address

Street 1: 3530 Colby Ave
Street 2:
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $125,383

j. Contact Person

Prefix: Mr.
First Name: Joseph
Middle Name: 
Last Name: Alonzo
Suffix:
Title: Director of Programs
E-mail Address: joseph.alonzo@cocoonhouse.org
Confirm E-mail Address: joseph.alonzo@cocoonhouse.org
Phone Number: 425-259-5802
Extension: 205
Fax Number: 425-317-9632
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0339
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Homeless Youth Rapid Rehousing Combined Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

Cocoon House will provide short- to medium-term tenant-based rental assistance to a minimum of 8 scattered site units at any given point in time. This project will fill a community need by serving unaccompanied homeless youth, 18-24. CoC Program funds are needed to help end youth homelessness within the Everett/Snohomish County Continuum of Care. Specific housing locations will be based on client needs and preferences within the available rental market. Client-driven case management will be provided with a focus on building self-sufficiency and gaining permanent housing.

Cocoon House’s Case Manager will assist clients in obtaining and maintaining safe and desirable housing. Cocoon House will provide rental subsidies and other support to be adjusted as the client reaches higher levels of independence. Case Management will include landlord liaison services to support youth and property owners. Other areas of focus will include navigating systems, accessing mainstream benefits, establishing or strengthening connections to employment and education, and the fostering of beneficial life skills.

Cocoon House will serve young adults, ages 18 to 24, with program admission facilitated through the County’s Coordinated Entry System. Without critical services, youth are at risk of getting caught in a cycle that perpetuates poverty and homelessness. Homelessness creates a constant risk of victimization, physical and/or sexual assault, involvement in gangs, risk of sexual exploitation, and crimes of desperation as efforts to meet basic needs. Lack of physical health, mental health, and chemical dependency services can lead to serious conditions if left untreated. Homelessness also creates educational, training, and employment obstacles that easily compound and contribute to the likelihood of chronic homelessness throughout adulthood.

With a minimum of eight (8) units assisted at any given point in time, it is estimated that Cocoon House will serve ten (10) youth per year. The projected outcomes are to increase the percentage of adults who increase their total income, to decrease the average number of days for participants to obtain permanent housing, and to increase the percentage of participants who exit to permanent housing during the operating period. An additional outcome is to increase the percentage of participants who increase their money management skills.

Relying on resources within the agency and community, Cocoon House will assist clients in developing internal and external supports to success in achieving and maintaining permanent housing. Cocoon House has relationships with many agencies within the County, including partnerships with Workforce Development Council, Catholic Community Services, and Compass Health. Cocoon staff are skilled at navigating both adult and youth systems within the county to assist participants in getting their needs met.
2. Does your project have a specific population focus?

Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

Other (Click 'Save' to update)

3. Housing First

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

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to make progress on a service plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

None of the above

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for Participants

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?
   - No

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?
   - Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
   - Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?
   - No
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: 8
Total Beds: 10

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 8
   b. Beds: 10

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: 3530 Colby Ave
   Street 2: 
     City: Everett
     State: Washington
     ZIP Code: 98201

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

      539061 Snohomish County, 530480 Everett
### 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>6</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**
## 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

Persons not represented by the listed subpopulations will have other barriers not listed here, such as Adverse Childhood Experiences (ACE) including abuse and other trauma, and other physical and mental health issues.
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  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:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHHS/Cost Allocation Services</td>
<td>17%</td>
<td>2,037,916</td>
</tr>
</tbody>
</table>

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

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

4. Renewal Grant Term:  1 Year

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

   - Rental Assistance  X
   - Supportive Services  X
   - HMIS

Applicant: Snohomish County
Project: Homeless Youth Rapid Rehousing Combined Expansion

Renewal Project Application FY2019  Page 34  09/23/2019
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>8</td>
<td>$151,176</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $151,176

Total Units: 8
### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>2 x</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td>= $32,712</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>4 x</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>= $73,392</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>2 x</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td>= $45,072</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 8

**Grant Term:** 1 Year

**Total Request for Grant Term:** $151,176

---

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $60,893 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $60,893 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>General fundraising</td>
<td>08/29/2019</td>
<td>$60,893</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: General fundraising
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2019

6. Value of Written Commitment: $60,893
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$151,176</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$71,562</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$222,738</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$20,834</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$243,572</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$60,893</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$60,893</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$304,465</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Cocoon House Nonp...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>CH Indirect Cost ...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Cocoon House Nonprofit Documentation

Attachment Details

Document Description:  CH Indirect Cost Rate Documentation

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane Brell Vujovic

**Date:**  09/23/2019

**Title:**  Director, Human Services Department

**Applicant Organization:**  Snohomish, County of
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 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.
**Submission Without Changes**

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   - No

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

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

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<th>2A. Subrecipients</th>
<th>3A. Project Detail</th>
<th>3B. Description</th>
<th>4A. Services</th>
<th>4B. Housing Type</th>
<th>5A. Households</th>
<th>5B. Subpopulations</th>
<th>6A. Funding Request</th>
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Applicant: Snohomish County  
Project: Homeless Youth Rapid Rehousing Combined Expansion

Renewal Project Application FY2019  
Page 45  
09/23/2019
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This is the additional renewal project application that combines the original project information and the new expansion information; this new information is found in multiple sections.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
# 8B Submission Summary

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<p>| Renewal Project Application FY2019 | Page 47 | 09/23/2019 |</p>
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In reply refer to: 0248162350
July 08, 2013 LTR 4168C 0
91-1497667 000000 00
00020775
BODC: TE

COCOON HOUSE
2929 PINE ST
EVERETT WA 98201

Employer Identification Number: 91-1497667
Person to Contact: Mr Edwards
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 25, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
Dear Ms. Dessingue:

In a ruling dated March 25, 1946, we held that the agencies and instrumentalities and all educational, charitable and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory 1946, are entitled to exemption from federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, which corresponds to section 501(c)(3) of the 1986 Code. This ruling has been updated annually to cover the activities added to or deleted from the Directory.

The Official Catholic Directory for 2006 shows the names and addresses of all agencies and instrumentalities and all educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories and possessions in existence at the time the Directory was published. It is understood that each of these is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, that no substantial part of their activities is for promotion of legislation; and that none are private foundations under section 509(a) of the Code.

Based on all information submitted, we conclude that the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised, or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in The Official Catholic Directory for 2006 are exempt from federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to the agencies, instrumentalities and institutions referred to above, as provided by section 170 of the Code. Bequests, legacies, devises, transfers or gifts to them or for their use are deductible for federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.
Ms. Delirdre Dessingue

Beginning January 1, 1984, unless specifically excepted, you and your subordinates must pay tax under the Federal Insurance Contributions Act (Social Security taxes) for each employee who is paid $100 or more in a calendar year, as indexed for inflation. You and your subordinates are not liable for the tax under the Federal Unemployment Tax Act (FUTA).

By May 31, 2007, please send three (3) copies of The Official Catholic Directory for 2007 to IRS TE/GE in Cincinnati; one copy to the Processing Campus in Ogden; two copies each to the EO Area Managers in Newark, Brooklyn, Chicago, St. Paul, Atlanta, Los Angeles, the IRS National Headquarters and the Director, EO Examinations, Dallas.

The conditions concerning the retention of your group exemption as set forth in our previous determination letter of August 17, 1983, remain in full force and effect.

Sincerely,

[Signature]

for Janna Skufca, Director, TE/GE
Customer Account Services
Attached is a copy of the Group Ruling issued to the United States Conference of Catholic Bishops on July 1, 2006 by the Internal Revenue Service ("IRS"), with respect to the federal tax status of Catholic organizations listed in the 2006 edition of the Official Catholic Directory ("OCD")\(^2\). As explained in greater detail below, this ruling is important for establishing:

(1) the exemption of such organizations from:

(a) federal income tax;
(b) federal unemployment tax (but see ¶5 of "Explanation" below); and

(2) the deductibility, for federal income, gift and estate tax purposes, of contributions to such organizations.

The 2006 Group Ruling is the latest in a series that began with the original determination of March 25, 1946. In the 1946 document, the Treasury Department affirmed the exemption from federal income tax of all Catholic institutions listed in the OCD for that year. Each year since 1946, in a separate letter, the 1946 ruling has been extended to cover the institutions listed in the current OCD\(^2\). The 2006 Group Ruling is consistent with the 2005 ruling. Annual group rulings clarify important tax consequences for Catholic institutions listed in the OCD, and should be retained for ready reference. Rulings from earlier years are important to establish the tax consequences of transactions that occurred during those years.

**Responsibilities under Group Ruling.** Diocesan officials who compile OCD information to send to the OCD publisher are responsible for the accuracy of such information. They must ensure that only qualified organizations are listed, that

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1. A copy of the Group Ruling and this memo may be found on the USCCB website at www.usccb.org/ogc.

2. Catholic organizations with independent IRS exemption determination letters are listed in the 2006 OCD with an asterisk (*), which is explained at page A-6 and indicates that such organizations are not covered by the Group Ruling.
organizations are listed under their correct legal names, that organizations that cease to qualify are deleted promptly, and that qualified newly-created organizations are listed as soon as possible. The current Group Ruling/OCD application package is available at http://www.usccb.org/bishops/dfl/exemptionruling.htm.

EXPLANATION

1. **Exemption from Federal Income Tax.** The latest ruling reaffirms the exemption from federal income tax under section 501(c)(3) of the Code of "the agencies and instrumentalities and educational, charitable, and religious institutions operated, supervised or controlled by or in connection with the Roman Catholic Church in the United States, its territories or possessions appearing in the Official Catholic Directory for 2008" (with the exception of organizations designated in the OCD with an asterisk and foreign organizations).

2. **Federal Excise Taxes.** Inclusion in the Group Ruling has no effect on an organization's liability for federal excise taxes. Exemption from these taxes is very limited. Please refer to your attorney any questions you may have about excise taxes.

3. **State/Local Taxes.** Inclusion in the Group Ruling does not automatically establish an organization's exemption from state or local income, sales or property taxes. Typically, separate exemptions must be obtained from the appropriate state or local tax authorities in order to qualify for any applicable exemptions. Please refer to your attorney any questions you may have about state or local tax exemptions.

4. **Deductibility of Contributions.** The Group Ruling assures donors that contributions to the institutions listed in the 2006 OCD and covered by the Group Ruling are deductible for federal income, gift, and estate tax purposes.

5. **Unemployment Tax.** The Group Ruling establishes exemption from federal unemployment tax only. Individual states may impose unemployment tax on organizations included in the Group Ruling, even though they are exempt from the federal tax. Please refer to your attorney any questions you may have about state unemployment tax.

6. **Social Security Tax.** All section 501(c)(3) organizations, including churches, are required to pay taxes under the Federal Insurance Contributions Act (FICA) for each employee who is paid $100 or more in a calendar year.\(^3\) Services performed by diocesan priests in the exercise of their ministry are not considered

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\(^3\) Section 3121(w) of the Code permits certain church-related organizations to make an irrevocable election to avoid payment of FICA taxes, but only if such organizations are opposed for religious reasons to payment of social security taxes.
"employment" for FICA (Social Security) purposes,\textsuperscript{4} and FICA should not be withheld from their salaries. For Social Security purposes, diocesan priests are subject to self-employment tax ("SECA") on their salaries as well as on the value of meals and housing or housing allowances provided to them.\textsuperscript{5} Neither FICA nor income tax withholding is required on remuneration paid to religious institutes for members who are subject to vows of poverty and obedience and are employed by organizations included in the Official Catholic Directory.\textsuperscript{6}

7. **Form 990.** All organizations included in the OCD must file Form 990, Return of Organization Exempt from Income Tax, unless they are eligible for a mandatory or discretionary exception. **There is no automatic exemption from the Form 990 filing requirement simply because an organization is listed in the OCD.** Organizations required to file Form 990 must do so by the 15th day of the fifth month after the close of their fiscal year.\textsuperscript{7} Among the organizations not required to file Form 990 under section 6033 of the Code are: churches; integrated auxiliaries of churches\textsuperscript{8}; the exclusively religious activities of religious orders; schools below college level affiliated with a church or operated by a religious order; organizations with gross receipts normally not in excess of $25,000,\textsuperscript{9} and certain church-affiliated

\textsuperscript{4} I.R.C. § 3121(b)(8)(A).

\textsuperscript{5} I.R.C. § 1402(e)(8). See also, Compensation of Priests, at http://www.usccb.org/bishops/dfl/dualtax.htm.


\textsuperscript{7} The penalty for failure to file the Form 990 is $20 for each day the failure continues, up to a maximum of $10,000 or 5 percent of the organization's gross receipts, whichever is less. However, organizations with annual gross receipts in excess of $1 million are subject to penalties of $100 per day, up to a maximum of $50,000. I.R.C. § 6652(c)(1)(A).

\textsuperscript{8} I.R.C. § 6033(a)(2)(A)(i); Treas. Reg. § 1.6033-2(h). To qualify as an integrated auxiliary of a church, an organization must be described in section 501(c)(3), qualify as other than a private foundation, be affiliated with a church, and qualify as internally supported. An organization will be considered internally supported unless it both:

1. Offers admissions, goods, services, or facilities for sale, other than on an incidental basis, to the general public (except goods, services, or facilities sold at a nominal charge or substantially below cost), and

2. normally receives more than 50 percent of its support from a combination of governmental sources; public solicitation of contributions (such as through a community fund drive); and receipts from the sale of admissions, goods, performance of services, or furnishing of facilities in activities that are not unrelated trades or businesses.

organizations that finance, fund or manage church assets, or maintain church
retirement insurance programs, and organizations controlled by religious orders that
finance, fund or manage assets used for exclusively religious activities.\textsuperscript{10}

Organizations that are required to file Form 990 must upon request make a
copy of the form and its schedules and attachments (other than contributor lists)
available for public inspection during regular business hours at the organization's
principal office and at any regional or district offices having three or more
employees. Form 990 for a particular year must be made available for a three year
period beginning with the due date of the return.\textsuperscript{11} In addition, organizations that file
Form 990 must comply with written or in-person requests for copies of the Form 990.
The organization may impose no charge other than a reasonable fee to cover
copying and mailing costs. If requested, copies of the Form 990 for the past three
years must be provided. In-person requests must be satisfied on the same day.
Written requests must be satisfied within 30 days.\textsuperscript{12}

8. \textit{Revenue Procedure 75-50.} Rev. Proc. 75-50\textsuperscript{13} sets forth notice,
publishing, and recordkeeping requirements regarding racially nondiscriminatory
policies that must be complied with by private schools, including church-related
schools, as a condition of establishing and maintaining exempt status under section
501(c)(3) of the Code. Under Rev. Proc. 75-50 private schools are required to file an
annual certification of racial nondiscrimination with the IRS. For private schools not
required to file Form 990, the annual certification must be filed on Form 5578,
Annual Certification of Racial Nondiscrimination for a Private School Exempt from
Federal Income Tax. This form may be obtained from your local IRS office. Form
5578 must be filed by the 15th day of the fifth month following the close of the fiscal
year. Form 5578 may be filed individually or by the diocese on behalf of all schools
operated under diocesan auspices. The requirements of Rev. Proc. 75-50 remain in
effect and must be complied with by all schools listed in the OCD. \textit{Diocesan or
school officials should insure that the requirements of Rev. Proc. 75-50 are

\textsuperscript{10} Rev. Proc. 96-10, 1996-1 C.B. 577.

\textsuperscript{11} The penalty for failure to permit public inspection of the Form 990 is $20 for each
day during which such failure continues, up to a maximum of $10,000. I.R.C. §
6652(c)(1)(C).

\textsuperscript{12} I.R.C. § 6104(d). Generally, a copy of an organization's exemption application
and supporting documents must also be provided on the same basis. However,
since Catholic organizations covered under the Group Ruling did not file
exemption applications with IRS, nor did USCCB, organizations covered under
the Group Ruling should respond to requests for public inspection and written or
in-person requests for copies by providing a copy of the page of the current OCD
on which they are listed. If a covered organization does not have a copy of the
current OCD, it has two weeks within which to make it available for inspection
and to comply with in-person requests for copies. Written requests must be
satisfied within the general time limits.

\textsuperscript{13} 1975-2 C.B. 587.
met since failure to do so could jeopardize the exempt status of the school and, in the case of a school operated by a church, the exempt status of the church itself.

9. **Lobbying Activities.** Organizations included in the OCD may lobby for changes in the law, provided such lobbying is not more than an insubstantial part of their total activities. Attempts to influence legislation both directly and through grassroots lobbying are subject to this restriction. The term “lobbying” includes activities in support of or in opposition to referenda, constitutional amendments, and similar ballot initiatives. There is no distinction between lobbying activity that is related to an organization’s exempt purposes and lobbying that is not. There is no fixed percentage that constitutes a safe harbor for “insubstantial” lobbying. Please refer to your attorney any questions you may have about permissible lobbying activities.

10. **Political Activities.** Organizations included in the Group Ruling may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. Violation of the prohibition against political activity can jeopardize the organization’s tax-exempt status. In addition to revoking exempt status, IRS may also impose excise taxes on an exempt organization and its managers on account of political expenditures. Where there has been a flagrant violation, IRS has authority to seek an injunction against the exempt organization and immediate assessment of taxes due. Political Campaign Activity Guidance for Catholic Organizations (March 15, 2004) available at [www.usccb.org/ogc](http://www.usccb.org/ogc), contains detailed information regarding the political activity prohibition. If you have any questions in this regard, please refer them to your attorney.

11. **Public Charity Status.** The latest Group Ruling affirms that organizations included in the OCD are not private foundations under section 509(a) of the Code. However, the Group Ruling does not identify the subsection of section 509(a) under which a particular organization is classified as a public charity. Organizations must determine for themselves whether they qualify for such status under the provisions of section 509(a)(1), (a)(2) or (a)(3). Newly-created or newly-affiliated organizations must establish that they are not private foundations as a condition of inclusion in the Group Ruling and OCD.

12. **Group Exemption Number.** The group exemption number assigned to USCC is 928 or 0928. *This number must be included on each Form 990, Form 990-T, and Form 5578 required to be filed by any organization exempt under the Group Ruling.*\(^{14}\) We recommend against using the group exemption number on Form SS-4, Request for Employer Identification Number, because in the past this has resulted in IRS including USCCB as part of the organization’s name when it enters the organization in its database.

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\(^{14}\) IRS has expressed concern about organizations covered under the Group Ruling that fail to include the group exemption number, 0928, on their Form 990 filings, particularly the initial filing.
March 28, 2016

Max Sanchez, Director of Finance
Cocoon House
2929 Pine Street
Everett, WA 98201

Dear Mr. Sanchez:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be returned to me by email while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/19, is due in our office by 12/31/19. Please submit your next proposal electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,
Arif M. Karim
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL
NONPROFIT RATE AGREEMENT

EIN: 911497667
DATE: 03/28/2016
ORGANIZATION:
FILING REF.: The preceding
 Cocoon House
agreement was dated
2929 Pine Street
04/20/2015
Everett, WA 98201

The rates approved in this agreement are for use on grants, contracts and other
agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

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<td>06/30/2020</td>
<td>16.90 All</td>
<td>All Programs</td>
</tr>
</tbody>
</table>

*BASE

Direct salaries and wages including all fringe benefits.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

The following fringe benefits are treated as direct costs:
FICA, Worker’s Compensation, Unemployment, and Health Insurance.

The four-year extension of the indirect cost rate was granted in accordance with 2 CFR 200.414(g).

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/19.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Cocoon House

(SIGNATURE)
Maximilian Sanchez

(NAME)
Director of Finance

(TITLE)
03/13/16

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[AGENCY]
Arif M. Karim -S

(SIGNATURE)
Arif Karim

(NAME)
Director, Cost Allocation Services

(TITLE)
3/28/2016

(DATE) 9552

HHS REPRESENTATIVE: Robert Lee

Telephone: (415) 437-7820
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- 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 2019 CoC Program Competition NOFA.)
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: 09/23/2019

4. Applicant Identifier:
5a. Federal Entity Identifier:
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368
   c. Organizational DUNS: 079247979
   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201
   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:
      Last Name: Anderson
      Suffix:
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:

Fax Number:  (425) 388-3504

Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Compass Health Broadway PSH

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   b. Project: WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 01/01/2021
   b. End Date: 12/31/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension: 
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $736,022.00
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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a</th>
<th>Social Security No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>reportable financial interest in the project or activity</td>
<td>or Employee ID No.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(For individuals, give the last name first)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/23/2019
# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Snohomish, County of  
**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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

---

## 2. Sites for Work Performance.

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

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

Warning: 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)

Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  09/23/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/23/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/23/2019
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: $736,022

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compass Health</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$736,022</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Compass Health

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

c. Employer or Tax Identification Number: 91-1180810

d. Organizational DUNS: 076654565
   PLUS 4:

e. Physical Address
   Street 1: 4526 Federal Ave
   Street 2: MS#30
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $736,022

j. Contact Person
   Prefix: Ms.
   First Name: Tamera
   Middle Name:
Last Name: Loesch
Suffix:
Title: Chief Financial Officer
E-mail Address: tamera.loesch@compassh.org
Confirm E-mail Address: tamera.loesch@compassh.org
Phone Number: 425-349-8410
Extension:
Fax Number:
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Snohomish County has been the recipient of multiple federal funding sources for many years. The County has been designated as the UFA for the Everett/Snohomish County CoC since FY2015 and currently administers CoC grants funds for 23 projects. The County has a history of successful implementation of various program types.

Compass Health (Compass), the subrecipient, has been providing behavioral health services to chronically mentally ill adults for over 115 years. Services provided cover the entire spectrum of care that might be required at any given point in the life of someone living with severe and persistent mental health challenges: from outreach and engagement, crisis diversion/intervention, or intensive outpatient clinical care to community based residential treatment to permanent housing with intensive support. Compass has demonstrated experience structuring and tailoring program systems and services to meet the unique needs of the population served. Services were expanded to include specific programs targeted at addressing the needs of chronically homeless individuals with serious behavioral health needs over 30 years ago, including outreach and support designed to connect these households with the most basic supports first, while offering an array of clinical and peer led support services as they become ready and able to engage. Compass uses evidence-based practices to continue to improve service delivery to this population.

In addition, Compass operates 13 owned and one master-leased residential property consisting of 161 units of housing throughout the North Puget Sound Region. Compass provides behavioral health services and case management to adults at these sites, many of whom were chronically homeless at the time of entry into permanent housing. Compass also provide supportive services for 85 to 100 scattered site units for other CoC permanent supportive housing projects serving chronically homeless households.

Compass has many years of experience in utilizing federal funds in support of its service and residential property programs including project-based Shelter Plus Care funds (under contract with the Island County Housing Authority), SAMSA funding, and Opportunity Council funding. Experience includes using housing first model targeted to chronically homeless adults, using coordinated entry, and providing and documenting required matching funds through operating expenses, outreach and engagement services, and in-kind support. Compass is also a licensed Behavioral Healthcare provider that manages nearly $30 million in Medicaid funding for clinical services it provides to more than 20,000 individuals each year.
2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Snohomish County has several years of experience managing Federal, State, and local funds. As the Collaborative Applicant for the CoC and as a UFA, the County is well-positioned to leverage other resources for both this project and other CoC and ESG projects.

Compass Health (Compass) currently provides matching funds to the Everett/Snohomish County CoC under and MOU for in-kind outpatient behavioral health services with a current CoC PSH project. Compass plans to provide matching funds for this CoC project application from Medicaid-funded behavioral health treatment services to residents who select Compass Health as their behavioral health service provider.

Compass also has experience in leveraging other funds for its behavioral health programs, including federal resources under SAMHSA funds for its PATH program to provide outreach and engagement to homeless persons and non-federal resources from the North Sound Behavioral Health Organization and Compass’s unrestricted resources.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Continuum of Care (CoC) Grant and Program Specialists, form the Office of Community and Homeless Services (OCHS) within the Snohomish County Human Services Department (HSD), manage subrecipient grants including conducting annual monitoring and providing training and technical assistance, to ensure compliance with the CoC interim rule. The OCHS Supervisor is responsible for overall project management and oversight of the Continuum of Care (CoC) program. Regular OCHS staff meetings, including meeting specific to CoC grant oversight, and Supervisor review, ensure that work is completed in a timely manner consistent with the CoC requirements and the HUD grant agreement.

HSD maintains effective financial internal control via segregation of duties and multiple levels of review. Separate revenue accounts are set up in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the CoC Grant and Program Specialists to resolve identified issues. The Financial Compliance Officer completes subrecipient monitoring and eLOCCS draw, after final review of monthly program close-out by the Administrative services Division Manager.

Compass Health (Compass) is a non-profit 501(c)(3) corporation with a volunteer Board of Directors with expertise in finance, legal services, law enforcement, behavioral health, and cmtty needs. The CEO is responsible for ensuring implementation of Compass’s mission and goals and supervises team of professionals who oversee delivery of behavioral health and medical services, quality and info systems, finance, HR, and fundraising; the team has an average of over 20 years of experience in delivery of mental health housing supported by a wide array of services. Compass’s housing portfolio includes over 160 units in a three-county region, and includes project-based vouchers under Housing Choice and Shelter Plus Care and local rental subsidies.
Compass has managed and accounted for public funding for decades and follows general accepted accounting principles (GAAP). Compass has process in place to review all new funding agreements to identify funding source and for accuracy and deliverables. Compass uses accrual accounting system that identifies revenue and expenses by contract- and fund-source at transactional level, conducts monthly review of revenue and expenses and transactional detail for accuracy, and receives annual external financial audit with Single Audit Report. Compass is routinely audited/monitored by HUD, WA State, Snohomish County, and Tax Credit investors for housing projects.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?

No
3A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

1b. CoC Collaborative Applicant Name: Snohomish, County of

2. Project Name: Compass Health Broadway PSH

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X
3B. Project Description

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

Compass Health (Compass), the subrecipient, is one of the region’s largest behavioral health providers. The project will provide 41 units of CoC-funded permanent supportive housing (PSH) for chronically homeless (CH) households with high needs in a newly constructed 81-unit apartment site. In total, the site will include 61 units of PSH for CH households referred through Coordinated Entry and 20 units for households at high risk of homelessness referred through the behavioral health system. The site will consist of fully furnished studio apartments, with residential service space and common areas on the first floor. The project will operate using low-barrier, housing first model. Services will be offered voluntarily using harm reduction model, with Housing Case Managers (CM’s) conducting active outreach and engagement with each resident to establish strong relationships and encourage participation. The project’s site-based model supports rapid placement and stabilization in housing. CM’s will assist participants with lease-up process to enable them to move-in to housing as quickly as possible. CM’s will work with each resident to develop an individually-tailored service plan that identifies needs and measurable goals towards long-term housing retention, improved access to mainstream benefits, increased income from employment, and improved physical and behavioral healthcare outcomes. Needs are assessed and identified across multiple life domains, all supporting housing stability, including transportation, medical/dental care, substance use treatment services, mainstream benefits (ex. SSI/SSDI, Medicare, Medicaid, Food Stamps), employment, and other community resources. CM’s will assist residents to identify and develop their strengths, identify additional educational or training needs, and problem solve around challenges encountered. CM’s will also assist residents with learning or re-learning life skills that contribute to maintaining housing such as budgeting, being a good neighbor, self-care, etc. Needs are assessed initially and reviewed annually to assist with helping residents access and retain mainstream benefits and community resources. Compass will provide behavioral healthcare and recovery support on-site. Additional Medicaid-supported outpatient behavioral healthcare will be provided by Compass’s intensive outpatient and PACT programs located at a center across the alley from the site. The project will also host an RN or ARNP to provide basic health screening and health care on-site. The project will be staffed 24/7 with Residential Support Specialists (RSS’s) to provide support, security, and crisis intervention. The project has established target goals for maintaining permanent housing, maintaining and increasing income by accessing mainstream benefits and employment, obtaining employment, and engaging with a primary and/or behavioral health care provider.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or
structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td>A 195</td>
</tr>
<tr>
<td>Participant enrollment in project begins?</td>
<td>B 195</td>
</tr>
<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td>C 210</td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td>D 364</td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation started?</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation completed?</td>
<td></td>
</tr>
<tr>
<td>New construction started?</td>
<td></td>
</tr>
<tr>
<td>New construction completed?</td>
<td></td>
</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process? Yes

* 4. Please identify the project’s specific population focus.
(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

5. Housing First
a. Will the project quickly move participants into permanent housing Yes
b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

CoC funds are not requested for the capital development of the project: CoC funds requested would pay for rental assistance and administrative costs to help operate the project once it is constructed and placed into service. Compass Health has secured other funding for development of the project and has contracted with a development company to provide overall project management and construction management to ensure that the project is placed in service on time. The project is scheduled to begin construction this year and to complete construction in February 1, 2021.

Compass Health will develop a detailed Property Management Plan that describes the management structure for the site, including specific roles and responsibilities of the property management and supportive services team. Compass Health’s project manager, property manager and housing team will begin to implement preliminary referral and qualification activities for lease up approximately 90 days before the building is completed. The team will engage
people referred by Coordinated Entry, introducing them to the opportunity for permanent housing and providing assistance in obtaining ID, income verification and other documents necessary to document CoC and income eligibility. Once the building receives its Certificate of Occupancy, individuals will immediately move off the streets and into housing.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?  
Yes

Explain how and why the project will implement this requirement.

Compass Health Broadway PSH is a site-based permanent supportive housing project. The single site model will expand housing options in our CoC by providing secure, predictable access to housing for vulnerable high needs populations, will help rapidly place and stabilize participants in permanent housing, and will allow service providers to efficiently deliver intensive supportive services in a cost effective manner both on-site and nearby the site, including 24/7 staffing.

The development of this project will create new rental housing units, increasing the number of units available and affordable in the community dedicated to chronically homeless persons with high needs. This population often faces barriers to renting private units in the local market due to high rental costs which continue to rise at a rate that exceeds the income of low wage workers and people with disabilities as well as other barriers such as poor rental histories, bad credit, prior criminal convictions, behavioral health and high service needs.

The site is located in a walkable neighborhood, within a block of a bus stop that runs along a major arterial and provides frequent, regular service that connects the project to the downtown Everett core as well as to a central bus station which provides regional connections to downtown Seattle, providing a transportation option for participants to connect to mainstream resources, services, and employment. Three major grocery stores are less than 1 mile away and public amenities, including a public library, city and county government offices, entertainment and art centers, and a senior centers, are accessible on foot or by transit. The Social Security Administration offices are located within 5-blocks, directly on the bus line. A non-profit agency is located across the street that provides employment and other supportive services to low-income individuals. Mental health support services frequently accessed by the target population are located immediately adjacent to the site.

Permanent supportive housing for the project will be provided in a new building constructed specifically to serve people with very high service needs. Each resident will have their own fully furnished studio apartment with access to a residential common area where they can share a meal, access a computer, watch TV and participate in activities coordinated by the housing staff. The single site model provides operating and staffing efficiencies that allow for 24 hour staff support for residents who experience frequent crises. In addition to the housing staff, residents are also encouraged to participate in activities offered by Compass Health’s Peer Recovery Center.
8. Will more than 16 persons live in one structure? Yes

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

The project is necessary to address chronic homelessness in Snohomish County. Of the 81 units in the project, 61 will be dedicated to chronically homeless individuals with high service needs, including severe mental illness and substance use disorders, identified through Coordinated Entry, including 41 units funded through this CoC project. The 2019 Snohomish County Point In Time count found 701 households without children who were experiencing homelessness. Of these, 399 individuals were identified as experiencing chronic homelessness, 358 of whom lacked basic shelter. In addition, of the homeless adults counted, 372 identified as having a serious mental illness and 361 identified as having a substance use disorder. There is a limited supply of affordable, available housing units for rent to extremely low-income and low-income households in the current rental market. The most recent market study (June 2018) conducted by Compass Health indicated that there were 3,116 households with incomes at or below 30% AMI but only 773 units available at that rent level.

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

Compass Health has been a member of this community since 2004, when it took ownership of this property and began operating the Northstar Apartments, a 40-unit permanent rental housing building for adults with chronic mental illness, and a large behavioral healthcare center (the Baily Center) providing a wide array of mental health services. As a well-designed new construction project, Compass Broadway PSH will be an attractive addition to the Broadway/Everett Station Districts, mirroring the scale and design of other apartments being developed in the area. The location is in an area that is a transition zone between the Broadway business district that includes several new or refurbishes mixed use buildings and residential areas south of downtown Everett that includes a mix of single and multifamily housing. The design and quality of construction will meet or exceed that of other housing in the area.

Dedicated and 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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?  No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

The project’s site-based model supports rapid placement and stabilization in housing. Housing Case Managers (CM’s) will assist participants with the lease-up process to enable them to move-in to housing as quickly as possible. Needs are assessed initially, and reviewed annually, across multiple life domains supporting housing stability, including transportation, medical/dental care, substance use treatment services, mainstream benefits, employment, and other community services. Needs are reviewed annually to assist residents in retaining benefits and community resources to enable continued housing stability. CM’s assist residents in increasing life skills that contribute to maintaining housing such as budgeting and being a good neighbor. The project will be staffed 24/7 with Residential Support Specialists (RSS’s) to provide support, security, and crisis intervention, to help ensure continued housing stability. Some health services will also be offered on-site.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

On-site Housing Case Managers (CM’s) will work with each resident to assess needs and develop an individually tailored service plan that identifies needs and measureable goals towards long term housing retention, improved access to mainstream benefits, increased income from employment, and improved physical and behavioral health care outcomes. Needs are assessed and identified across multiple life domains, all supporting housing stability, such as transportation, medical/dental care, substance use treatment services,
mainstream benefits (ex. SSI/SSDI, Medicare, Medicaid, Food Stamps), employment, and other community resources. CM's assist residents access and retain mainstream benefits, supportive services, and other community resources. CM's assist residents to identify and develop strengths, identify additional education or training needs, and problem solve around challenges encountered during application, interview, and training processes for education/employment/services.

The majority of residents will have have severe and persistent mental illness, many with co-occurring substance use disorders. Compass Health is experienced with SOAR, will provide SOAR training to its Housing Case Managers, and will utilize the SOAR system to expedite access to SSI/SSDI benefits. Compass Health partners with Bridgeways, a local nonprofit, and with WorkSource and DVR to provide supported employment opportunities for its clients. Compass Health also plans to partner with Hopeworks, a local nonprofit, that provides job training for people exiting homelessness and is located ½ block from the project site. The Housing Case Managers will help residents access GED programs through Edmonds Community College, where they can receive individualized planning and preparation support. The project is located within ½ block of a transit stop with frequent service; a kiosk with bus routes, schedules, bike routes, and walking trails will help inform tenants of transportation options; Housing Case Managers will assist tenants in accessing reduced fare bus passes and Access Vans for people with disabilities. When necessary, Housing Case Managers will transport and accompany tenants to important appointments. A daily meal for residents is anticipated to be provided on-site and Housing Case Managers will assist with connection to food banks and other local meal programs. Compass Health will provide behavioral health and recovery support on-site and will also host an RN or ARNP to provide basic health screening and physical health care on-site. Additional Medicaid-supported outpatient behavioral health care will be provided by Compass’s intensive outpatient and PACT programs located at a center across the alley from the site. The Housing Case Managers will partner with behavioral health and other providers with whom the resident is enrolled to support continued stability.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>
5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
   Yes

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

6. Will project participants have access to SSI/SSDI technical assistance provided by 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: | 41 |
| Total Beds:  | 41 |
| Total Dedicated CH Beds: | 41 |

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>41</td>
<td>41</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 41
   b. Beds: 41

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   41
   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: 3301 Lombard Avenue
   Street 2: 
   City: Everett
   State: Washington
   ZIP Code: 98201

*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)
   530480 Everett
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>41</td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td>41</td>
</tr>
<tr>
<td>Households with Only Children</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
</tr>
</tbody>
</table>

### Persons in Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adults over age 24</th>
<th>Persons ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td></td>
<td>41</td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Households with Only Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developm ental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Children under age 18</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developm ental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>41</td>
<td>20</td>
<td>41</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>41</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>41</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>41</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>41</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substanc e Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developm ental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation + CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:
   - Acquisition/Rehabilitation/New Construction
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operating
   - HMIS

6. If awarded, will this project require an initial grant term greater than 12 months? No
6E. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>41</td>
<td>$670,596</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $670,596
Total Units: 41
## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

### Type of Rental Assistance: SRA

#### Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>41</td>
<td>$1,363</td>
<td>x 12</td>
<td>= $670,596</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,529</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

New Project Application FY2019  Page 41  09/23/2019
<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>x</th>
<th>$1,878</th>
<th>x</th>
<th>12</th>
<th>=</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>x</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Units and Annual Assistance Requested</th>
<th>41</th>
<th>$670,596</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$670,596</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6l. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$184,500</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$184,500</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Compass Health</td>
<td>08/30/2019</td>
<td>$184,500</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Compass Health
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/30/2019
6. Value of Written Commitment: $184,500
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$670,596</td>
<td>1 Year</td>
<td>$670,596</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$670,596</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$65,426</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$736,022</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$184,500</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$184,500</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$920,522</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Compass Health No...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Compass Health Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
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, transforee, 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:** Mary Jane Brell Vujovic

**Date:** 09/23/2019

**Title:** Director, Human Services Department

**Applicant Organization:** Snohomish, County of

**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
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.

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td></td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td></td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td></td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td></td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td></td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td></td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td></td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
<tr>
<td>2B. Experience</td>
<td></td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td></td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Expansion</td>
<td></td>
</tr>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6l. Match</td>
<td></td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td></td>
</tr>
<tr>
<td>7D. Certification</td>
<td></td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

By our determination dated June, 1984, you were held to be exempt from Federal Income Tax under the provisions of section 501(c)(3) of the Internal Revenue Code.

You recently furnished us information that the Community Mental Health Services organization merged with Compass Health on December 5, 2002. Based on the information submitted, we have determined that the merger does not affect your exempt status. The organization will continue using Employer Identification Number 91-1180810.

Please let us know about any further changes in the character, purposes, method of operation, name or address of your organization.

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

Sincerely,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0278

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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Domestic Violence Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: 

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension:

   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $165,367.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: Domestic Violence Rapid Rehousing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/27/2019

<table>
<thead>
<tr>
<th>reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>or Employee ID No.</th>
<th>Participation in Project/Activity ($)</th>
<th>in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00 0%</td>
</tr>
</tbody>
</table>
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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 any accompanying documentation is true and accurate.  

Applicant: Snohomish County 079247979

Project: Domestic Violence Rapid Rehousing 179337
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the standalone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No  
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.  
   The most recently expired grant term ended June 30, 2018; the APR is not due until September 28, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? No
   "If "No" click on "Next" or "Save & Next" below to move to the next screen.
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
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: $165,367

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services of Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$165,367</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Services of Snohomish County

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

c. Employer or Tax Identification Number: 91-0982722

d. Organizational DUNS: 624877945

e. Physical Address
   Street 1: P.O. Box 7
   City: Everett
   State: Washington
   Zip Code: 98206

f. Congressional District(s): WA-001, WA-002
   (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: $165,367

j. Contact Person
   Prefix: Ms.
   First Name: Vicci
   Middle Name: 
   Last Name: Hilty
Suffix:
Title: Executive Director
E-mail Address: vicci@dvs-snoco.org
Confirm E-mail Address: vicci@dvs-snoco.org
Phone Number: 425-259-2827
   Extension:
Fax Number: 425-258-5976

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0278
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

   2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
   2b. CoC Collaborative Applicant Name: Snohomish, County of

   3. Project Name: Domestic Violence Rapid Rehousing

   4. Project Status: Standard

   5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

   6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This project provides short- to medium-term tenant-based rental assistance to a minimum of 6 units at any given point in time. Assistance is provided to victims of domestic violence and their children at scattered-site units throughout Snohomish County.

DVS’ services are designed to address victims’ unique needs for safety and confidentiality and to assist in enhancing self-sufficiency and obtaining and maintaining permanent housing. Barriers often include: a significant decrease in household income, loss of housing and/or employment, lost access to social support networks, having to find new schooling or childcare arrangements, and for non-English speakers, a language barrier in navigating the legal system and accessing other community resources. Victims must navigate the legal system to ensure their longer-term safety through a Protection Order or other legal means.

Participants have an opportunity to develop a housing stability plan and safety plan. The housing stability plan uses a Self-Sufficiency Matrix to delineate specific steps to achieving self-sufficiency. Safety planning, which addresses the participant’s specific circumstances in relation to the abusive relationship she has experienced, is a first priority activity that includes: being prepared with essential documents and a place to go if the abuser finds her; taking measures to stay safe on-line with email and social media; safeguarding financial information and resources; addressing whether the abuser could have access to the participant’s place of employment or children’s school; and enrollment in the Address Confidentiality Program (ACP) if needed to ensure the participant’s safety.

Participants meet with a DVS case manager at a minimum of once per month to review the housing stability plan and to monitor progress. In order to achieve self-sufficiency, participants have access to support services provided by DVS and its community partners that provide employment readiness training, public benefits, childcare vouchers and subsidies, and legal assistance. DVS’ services include legal advocacy, community-based support groups, and children’s advocacy to ensure that the children are enrolled in school and receive educational services.

With 6 units assisted at any given point in time, DVS estimates that it will serve 24 households throughout the operating period. The projected outcomes for this
project are to decrease the average number of days for participants to obtain permanent housing, increase the percentage of participants who exit to permanent housing, and increase the percentage of adults who increase their total income during the operating period.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | |
|-----------------------------------| X |

| Active or history of substance use | |
|------------------------------------| X |

| Having a criminal record with exceptions for state-mandated restrictions | |
|--------------------------------------------------------------------------| X |

| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | |
|----------------------------------------------------------------------------------| X |

| None of the above | |
|-------------------| |

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | |
|-----------------------------------------------| X |

| Failure to make progress on a service plan | ☒ |
| Loss of income or failure to improve income | ☒ |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | ☒ |
| None of the above | 

3d. Does the project follow a "Housing First" approach? Yes
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

| Yes |

Applicant: Snohomish County 079247979
Project: Domestic Violence Rapid Rehousing 179337
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (a)</td>
<td>---</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 6
   b. Beds: 17

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:** P.O. Box 7
- **Street 2:**
- **City:** Everett
- **State:** Washington
- **ZIP Code:** 98206

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>11</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance X
   - Supportive Services X
   - HMIS
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>6</td>
<td>$131,028</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $131,028
Total Units: 6
Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>1</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>$18,348</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td>$112,680</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td></td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested 6

Grant Term 1 Year

Total Request for Grant Term $131,028

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$41,342</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$41,342</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Domestic Violence...</td>
<td>08/20/2019</td>
<td>$8,544</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Domestic Violence...</td>
<td>08/20/2019</td>
<td>$8,831</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Washington State</td>
<td>08/20/2019</td>
<td>$4,264</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Washington State</td>
<td>08/20/2019</td>
<td>$3,227</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County</td>
<td>08/20/2019</td>
<td>$12,476</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County</td>
<td>08/20/2019</td>
<td>$4,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Domestic Violence Services of Snohomish County - United Way of Snohomish County
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $8,544

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Domestic Violence Services of Snohomish County - fundraising
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $8,831

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Washington State Domestic Violence Legal Advocacy grant
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Washington State DSHS Domestic Violence Services grant
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $3,227

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County Human Services Department - Ending Homelessness Program
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $12,476
1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County Filing Fees
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $4,000
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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$131,028</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$27,055</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$158,083</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$7,284</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$165,367</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$41,342</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$41,342</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$206,709</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>DVS Nonprofit Doc...</td>
<td>10/01/2014</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: DVS Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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: Mary Jane Brell Vujovic
Date: 08/29/2019
Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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, ficticious, or fraudulent 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.
# Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   - No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Updates to the subrecipients grant amount being made.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979  
Project: Domestic Violence Rapid Rehousing 179337
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/27/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/27/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/27/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
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<tr>
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<tr>
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<td>08/27/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/27/2019</td>
</tr>
</tbody>
</table>
DOMESTIC VIOLENCE SERVICES OF SNOHOMISH COUNTY
PO BOX 7
EVERETT WA 98206-0007071

Employer Identification Number: 91-0982722
Person to Contact: MR. PILLIS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Oct. 24, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in OCTOBER 1976, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 09/18/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0427
      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: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368
   c. Organizational DUNS: 079247979

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201

   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:
      Last Name: Anderson
      Suffix:
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:

Fax Number: (425) 388-3504

Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project:
   Domestic Violence Rapid Rehousing Non-CoC Expansion

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
      f. Program Income:
         g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension: 
Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $287,601.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Domestic Violence Rapid Rehousing Non-CoC Expansion 3000 Rockefeller Avenue, M/S 305
Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/18/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/27/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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. X

Renewal Project Application FY2019 Page 12 09/18/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/18/2019
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

Applicant: Snohomish County
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/18/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X

Applicant: Snohomish County
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion

079247979
179340

 Renewal Project Application FY2019 Page 16 09/18/2019
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236 (Format: 123-456-7890)
Fax Number:  (425) 259-1444 (Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  09/18/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $287,601

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services of Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$287,601</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Services of Snohomish County

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

c. Employer or Tax Identification Number: 91-0982722

d. Organizational DUNS: 624877945

e. Physical Address
   Street 1: P.O. Box 7
   Street 2: 
   City: Everett
   State: Washington
   Zip Code: 98206

f. Congressional District(s): WA-001, WA-002
   (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: $287,601

j. Contact Person
   Prefix: Ms.
   First Name: Vicci
   Middle Name: 
   Last Name: Hilty
Suffix:
Title: Executive Director
E-mail Address: vicci@dvs-snoco.org
Confirm E-mail Address: vicci@dvs-snoco.org
Phone Number: 425-259-2827
Extension:
Fax Number: 425-258-5976
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0427
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Domestic Violence Rapid Rehousing Non-CoC Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

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

This project expands DVS’s current non-CoC Rapid Rehousing project which was initiated in 2015 with state/local funding. This expansion increased the rapid re-housing capacity for survivors of domestic violence, helping to meet more of the need in our community. The funds are dedicated specifically to serving survivors of domestic violence as defined in paragraph 24 CFR 578.3. DVS has been providing a continuum of services to victims of domestic violence for over 40 year, including shelter, housing, legal advocacy, support groups, children’s programs, and community education and prevention. The project provides an intervention designed to help survivors of domestic violence and their children, who are homeless, fleeing or attempting to flee dangerous and often life-threatening conditions and have no other residence or support networks, to exit homelessness and return to safety and permanent housing as quickly as possible. Participants receive safety planning combined with housing location and stabilization case management services from DVS. Assistance is provided using the Housing First approach, and service delivery incorporates Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care techniques. Safety planning is incorporated throughout service delivery and DVS staff are trained and experienced in providing supportive services to victims of domestic violence and their children and in assisting participants in overcoming the unique needs victims of domestic violence often face in obtaining housing. An initial assessment of strengths, needs, and barriers is completed at entry and clients are assisted in creating a safety plan and addressing immediate safety needs. Clients are also assisted in creating a housing search plan and provide support in finding a housing unit that meets their needs. Once housed, participants are evaluated for housing stability and assisted in creating a Housing Stability Plan with the goal of retaining housing once the assistance ends. Assistance is offered in accessing mainstream benefits, employment, and educational resources with the goal of increasing income, and in accessing other support services such as legal advocacy, childcare, mental health and chemical dependency treatment services. Projected project outcomes to reduce average Days to Move-In to 20 days, increase adults increasing total income to at least 16%, and at least 80% exiting to permanent housing.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
</table>

Renewal Project Application FY2019 Page 26 09/18/2019
### Other:

#### 3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  
**Yes**
4A. Supportive Services for Participants

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

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. 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: 10
Total Beds: 24

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 10
   b. Beds: 24

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: P.O. Box 7
   Street 2:
      City: Everett
      State: Washington
      ZIP Code: 98206

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

   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>9</td>
<td>1</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>9</td>
<td>1</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>23</td>
<td>1</td>
<td>0</td>
<td>24</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project 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 | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------|-------------------------------|---------------------------|-------------------------------|------------------------|----------------------|----------------------|---------------------------|----------------------|-------------------------|---------------------------------
| Adults over age 24 |                               |                           |                               |                        |                      |                      |                           |                      |                         | 9                                |
| Persons ages 18-24 |                               |                           |                               |                        |                      |                      |                           |                      |                         |                                  |
| Children under age 18 | 0                              | 0                         | 0                             | 0                      | 0                    | 0                    | 23                        | 0                    | 0                       | 14                               |
| **Total Persons**  | **0**                         | **0**                     | **0**                         | **0**                  | **0**                | **0**                | **23**                    | **0**                | **0**                   | **0**                           |

Click Save to automatically calculate totals

#### Persons in Households without Children

| Characteristics | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------|-------------------------------|---------------------------|-------------------------------|------------------------|----------------------|----------------------|---------------------------|----------------------|-------------------------|---------------------------------
| Adults over age 24 |                               |                           |                               |                        |                      |                      |                           |                      |                         | 1                                |
| Persons ages 18-24 |                               |                           |                               |                        |                      |                      |                           |                      |                         |                                  |
| **Total Persons**  | **0**                         | **0**                     | **0**                         | **0**                  | **0**                | **0**                | **1**                     | **0**                | **0**                   | **0**                           |

Click Save to automatically calculate totals

#### Persons in Households with Only Children

| Characteristics | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------|-------------------------------|---------------------------|-------------------------------|------------------------|----------------------|----------------------|---------------------------|----------------------|-------------------------|---------------------------------
| Accompanied Children under age 18 |                               |                           |                               |                        |                      |                      |                           |                      |                         |                                  |

Accompanied Children under age 18

**Applicant:** Snohomish County 079247979  
**Project:** Domestic Violence Rapid Rehousing Non-CoC Expansion 179340
<table>
<thead>
<tr>
<th>Unaccompanied Children under age 18</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Persons</td>
<td>0</td>
</tr>
</tbody>
</table>

 Applicant: Snohomish County  
 Project: Domestic Violence Rapid Rehousing Non-CoC Expansion
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Does this project propose to allocate funds according to an indirect cost rate?  No

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance  X
   - Supportive Services  X
   - HMIS
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$212,796</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $212,796
Total Units: 10
### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>x $1,529</td>
<td>x</td>
<td>12</td>
<td>= $55,044</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>7</td>
<td>x $1,878</td>
<td>x</td>
<td>12</td>
<td>= $157,752</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>x</td>
<td>12</td>
<td>=</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>10</td>
<td></td>
<td></td>
<td>$212,796</td>
<td></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td>$212,796</td>
<td></td>
</tr>
</tbody>
</table>

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $71,901 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $71,901 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/20/2019</td>
<td>$15,541</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/20/2019</td>
<td>$8,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>WA State DSHS Dom...</td>
<td>08/20/2019</td>
<td>$9,672</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>WA State Domestic...</td>
<td>08/20/2019</td>
<td>$5,783</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>United Way of Sno...</td>
<td>08/20/2019</td>
<td>$14,200</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>DVS Fundraising /...</td>
<td>08/20/2019</td>
<td>$18,705</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Snohomish County Human Services Department - Ending Homelessness Program

5. Date of Written Commitment: 08/20/2019

6. Value of Written Commitment: $15,541

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Snohomish County Filing Fees

5. Date of Written Commitment: 08/20/2019

6. Value of Written Commitment: $8,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: WA State DSHS Domestic Violence Services Grant

Applicant: Snohomish County
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion

Renewal Project Application FY2019               Page 38               09/18/2019
office or grant program as applicable)

5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $9,672

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: WA State Domestic Violence Legal Advocacy Grant
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $5,783

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: United Way of Snohomish County
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $14,200

Sources of Match Detail
1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: DVS Fundraising / Grants
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/20/2019

6. Value of Written Commitment: $18,705
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$212,796</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$52,805</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$265,601</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$22,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$287,601</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$71,901</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$71,901</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$359,502</td>
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</table>
### 7A. Attachment(s)

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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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       Mary Jane Brell Vujovic
  Date: 09/18/2019
  Title: Director, Human Services Department
Applicant Organization: Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
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</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
</tr>
</tbody>
</table>

Part 7 - Attachment(s) & Certification | |

Applicant: Snohomish County  
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Changes to the amount of funds requested are being made.
3B. Changes made to the Project Description.
4A. Changes made to Supportive Services question #1 to be consistent with the C1.9a technical submission on 4/9/19.
6A. Added response by checking appropriate boxes.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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<td>1C. SF-424 Application Details</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
</tr>
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</table>

Applicant: Snohomish County
Project: Domestic Violence Rapid Rehousing Non-CoC Expansion

079247979
179340
<p>| | |</p>
<table>
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<tr>
<td><strong>1E. SF-424 Compliance</strong></td>
<td>08/26/2019</td>
</tr>
<tr>
<td><strong>1F. SF-424 Declaration</strong></td>
<td>08/27/2019</td>
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<tr>
<td><strong>1G. HUD-2880</strong></td>
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<tr>
<td><strong>1H. HUD-50070</strong></td>
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</tr>
<tr>
<td><strong>1I. Cert. Lobbying</strong></td>
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</tr>
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<td><strong>1J. SF-LLL</strong></td>
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<tr>
<td><strong>Recipient Performance</strong></td>
<td>08/28/2019</td>
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<tr>
<td><strong>Renewal Expansion</strong></td>
<td>08/27/2019</td>
</tr>
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<td><strong>Renewal Grant Consolidation</strong></td>
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</tr>
<tr>
<td><strong>2A. Subrecipients</strong></td>
<td>08/27/2019</td>
</tr>
<tr>
<td><strong>3A. Project Detail</strong></td>
<td>08/27/2019</td>
</tr>
<tr>
<td><strong>3B. Description</strong></td>
<td>08/27/2019</td>
</tr>
<tr>
<td><strong>4A. Services</strong></td>
<td>09/18/2019</td>
</tr>
<tr>
<td><strong>4B. Housing Type</strong></td>
<td>08/26/2019</td>
</tr>
<tr>
<td><strong>5A. Households</strong></td>
<td>08/26/2019</td>
</tr>
<tr>
<td><strong>5B. Subpopulations</strong></td>
<td>No Input Required</td>
</tr>
<tr>
<td><strong>6A. Funding Request</strong></td>
<td>08/27/2019</td>
</tr>
<tr>
<td><strong>6C. Rental Assistance</strong></td>
<td>08/26/2019</td>
</tr>
<tr>
<td><strong>6D. Match</strong></td>
<td>08/28/2019</td>
</tr>
<tr>
<td><strong>6E. Summary Budget</strong></td>
<td>No Input Required</td>
</tr>
<tr>
<td><strong>7A. Attachment(s)</strong></td>
<td>08/29/2019</td>
</tr>
<tr>
<td><strong>7B. Certification</strong></td>
<td>08/28/2019</td>
</tr>
<tr>
<td><strong>Submission Without Changes</strong></td>
<td>09/18/2019</td>
</tr>
</tbody>
</table>
DOMESTIC VIOLENCE SERVICES OF
SNOHOMISH COUNTY
PO BOX 7
EVERETT WA 98206-0007071

Employer Identification Number: 91-0982722
Person to Contact: MR. PILLIS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Oct. 24, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in OCTOBER 1976, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SAMS) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- 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 2019 CoC Program Competition NOFA.)
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

   If "Other", specify:

3. Date Received: 08/30/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4:

d. Address
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

e. Organizational Unit (optional)
Department Name: Human Services Department
Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Jackie
Middle Name:
Last Name: Anderson
Suffix:
Title: Division Manager, Housing and Community Services
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-3237
Extension:

Fax Number: (425) 388-3504

Email: jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (state(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: DV Joint Transitional Housing – Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension: 
Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $257,955.00
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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
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</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

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

New Project Application FY2019  Page 12  08/30/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/30/2019
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: $257,955

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$257,955</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Domestic Violence Services

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

If "Other" specify:

c. Employer or Tax Identification Number: 91-0982722

d. Organizational DUNS: 624877945

<table>
<thead>
<tr>
<th>* d. Organizational DUNS:</th>
<th>624877945</th>
<th>PLUS 4:</th>
</tr>
</thead>
</table>

e. Physical Address

Street 1: P.O. Box 7
Street 2:
City: Everett
State: Washington
Zip Code: 98206

f. Congressional District(s): WA-001, WA-002
(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: $257,955

j. Contact Person

Prefix: Ms.
First Name: Vicci
Middle Name:
Last Name: Hilty
Suffix:
Title: Executive Director
E-mail Address: vicci@dvs-snoco.org
Confirm E-mail Address: vicci@dvs-snoco.org
Phone Number: 425-259-2827
Extension:
Fax Number: 425-258-5976
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Snohomish County has been the recipient of multiple federal funding sources for several years. The County is currently the recipient of 23 CoC grants and has been designated as a Unified Funding Agency since FY2018. The County has a history of successful implementation of various program types.

DVS, the subrecipient, has been providing safe confidential housing, with a continuum of supportive services, to victims of domestic violence, and their children for over 40 years. Beginning as a small group of women providing services out of their homes, DVS has grown to a multiprogram organization with a staff of 26 plus relief staff and volunteers. Current DVS services include a 24-hour crisis hotline, emergency shelter, transitional housing, rapid rehousing, children's services, support groups, legal advocacy, community advocacy, outreach, education, and professional training.

DVS has been utilizing federal funds for over 25 years, including current CoC funds supporting the agency's rapid rehousing program for victims of domestic violence. Other federal funds the agency receives include Family Violence Prevention Services Act funds; Victims of Crime Act funds; Violence Against Women Act funds; HUD-CoC (formerly SHP) funds; CDBG Public Services funds (from Snohomish County, the City of Everett and the City of Marysville); ESG funds; and STOP Grant funds. DVS has a consistent record of spending out federal grant funds close to or up to the grant award amount and has consistently met requirements for reporting match and other resources. The agency also has consistently demonstrated a high rate of outcome achievement in the programs funded. DVS is monitored regularly for its utilization and management of the federal funds listed above, and there are no current unresolved monitoring or audit findings.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Snohomish County has several years of experience managing federal, state, and local funds. As the Unified Funding Agency for the CoC, the County is well positioned to leverage other resources for both this project and other CoC and ESG projects.

DVS has a strong network of funding at the federal, state, county, and city level as well as in private sector funds. Securing needed funds, and keeping up with the growing population in Snohomish County, requires the ability to leverage relationships and support. DVS has a long history of successfully securing necessary match funding for both CoC and ESG projects, and does so through
keeping a number of potential match avenues open and available during a funding period.

DVS also leverages funds from other agencies in Snohomish County through collaborations and partnerships that provide a range of services to the agency’s clients. Examples of this leverage include utilization of HUD Vouch for Children childcare vouchers through a partner agency in the community (Housing Hope); DVS program participants accessing employment readiness training from a partner agency (Housing Hope); chemical dependency services from a partner agency (Catholic Community Services); mental health services from a partner agency (Compass Health); and low-cost or pro bono legal services from a partner agency (Snohomish County Legal Services).

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Grants & Program Specialists, from OCHS within Snohomish County Human Services Department, manage subrecipient grants, including conducting annual monitoring for compliance, and provide overall project and CoC Program management and oversight. Regular OCHS staff meetings and Supervisor project and Program review ensure work is completed and consistent with CoC requirements and HUD grant agreements.

The Department maintains effective financial internal control via segregation of duties and multiple levels of review. There are separate revenue accounts in the County’s financial system (Cayenta) for each federal revenue source. The Grant Accountant reviews subrecipient invoices and works with the Grants & Program Specialists to resolve issues. The Financial Compliance Officer completes subrecipient financial monitoring and eLOCCS draws, after final review of monthly program close-out by the Administrative Services Division Manager.

DVS is an independent non-profit 501(c)3 corporation. A volunteer Board of Directors determines agency policy, long term planning, fundraising, and has ultimate fiduciary responsibility for DVS. The Board hires and supervises the agency’s Executive Director (ED), who is responsible for ensuring implementation of DVS’ mission and goals. The ED supervises the Housing Director, Legal Advocacy Director, Development Director, Finance Director, and Grants/Contracts Director. The ED is accountable for assuring that all of DVS’ policies/procedures are followed and that funders’ service delivery contract requirements are met. The ED represents DVS with funding sources and community partners in matters of service delivery, program development, and collaboration. The ED oversees the two Program Directors (Housing Director (HD) and Legal Advocacy Director) who are responsible for the delivery of direct services. The HD is responsible for management and oversight of this project. The HD supervises the Supportive Housing Supervisor who is responsible for day to day operation of the program, including participant eligibility reviews and intakes, liaison with landlords, and supervising supportive services provided by DVS Supportive Housing case management staff.

DVS’s Finance Director (FD), using MIP Accounting software, maintains DVS fiscal records. Income is tracked in the general ledger by funding source. Expenditures are tracked both by agency program and by funding source. The FD, under the direction of the ED, is responsible for compliance with GAAP and FASB, oversees Accounts Payable and Accounts Receivable, prepares payroll and disbursements, maintains the organization files and vital documents,
administers Human Resources, and supervises the Office Manager. The FD prepares monthly financial reports that are reviewed by the ED, Board Finance Committee, and full Board of Directors.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?  

No
3A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

1b. CoC Collaborative Applicant Name: Snohomish, County of

2. Project Name: DV Joint Transitional Housing – Rapid Rehousing

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds? X

8. Does this project include Replacement Reserves? No
1. Provide a description that addresses the entire scope of the proposed project.

This project will provide both transitional housing (TH) and rapid rehousing (RRH) units to victims of domestic violence and their children. DVS will provide the TH component through leased units, with the goal is to transition program participants from TH into RRH within 90 days. The RRH component will provide housing search and short- and medium-term rental assistance to move victims of domestic violence and their children as rapidly as possible into permanent housing.

DVS’ services are designed to address victims’ unique needs for safety and confidentiality and to assist in enhancing self-sufficiency and obtaining and maintaining permanent housing. Barriers often include: a significant decrease in household income, loss of housing and/or employment, lost access to social support networks, having to find new schooling or childcare arrangements, and for non-English speakers, a language barrier in navigating the legal system and accessing other community resources. Victims must navigate the legal system to ensure their longer-term safety through a Protection Order or other legal means.

Participants have an opportunity to develop a housing stability plan and safety plan. The housing stability plan uses a Self-Sufficiency Matrix to delineate specific steps to achieving self-sufficiency. Safety planning, which addresses the participant’s specific circumstances in relation to the abusive relationship she has experienced, is a first priority activity that includes: being prepared with essential documents and a place to go if the abuser finds her; taking measures to stay safe on-line with email and social media; safeguarding financial information and resources; addressing whether the abuser could have access to the participant’s place of employment or children’s school; and enrollment in the Address Confidentiality Program (ACP) if needed to ensure the participant’s safety.

Participants meet with a DVS case manager at a minimum of once per month to review the housing stability plan and to monitor progress. In order to achieve self-sufficiency, participants have access to support services provided by DVS and its community partners that provide employment readiness training, public benefits, childcare vouchers and subsidies, and legal assistance. DVS’ services include legal advocacy, community-based support groups, and children’s advocacy to ensure that the children are enrolled in school and receive educational services.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, complete only column A. If multiple
structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>New project staff hired, or other project expenses begin?</td>
<td></td>
<td>30</td>
<td></td>
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<tr>
<td>Participant enrollment in project begins?</td>
<td></td>
<td>30</td>
<td></td>
<td></td>
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<tr>
<td>Participants begin to occupy leased units or structure(s), and supportive services begin?</td>
<td></td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity?</td>
<td></td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease?</td>
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<tr>
<td>Rehabilitation started?</td>
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<tr>
<td>Rehabilitation completed?</td>
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<tr>
<td>New construction started?</td>
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<td></td>
</tr>
<tr>
<td>New construction completed?</td>
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</tr>
</tbody>
</table>

3. Will your project participate in a CoC Coordinated Entry Process?  Yes

* 4. Please identify the project’s specific population focus.
   (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
<th></th>
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<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th></th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

5. Housing First
   a. Will the project quickly move participants into permanent housing  Yes
b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No
3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?  No
4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

This joint project will provide immediate access to short term housing (TH) with a connection to long term housing (RRH) on the back end. DVS will provide 2 TH units and 8 RRH units to move victims of domestic violence and their children as rapidly as possible into permanent housing.

Case managers will work with program participants in both TH and RRH units to provide individualized services including initial and ongoing assessment, develop a housing stability plan, and coordinate referrals to supportive services. A housing stability plan will include an individualized Self-Sufficiency matrix which helps identify steps towards self-sufficiency specific to each participant’s circumstances and will specify a percentage decrease in the rental assistance subsidy as each step is accomplished. Each participant’s housing stability plan will be reviewed and approved by the Supportive Housing Supervisor and/or the Housing Director.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The initial focus when victims of domestic violence and their children come to DVS fleeing imminent danger is to provide safety and security at the most basic level. Once these initial transitions happen, the focus shifts to long-term stability which requires improved income and educational attainment. Partnerships with agencies like Worksource help participants gain employment, and supportive services like child care and rental assistance position clients to attend and
complete schooling for life betterment. Other partnerships with CCS and Compass Health provide program participants with connections to chemical dependency and mental health services.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

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

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

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

List all CoC-funded and Non CoC-funded units and beds for this project

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>TH</th>
<th>RRH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>

Total Units:

8

Total Beds:

23

Applicant: Snohomish County

Project: DV Joint Transitional Housing – Rapid Rehousing
4B. Housing Type and Location Detail

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

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
   1a. Does this TH portion of the project have private rooms per household? Yes
   1b. Is this a private or semi private room? Yes

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

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

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 2
   b. Beds: 5

5. 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: P.O. Box 7
   Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98206
6. 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)

539061 Snohomish County, 530480 Everett

4B. Housing Type and Location Detail

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

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

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

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

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

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 6
   b. Beds: 18

5. 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: P.O. Box 7
Street 2:

City: Everett
State: Washington
ZIP Code: 98206

6. 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)

539061 Snohomish County, 530480 Everett
## 5A. Project Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adults over age 24</th>
<th>Persons ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>7</td>
<td></td>
<td>15</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Households with Only Children</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: DV Joint Transitional Housing – Rapid Rehousing 179402
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operating X
   - HMIS

6. If awarded, will this project require an initial grant term greater than 12 months? No
6C. Leased Units

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

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Assistance Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA - Seattle-Bell...</td>
<td>2</td>
<td>$40,884</td>
<td>$40,884</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $40,884
Grant Term: 1 Year
Total Request for Grant Term: $40,884
Total Units: 2

Applicant: Snohomish County
Project: DV Joint Transitional Housing – Rapid Rehousing
Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

Leased Units Annual Budget
<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th>Number of units (Applicant)</th>
<th>FMR (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 months</th>
<th>Total request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>1 x</td>
<td>$1,529</td>
<td>$1,529 x</td>
<td>12 $18,348</td>
<td>$18,348</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>1 x</td>
<td>$1,878</td>
<td>$1,878 x</td>
<td>12 $22,536</td>
<td>$22,536</td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>x</td>
<td>$2,719</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>x</td>
<td>$3,219</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedroom</td>
<td>x</td>
<td>$3,702</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedroom</td>
<td>x</td>
<td>$4,185</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedroom</td>
<td>x</td>
<td>$4,668</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedroom</td>
<td>x</td>
<td>$5,150</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedroom</td>
<td>x</td>
<td>$5,633</td>
<td>x</td>
<td>12 $0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Total units and annual assistance requested: 2

Total request for grant term: $40,884

Grant term: 1 Year

Click the 'Save' button to automatically calculate totals.
6E. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>6</td>
<td>$135,216</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $135,216
Total Units: 6
Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance:** TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Project Application FY2019</td>
<td>Page 43</td>
<td>08/30/2019</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Click the 'Save' button to automatically calculate totals.
### 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE RRH Case Manager + .1 FTE Housing Director</td>
<td>$52,855</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>For move-in clients as needed</td>
<td>$2,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$54,855</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$54,855</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>For 2 TH Units - cleaning for each new move in and damage repair costs</td>
<td>$5,000</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$5,000</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$5,000</td>
</tr>
</tbody>
</table>

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$54,268</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$54,268</td>
</tr>
</tbody>
</table>

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Washington State</td>
<td>08/26/2019</td>
<td>$5,783</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Washington State</td>
<td>08/26/2019</td>
<td>$9,672</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness</td>
<td>08/26/2019</td>
<td>$9,941</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County</td>
<td>08/26/2019</td>
<td>$6,967</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>United Way of Sno...</td>
<td>08/29/2019</td>
<td>$13,200</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>General fundraising</td>
<td>08/29/2019</td>
<td>$8,705</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Washington State Domestic Violence Legal Advocacy grant
5. Date of Written Commitment: 08/26/2019
6. Value of Written Commitment: $5,783

Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Washington State DSHS Emergency Domestic Violence Shelter grant
5. Date of Written Commitment: 08/26/2019
6. Value of Written Commitment: $9,672

Sources of Match Detail

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Ending Homelessness Program grant
office or grant program as applicable)

5. Date of Written Commitment: 08/26/2019
6. Value of Written Commitment: $9,941

Sources of Match Detail

1. Will this commitment be used towards match? Yes
   2. Type of commitment: Cash
   3. Type of source: Government
   4. Name the source of the commitment: Snohomish County Filing Fees
      (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/26/2019
   6. Value of Written Commitment: $6,967

Sources of Match Detail

1. Will this commitment be used towards match? Yes
   2. Type of commitment: Cash
   3. Type of source: Private
   4. Name the source of the commitment: United Way of Snohomish County grants and donations
      (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/29/2019
   6. Value of Written Commitment: $13,200

Sources of Match Detail
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will this commitment be used towards match?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Type of commitment:</td>
<td>Cash</td>
</tr>
<tr>
<td>3. Type of source:</td>
<td>Private</td>
</tr>
<tr>
<td>4. Name the source of the commitment: (Be as specific as possible and</td>
<td>General</td>
</tr>
<tr>
<td>include the office or grant program as applicable)</td>
<td>fundraising</td>
</tr>
<tr>
<td>5. Date of Written Commitment:</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6. Value of Written Commitment:</td>
<td>$8,705</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term ( Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$40,884</td>
<td>1 Year</td>
<td>$40,884</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$135,216</td>
<td>1 Year</td>
<td>$135,216</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$54,855</td>
<td>1 Year</td>
<td>$54,855</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$5,000</td>
<td>1 Year</td>
<td>$5,000</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$235,955</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$22,000</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$257,955</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$54,268</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$54,268</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$312,223</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>DVS Nonprofit Doc...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  DVS Nonprofit Documentation

Attachment Details

Document Description:

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:** Mary Jane Brell Vujovic  
**Date:** 08/30/2019  
**Title:** Director, Human Services Department  
**Applicant Organization:** Snohomish, County of

<table>
<thead>
<tr>
<th>PHA Number (For PHA Applicants Only):</th>
<th>X</th>
</tr>
</thead>
</table>

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
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.

X
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td></td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td></td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/26/19</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/26/19</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/26/19</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/26/19</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/26/19</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/26/19</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/26/19</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/26/19</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/30/19</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/30/19</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/29/19</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/26/19</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/30/19</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/29/19</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/29/19</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/26/19</td>
</tr>
<tr>
<td>6C. Leased Units</td>
<td>08/29/19</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>08/29/19</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>08/29/19</td>
</tr>
<tr>
<td>6G. Operating</td>
<td>08/30/19</td>
</tr>
<tr>
<td>6I. Match</td>
<td>08/30/19</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td></td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/30/19</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/30/19</td>
</tr>
</tbody>
</table>
DOMESTIC VIOLENCE SERVICES OF SNOHOMISH COUNTY
PO BOX 7
EVERETT WA 98206-0007071

Employer Identification Number: 91-0982722
Person to Contact: MR. PILLIS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Oct. 24, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in OCTOBER 1976, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 09/11/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0173
   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 X
6. Date Received by State:
7. State Application Identifier:
8. Applicant

a. Legal Name: Snohomish, County of
b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

| c. Organizational DUNS: | 079247979 | PLUS 4 |

d. Address
Street 1: 3000 Rockefeller Avenue, M/S 305
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

e. Organizational Unit (optional)
Department Name: Human Services Department
Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Jackie
Middle Name:
Last Name: Anderson
Suffix:
Title: Division Manager, Housing and Community Services
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Beachwood North

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
19. Is the Application Subject to Review By State Executive Order 12372 Process?

   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

20. Is the Applicant delinquent on any Federal debt?

   No

   If "YES," provide an explanation:
1F. SF-424 Declaration

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

I AGREE: 

21. Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/11/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension: 

   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $33,249.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Beachwood North 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested/Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>09/11/2019</td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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: [X]

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/27/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of 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. |
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

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. X

Applicant: Snohomish County 079247979
Project: Beachwood North 179640

Renewal Project Application FY2019 09/11/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/11/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 09/11/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 09/11/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $33,249

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Hope</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$33,249</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Housing Hope

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

c. Employer or Tax Identification Number: 94-3060709

d. Organizational DUNS: 603631730 PLUS 4

e. Physical Address
   Street 1: 5830 Evergreen Way
   Street 2: Everett
   City: Everett
   State: Washington
   Zip Code: 98203

f. Congressional District(s): WA-001, WA-002
   (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: $33,249

j. Contact Person
   Prefix: Ms.
   First Name: Lynda
   Middle Name: Plummer
   Last Name: Plummer
Suffix:

Title: Director of Social Services

E-mail Address: LyndaPlummer@housinghope.org

Confirm E-mail Address: LyndaPlummer@housinghope.org

Phone Number: 425-347-6556

Extension: 299

Fax Number: 425-353-5546

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0173
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Beachwood North

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

7. Does this project include Replacement Reserves? No
1. **Provide a description that addresses the entire scope of the proposed project.**

Beachwood North is a Permanent Supportive Housing project at two (2) locations: Beachwood at 1027 Beach Avenue in Marysville, WA 98270 and Arlington Triplex at 106 North Dunham in Arlington, WA 98223. This project serves chronically homeless families with children who require long-term housing with supportive services in order to maintain permanent housing and stable income.

Most of the homeless family households served by Housing Hope earn less than $10,000 annually, primarily from TANF. Family sizes range from 2 to 7. Housing Hope data indicates that 70% of households are headed by single mothers, 61% of whom are 30 years old or younger. 50% of the children are under the age of 5, making affordable childcare a need for most families. Parents face multiple obstacles to self-sufficiency, including chronic substance abuse, mental health issues, permanent disability and chronic health issues, no GED/high school completion, limited or no employment experience and inadequate support systems.

Services include moderate to intensive case management services, employment and training services, adult education, parent education, life skills training, connections to community resources, support to increase social support networks, child development services, assistance with transportation, drug and alcohol treatment and additional interventions as needed. With these support services, the projected outcomes are to increase the percentage of participants who remain in or exit to permanent housing and to increase the percentage of adults who increase their total income during the operating period.

Housing Hope creates collaborations that provide a comprehensive approach to assisting households to maintain permanent housing, family stability and increased levels of self-sufficiency. Housing Hope initiated the WRAPS Project, co-occurring disorder recovery project. Housing Hope also operates College of Hope, an adult life skills training program, and Tomorrow’s Hope Child Development Center, both of which provide services to partner housing and service agencies.

Housing Hope partners with providers to achieve outcomes for our shared participants: DSHS CSO (provides internet access to DSHS benefit system for residents and regularly meets with staff); DCFS (agreement in place for specialized services for families with histories of chronic neglect); WDC/WorkSource (offering job search services at Housing Hope housing sites); and Community Colleges (offering vocational certification programs targeted for homeless individuals). Housing Hope has partnerships established for the purpose of service coordination: Compass Health, Community Health Services, Sea Mar, Service Alternatives, Snohomish Legal Services, Northwest Justice Project, Cocoon House/Project Safe, Marysville school districts, Snohomish County Head Start and Snohomish County ECEAP.
2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
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</tbody>
</table>

Other: (Click 'Save' to update)

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>Active or history of substance use</th>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>Failure to make progress on a service plan</th>
<th>Loss of income or failure to improve income</th>
</tr>
</thead>
</table>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

None of the above

<table>
<thead>
<tr>
<th>3d. Does the project follow a &quot;Housing First&quot; approach?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  Yes

3. Do project participants have access to

| Yes |

Applicant: Snohomish County
Project: Beachwood North

Renewal Project Application FY2019  Page 30  09/11/2019
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 7
Total Beds: 35
Total Dedicated CH Beds: 35

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  5
   b. Beds:  26

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   This includes both the “dedicated” and “prioritized” beds from previous competitions.
   26

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:  1027 Beach Avenue
   City:  Marysville
   State:  Washington
   ZIP Code:  98207

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530906 Marysville
1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  2
   b. Beds:  9

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?  9
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  106 N Dunham
   Street 2:
   City:  Arlington
   State:  Washington
   ZIP Code:  98223

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

   539061 Snohomish County
5A. Project 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>6</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>26</td>
<td></td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>35</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td>7</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

The non-disabled children are the children of disabled adults though they have no conditions themselves.
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? Yes

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$8,313</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$8,313</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Housing Hope Gene...</td>
<td>08/15/2019</td>
<td>$8,313</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes

2. Type of Commitment:  Cash

3. Type of Source:  Private

4. Name the Source of the Commitment:  Housing Hope General Funds
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  08/15/2019

6. Value of Written Commitment:  $8,313
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$12,556</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$18,705</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$31,261</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$1,988</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$33,249</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$8,313</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$8,313</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$41,562</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: Beachwood North 179640

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### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Housing Hope Nonp...</td>
<td>10/07/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Housing Hope Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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**  Mary Jane Brell Vujovic

**Date:**  09/11/2019

**Title:**  Director, Human Services Department

**Applicant Organization:**  Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>X</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
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<tbody>
<tr>
<td>5A. Households</td>
<td></td>
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<tr>
<td>5B. Subpopulations</td>
<td></td>
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</tbody>
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<tr>
<th>Part 6 - Budget Information</th>
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<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
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<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

| Part 7 - Attachment(s) & Certification |   |
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Subrecipients: Contact person and email updated to Lynda Plummer.
3B. Description: Clicked on error
4B. Housing Type: Clicked on error

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

Applicant: Snohomish County
Project: Beachwood North

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
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<tr>
<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
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<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
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<td>Renewal Expansion</td>
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<tr>
<td>Renewal Grant Consolidation</td>
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<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
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</tr>
<tr>
<td>3B. Description</td>
<td>09/11/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/27/2019</td>
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<tr>
<td>4A. Services</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/11/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/27/2019</td>
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<tr>
<td>5B. Subpopulations</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6B. Match</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>09/11/2019</td>
</tr>
</tbody>
</table>
Dear Applicant:

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

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

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

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

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

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

Sincerely yours,

Michael J. Quinn
District Director

Letter 1050(DO/CG)
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/30/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0357
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
   
5. Date Received by State:

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

   c. Organizational DUNS: 079247979  PLUS 4

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201

   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:
      Last Name: Anderson
      Suffix:
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:

Fax Number: (425) 388-3504

Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Housing Hope Village (PSH)

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension: 
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $134,623.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:
Housing Hope Village (PSH) 3000 Rockefeller Avenue, M/S 305 Everett Washington
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? (For further information, see 24 CFR Sec. 4.3).
Yes

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.

<table>
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<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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</table>

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).

<table>
<thead>
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<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
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</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/30/2019</td>
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</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/28/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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. |
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

Sites for Work Performance.

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

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

Warning: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? 
   "If "No" click on "Next" or "Save & Next" below to move to the next screen.

   No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

**Total Expected Sub-Awards:** $134,623

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Hope</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>N. Nonprofit without 501C3 IRS Status</td>
<td>$134,623</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Housing Hope

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

c. Employer or Tax Identification Number: 94-3060709

d. Organizational DUNS: 603631730

f. Congressional District(s): WA-001, WA-002

(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: $134,623

(j) Contact Person
   Prefix: Ms.
   First Name: Lynda
   Middle Name: Plummer
Suffix: 
Title: Director of Social Services 
E-mail Address: LyndaPlummer@housinghope.org 
Confirm E-mail Address: LyndaPlummer@housinghope.org 
Phone Number: 425-347-6556 
Extension: 
Fax Number: 425-353-5546 

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0357
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Housing Hope Village (PSH)

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

7. Does this project include Replacement Reserves? 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.

This project will provide 13 units of Permanent Supportive Housing for chronically homeless families with children who have multiple, complex challenges, and who require long-term housing with supportive services in order to maintain permanent housing and stable incomes. Housing Hope has provided housing and tailored services to homeless and low-income families for 28 years. Housing Hope Village, formerly a HUD-funded Transitional Housing project, opened in 1997 and has served hundreds of homeless and low-income families in its over 20 years of operation.

Housing Hope data indicates that among its client base, 70% of households are headed by single mothers, most of whom are under the age of 30. 60% of the children served are under the age of 5, making affordable childcare a significant need for most families. Participants often struggle with alcohol or drug abuse, chronic health conditions, developmental disabilities, physical disabilities, and/or mental illnesses.

Services provided by this project will include moderate to intensive case management, employment and training services, adult education, parent education, adult life skills training, connections to community resources, support to increase social support networks, child development services, assistance with transportation, drug and alcohol treatment and additional interventions as needed. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period.

Housing Hope collaborates with dozens of community organizations, housing agencies, service providers, schools, colleges and employers to create a comprehensive web of services to assist families to maintain permanent housing and achieve increased levels of self-sufficiency. Housing Hope initiated the WRAPS Project, which provides group and 1:1 support for individuals recovering from alcohol or drug abuse. Housing Hope also operates the College of Hope adult life skills training academy and Tomorrow’s Hope Child Development Center, both of which provide services to partner housing and service agencies and are open to the general public. Other partner agencies and organizations include DSHS CSO, DCFS, WDC/WorkSource, local school districts and Community Colleges, Compass Health, Community Health Services, Sea Mar, Service Alternatives, Snohomish Legal Services, Northwest
Justice Project, Cocoon House, Snohomish County Head Start, Snohomish County ECEAP and ChildStrive.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
</tbody>
</table>
Loss of income or failure to improve income | X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | X
None of the above

3d. Does the project follow a "Housing First" approach? Yes
3C. Dedicated Plus

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

   2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

   2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

   Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>---</td>
<td>13</td>
<td>50</td>
</tr>
</tbody>
</table>

Total Units: 13
Total Beds: 50
Total Dedicated CH Beds: 50
4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 13
   b. Beds: 50

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   50
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 5830 Evergreen Way
   Street 2: Everett
   City: Everett
   State: Washington
   ZIP Code: 98203

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
### Households

<table>
<thead>
<tr>
<th>Households</th>
<th>Subtotal</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Households</strong></td>
<td></td>
<td>13</td>
<td></td>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

### Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Subtotal</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td>14</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td>31</td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>50</td>
<td></td>
<td></td>
<td>50</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>3</td>
<td>5</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

The children under age 18 who are listed as "Persons not represented by listed subpopulations," are children that accompany adults with one or more of the listed characteristics.
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating X
   - HMIS
6D. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$33,656</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$33,656</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Housing Hope Gene...</td>
<td>08/15/2019</td>
<td>$33,656</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Housing Hope General Funds
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: $33,656
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$70,355</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$52,427</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$122,782</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$11,841</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$134,623</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$33,656</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$33,656</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$168,279</td>
</tr>
<tr>
<td>Document Type</td>
<td>Required?</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  
Mary Jane Brell Vujovic

<table>
<thead>
<tr>
<th>Date:</th>
<th>08/30/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Director, Human Services Department</td>
</tr>
</tbody>
</table>

**Applicant Organization:** Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
</table>
| 2A. Subrecipients                                      | X  

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
</table>
| 3A. Project Detail                                     | X  
| 3B. Description                                        |  
| 3C. Dedicated Plus                                     |  

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
</tbody>
</table>
| 6D. Match                                              | X  
| 6E. Summary Budget                                     |  

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Applicant: Snohomish County  
Project: Housing Hope Village (PSH)

Renewal Project Application FY2019  
Page 46  
08/30/2019
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Project Subrecipients: Organization Type updated to M. Nonprofit with 501C3 IRS Status.
2A. Project Subrecipients: Contact Person and email updated to Lynda Plummer.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
</tbody>
</table>

<p>| Renewal Project Application FY2019       | Page 48           | 08/30/2019 |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/28/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/28/2019</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/28/2019</td>
</tr>
</tbody>
</table>
Date: DEC 08 1992

HOUSING HOPE
P O BOX 7823
EVERETT, WA  98201

Employer Identification Number:
94-3060709
Contact Person:
NORMA JULES
Contact Telephone Number:
(213) 725-7063
Our Letter Dated:
April 30, 1988
Addendum Applies:
No

_Dear Applicant:

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

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

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

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

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

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

Sincerely yours,

Michael J. Quinn
District Director

Letter 1050(DO/CG)
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/30/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WA0426
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: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

| c. Organizational DUNS: | 079247979 | PLUS 4 |

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201

   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Office of Community and Homeless Services

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name:
      Last Name: Anderson
      Suffix:
      Title: Division Manager, Housing and Community Services
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:   jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Interfaith Rapid Rehousing

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019

Applicant: Snohomish County
Project: Interfaith Rapid Rehousing
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension: 

Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $285,743.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: Interfaith Rapid Rehousing 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3). Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
<td></td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation</td>
<td>in Project/Activity ($)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/29/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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:

<table>
<thead>
<tr>
<th>a.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>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.</td>
</tr>
<tr>
<td>c.</td>
<td>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.;</td>
</tr>
<tr>
<td>d.</td>
<td>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;</td>
</tr>
<tr>
<td>e.</td>
<td>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;</td>
</tr>
<tr>
<td>f.</td>
<td>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;</td>
</tr>
<tr>
<td>g.</td>
<td>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

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

X

Renewal Project Application FY2019 Page 12 08/30/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
Fax Number: (425) 259-1444
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to "Make Changes". However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   - No
   - Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
     - The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   - No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   - Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   - No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $244,127

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interfaith</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$244,127</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Interfaith

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

c. Employer or Tax Identification Number: 91-1340220

d. Organizational DUNS: 803300599

 e. Physical Address
    Street 1: PO Box 12824
    Street 2: Everett
    City: Washington
    State: Zip Code: 98206

f. Congressional District(s): WA-001, WA-002
   (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: $244,127

j. Contact Person
   Prefix: Mr.
   First Name: James
   Middle Name: Dean
   Last Name:
Suffix:
Title: Executive Director
E-mail Address: jdean@interfaithwa.org
Confirm E-mail Address: jdean@interfaithwa.org
Phone Number: 425-252-6672
Extension:
Fax Number:
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0426
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC

2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Interfaith Rapid Rehousing

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
1. Provide a description that addresses the entire scope of the proposed project.

This project would significantly expand the already successful rapid rehousing program that is operated by Interfaith Association of Northwest Washington. The Interfaith agency has a mission to help families with children experiencing homelessness and meet the community need for more short to medium term rental assistance along with case management to rapidly rehouse homeless families and individuals living on the street or in shelters and assist in developing stronger self-sufficiency. Currently, 10 families are being housed with up to 13 participating in the past year through this program. When expanded, this program would work with families directly from the Coordinated Entry system. The program would require the employment of a full time housing case manager and would help up to 10 families at a time with case management and rental assistance. The case management that Interfaith provides is designed to meet every client with services specific to their individual barriers and goals. This closely approximates Interfaith's experience with the current Rapid Rehousing program. This work would almost double the number of families that would be served with case management and short to medium term rental assistance in the community.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other: [Click 'Save' to update]

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  
**Yes**
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **No**

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to...

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SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

Total Units: 10
Total Beds: 20
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 project participants at the selected housing site.
   a. Units: 10
   b. Beds: 20

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: PO Box 12824
   Street 2:
   City: Everett
   State: Washington
   ZIP Code: 98206

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County
### 5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>3</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>2</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

Some participants will not have a listed disability or barrier. Some might present with chronic health problems or learning, criminal, or legal barriers.
6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?  
   No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
   No

3. Does this project propose to allocate funds according to an indirect cost rate?  
   No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance [X]
   - Supportive Services [X]
   - HMIS [ ]
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$232,980</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $232,980
Total Units: 10
# Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>3</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>= $55,044</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td>= $112,680</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>2</td>
<td>$2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td>= $65,256</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>10</strong></td>
<td><strong>$232,980</strong></td>
<td><strong>1 Year</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$71,436</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$71,436</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Interfaith of Nor...</td>
<td>08/30/2019</td>
<td>$71,436</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Interfaith of Northwest Washington
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/30/2019

6. Value of Written Commitment: $71,436
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$232,980</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$49,719</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$282,699</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$3,044</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$285,743</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$71,436</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$71,436</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$357,179</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Interfaith Nonpro...</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Interfaith Nonprofit Status

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane Brell Vujovic  
**Date:** 08/30/2019  
**Title:** Director, Human Services Department  
** Applicant Organization:** Snohomish, County of
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 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.
1. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No  

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  

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
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</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td>X</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

| Part 7 - Attachment(s) & Certification |   |
### 7A. Attachment(s)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

### 7B. Certification

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- **3B - Description**: Added project's specific population focus;
- **6A - Funding Request**: Updated question 2;
- **6C - Rental Assistance**: Updated FMR cost allocation;
- **6D - Match**: Updated required match amount.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
## 8B Submission Summary

Applicant: Snohomish County  
Project: Interfaith Rapid Rehousing

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019  
Page 48  
08/30/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Renewal Expansion</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/29/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your 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.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your 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 your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

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

Sincerely yours,

[Signature]
District Director
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
3. Date Received: 08/29/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0210

   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 X

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      Street 2:  
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jackie
   Middle Name:  
   Last Name: Anderson
   Suffix:  
   Title: Division Manager, Housing and Community Services

   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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):
   Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
   Long Term Leasing for the Chronically Homeless Disabled

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of
Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-7236
Extension: 
Email: MaryJane.Vujovic@co.snohomish.wa.us
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $355,800.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Long Term Leasing for the Chronically Homeless Disabled 3000 Rockefeller Avenue, M/S 305 Everett Washington

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?  
   (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/26/2019
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:

- 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.
- 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.
- 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.;
- 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;
- 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;
- 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;
- Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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. X

Renewal Project Application FY2019 Page 12 08/30/2019
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: 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)

Authorized Representative

Prefix: Ms.  
First Name: Mary Jane  
Middle Name  
Last Name: Brell Vujovic  
Suffix:  
Title: Director, Human Services Department  
Telephone Number: (425) 388-7236  
Fax Number: (425) 259-1444  
Email: MaryJane.Vujovic@co.snohomish.wa.us  
Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019

Applicant: Snohomish County 
Project: Long Term Leasing for the Chronically Homeless Disabled 

079247979
179331
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A, Project Detail
- Screen 6D, Sources of Match
- 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 2018 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 the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   No  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

**Total Expected Sub-Awards:** $355,800

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$355,800</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King-Snohomish County

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

c. Employer or Tax Identification Number: 91-0482890

d. Organizational DUNS: 071846208

**e. Physical Address**

<table>
<thead>
<tr>
<th>Street 1: 3301 Broadway</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: Everett</td>
</tr>
<tr>
<td>State: Washington</td>
</tr>
<tr>
<td>Zip Code: 98201</td>
</tr>
</tbody>
</table>

f. Congressional District(s): WA-001, WA-002

(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: $355,800

j. Contact Person

Prefix: Ms.
First Name: Mary Anne
Middle Name: 
Last Name: Dillon
Suffix:
Title: Executive Director
E-mail Address: mdillon@ywcaworks.org
Confirm E-mail Address: mdillon@ywcaworks.org
Phone Number: 425-258-2766
Extension: 225
Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0210
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Long Term Leasing for the Chronically Homeless Disabled

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

The project provides long-term tenant-based rental assistance to a minimum of 18 units of Permanent Supportive Housing for chronically homeless adult individuals with disabilities. Four partner agencies collaborate in the provision of case management and supportive services: the YWCA Seattle | King | Snohomish (project sponsor), Catholic Community Services, Bridgeways and Compass Health. This is a challenging population to serve, with barriers that include mental illnesses, substance abuse, domestic violence, HIV/AIDS, developmental disabilities and physical disabilities. Nearly every client faces multiple barriers; all have long history of housing instability. The case management provided by the partner agencies includes comprehensive and varying services designed to meet each participant's individual barriers and assists in achieving goals agreed upon by case manager and client. Upon acceptance to the program, participants are assisted in selecting a housing unit in Snohomish County that is appropriate in terms of their ability to access services. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. Partner agencies provide case management often in collaboration with other community providers, to ensure that program participants access and maintain mainstream income resources, stabilize/increase household income and develop stronger self-sufficiency and coping skills. Once participants move into this housing, they are able to focus on stabilizing income, becoming involved in volunteering, education, job training, and/or employment. During the time they are in housing, they continue to receive case management support to help them maintain sobriety, continue with mental health services, receive needed health and dental care, learn how to budget and manage their income, and develop support systems in the community. At such time as participants indicate readiness to move into other non-supportive housing such as Section 8 or public housing, case managers assist them with housing search and placement.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)
**Other:  Disabled Individuals**

### 3. Housing First

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

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

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

Dedicated and 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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 18
Total Beds: 18
Total Dedicated CH Beds: 18

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units:  18
   b. Beds:  18

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   18
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  3301 Broadway
   Street 2:
   City:  Everett
   State:  Washington
   ZIP Code:  98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project Participants - Households

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<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>18</td>
<td></td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>17</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979
Project: Long Term Leasing for the Chronically Homeless Disabled 179331

Renewal Project Application FY2019 Page 34 08/30/2019
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operating
   - HMIS
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>18</td>
<td>$330,264</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $330,264
Total Units: 18
# Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>18</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>= $330,264</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td>= 0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td>= 0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 18

**Grant Term:** 1 Year

**Total Request for Grant Term:** $330,264

---

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $23,098 |
| Total Value of In-Kind Commitments: | $66,331 |
| Total Value of All Commitments: | $89,429 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? 
   No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Bridgeways - Snoh...</td>
<td>08/15/2019</td>
<td>$15,697</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Compass Health - ...</td>
<td>08/20/2019</td>
<td>$10,500</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>YWCA Investment</td>
<td>08/15/2019</td>
<td>$23,098</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>YWCA - Snohomish ...</td>
<td>08/15/2019</td>
<td>$20,022</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Lifelong</td>
<td>08/20/2019</td>
<td>$8,976</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Sunrise Community...</td>
<td>08/15/2019</td>
<td>$11,136</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Bridgeways - Snohomish County Human Services Department - Community Housing Stability and Support Program

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: $15,697

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Compass Health - North Sound Behavioral Health Organization

5. Date of Written Commitment: 08/20/2019

6. Value of Written Commitment: $10,500

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  YWCA Investment
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $23,098

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Government
4. Name the Source of the Commitment:  YWCA - Snohomish County Human Services Department - Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $20,022

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Government
4. Name the Source of the Commitment:  Lifelong
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $8,976

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Sunrise Community Behavioral Health
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $11,136

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$330,264</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$12,998</td>
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<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$343,262</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,538</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$355,800</td>
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<tr>
<td>9. Cash Match</td>
<td>$23,098</td>
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<tr>
<td>10. In-Kind Match</td>
<td>$66,331</td>
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<td>11. Total Match</td>
<td>$89,429</td>
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<td>12. Total Budget</td>
<td>$445,229</td>
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### 7A. Attachment(s)

<table>
<thead>
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<th>Document Description</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
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<td>01/16/2014</td>
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<tr>
<td>2) Other Attachment</td>
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</tr>
<tr>
<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description: YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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  Mary Jane Brell Vujovic
Date:    08/29/2019
Title:   Director, Human Services Department

Applicant Organization: Snohomish, County of
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 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.
1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

X

Part 3 - Project Information
3A. Project Detail

X

3B. Description


3C. Dedicated Plus


Part 4 - Housing Services and HMIS
4A. Services


4B. Housing Type


Part 5 - Participants and Outreach Information
5A. Households


5B. Subpopulations


Part 6 - Budget Information
6A. Funding Request


6C. Rental Assistance


6D. Match

X
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Amount requested by subrecipient has changes.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
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<td>1B. SF-424 Legal Applicant</td>
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</table>

<p>| Renewal Project Application FY2019 | Page 52 | 08/30/2019 |</p>
<table>
<thead>
<tr>
<th>Section</th>
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<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/26/2019</td>
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<td>1H. HUD-50070</td>
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<td>1I. Cert. Lobbying</td>
<td>08/26/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/26/2019</td>
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<td>Recipient Performance</td>
<td>08/27/2019</td>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
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<td>2A. Subrecipients</td>
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<td>3A. Project Detail</td>
<td>08/26/2019</td>
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<tr>
<td>3B. Description</td>
<td>08/26/2019</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/26/2019</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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<td>6A. Funding Request</td>
<td>08/26/2019</td>
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<tr>
<td>6C. Rental Assistance</td>
<td>08/26/2019</td>
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<tr>
<td>6D. Match</td>
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<td>6E. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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<td>7A. In-Kind Match MOU Attachment</td>
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<tr>
<td>7B. Certification</td>
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</table>
Internal Revenue Service

Department of the Treasury

District

P.O. Box 2350, Los Angeles, Calif. 90053

Director:

Person to Contact: Gilda Lewis

Telephone Number: (213) 694-2236

Ref: Reply: Y1296

Date: December 30, 1995

EIN: 91-0492890

Dear Taxpayer:

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

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(2).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

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

Sincerely,

Gilda Lewis
Disclosure Assistant

RECEIVED
MAY 19 2006
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019

4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0175
      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 [X]

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

| c. Organizational DUNS: | 079247979 | PLUS 4 |

| d. Address |
| Street 1: 3000 Rockefeller Avenue, M/S 305 |
| Street 2: |
| City: Everett |
| County: Snohomish |
| State: Washington |
| Country: United States |
| Zip / Postal Code: 98201 |

| e. Organizational Unit (optional) |
| Department Name: Human Services Department |
| Division Name: Office of Community and Homeless Services |

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jackie
   Middle Name: 
   Last Name: Anderson
   Suffix: 
   Title: Division Manager, Housing and Community Services
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Long Term Leasing for the Disabled

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension: 

   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368
3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $318,659.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Long Term Leasing for the Disabled 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
**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: [X]

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/26/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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. 

X

Renewal Project Application FY2019

Page 12

08/30/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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?
No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, esnaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

The esnaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  
   No  
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $318,659

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$318,659</td>
</tr>
<tr>
<td></td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td></td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King-Snohomish County

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

c. Employer or Tax Identification Number: 91-0482890

d. Organizational DUNS: 071846208

e. Physical Address
   Street 1: 3301 Broadway
   Street 2:
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $318,659

j. Contact Person
   Prefix: Ms.
   First Name: Mary Anne
   Middle Name: Dillon
   Last Name: Dillon
Suffix:

Title: Executive Director

E-mail Address: mdillon@ywcaworks.org

Confirm E-mail Address: mdillon@ywcaworks.org

Phone Number: 425-258-2766

Extension: 225

Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0175
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Long Term Leasing for the Disabled

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.
This project provides tenant-based rental assistance and supportive services to chronically homeless disabled adults in a minimum of 17 scattered site units throughout Snohomish County. The majority of participants are severely mentally ill and/or have substance abuse issues; many participants have been victims of domestic violence. The project is operated through a partnership between the YWCA of Seattle-King County-Snohomish County, Catholic Community Services, State Department of Disabilities, Sea Mar, Compass Health and Bridgeways. Upon acceptance to the program, participants are assisted in selecting a housing unit in Snohomish County as appropriate in terms of their ability to access services. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. Partner agencies provide a variety of individualized services for their clients in addition to case management; those services may include: life skills (parenting, budgeting, nutrition), mental health counseling and related services, substance abuse treatment services, legal and domestic violence services and referrals, referrals for health and dental care, assistance in applying for and obtaining mainstream resources, employment services, referrals for clients to participate in community volunteer activities, medications management, landlord-tenant education and advocacy, and payee services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
3C. Dedicated Plus

Dedicated and 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. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

<table>
<thead>
<tr>
<th>applicant</th>
<th>Snohomish County</th>
</tr>
</thead>
<tbody>
<tr>
<td>project</td>
<td>Long Term Leasing for the Disabled</td>
</tr>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 29</td>
</tr>
</tbody>
</table>
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 17
Total Beds: 17
Total Dedicated CH Beds: 17

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 17
   b. Beds: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   17
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 3301 Broadway
   Street 2: Everett
   City: Everett
   State: Washington
   ZIP Code: 98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>15</td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td></td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>15</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operating
   - HMIS
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>17</td>
<td>$311,916</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $311,916
Total Units: 17
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
</tr>
</tbody>
</table>
| 1 Bedroom                 | 17                     | $1,529               | $1,529                    | x 12                         | $311,916
| 2 Bedrooms                | x                      | $1,878               | $1,878                    | x 12                         |
| 3 Bedrooms                | x                      | $2,719               | $2,719                    | x 12                         |
| 4 Bedrooms                | x                      | $3,219               | $3,219                    | x 12                         |
| 5 Bedrooms                | x                      | $3,702               | $3,702                    | x 12                         |
| 6 Bedrooms                | x                      | $4,185               | $4,185                    | x 12                         |
| 7 Bedrooms                | x                      | $4,668               | $4,668                    | x 12                         |
| 8 Bedrooms                | x                      | $5,150               | $5,150                    | x 12                         |
| 9 Bedrooms                | x                      | $5,633               | $5,633                    | x 12                         |
| Total Units and Annual Assistance Requested | 17 | | | | $311,916

Grant Term

1 Year

Total Request for Grant Term

$311,916

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $29,194 |
| Total Value of In-Kind Commitments: | $50,471 |
| Total Value of All Commitments: | $79,665 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Bridgeways - Snoh...</td>
<td>08/15/2019</td>
<td>$15,947</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Compass Health - ...</td>
<td>08/20/2019</td>
<td>$24,900</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>WA State Department...</td>
<td>08/15/2019</td>
<td>$3,984</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>YWCA Investment</td>
<td>08/15/2019</td>
<td>$25,020</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>YWCA - Snohomish...</td>
<td>08/15/2019</td>
<td>$4,174</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Lifelong</td>
<td>08/20/2019</td>
<td>$4,248</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Sunrise Community...</td>
<td>08/15/2019</td>
<td>$1,392</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Bridgeways - Snohomish County Human Services Department - Community Housing Stability and Support Program
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $15,947

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Compass Health - North Sound Behavioral Health Organization
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $24,900

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail
1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Government
4. Name the Source of the Commitment:  WA State Department of Social and Health Services, Developmental Disabilities Administration
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $3,984

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  YWCA Investment
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $25,020

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Government
4. Name the Source of the Commitment:  YWCA - Snohomish County Human Services Department - Ending Homelessness Program
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $4,174

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Lifelong
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $4,248

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Sunrise Community Behavioral Health
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $1,392

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$311,916</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$311,916</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$6,743</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$318,659</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$29,194</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$50,471</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$79,665</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$398,324</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County
Project: Long Term Leasing for the Disabled

Renewal Project Application FY2019 Page 42 08/30/2019
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>YWCA Nonprofit Do...</td>
<td>10/07/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
## 7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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: Mary Jane Brell Vujovic
Date: 08/29/2019
Title: Director, Human Services Department
Applicant Organization: Snohomish, County of
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 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.
**Submission Without Changes**

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? **No**

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**

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. The amount requested by the subrecipient has changed.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
Applicant: Snohomish County
Project: Long Term Leasing for the Disabled

8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
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<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/26/2019</td>
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<tr>
<td>1G. HUD-2880</td>
<td>08/26/2019</td>
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<tr>
<td>1H. HUD-50070</td>
<td>08/26/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/26/2019</td>
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<tr>
<td>1J. SF-LLL</td>
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<tr>
<td>Recipient Performance</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>Renewal Grant Consolidation</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/26/2019</td>
</tr>
</tbody>
</table>
Internal Revenue Service

Department of the Treasury

Person to Contact: Gilda Lewis
Telephone Number: (213) 694-2336
Refer Reply to: Y 1296

EIN: 91-0492890

Dear Taxpayer:

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

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(1).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

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

Sincerely,

Gilda Lewis
Disclosure Assistant

[Stamp: RECEIVED
MAY 19, 2006
OFFICE OF HOUSING AND
COMMUNITY DEVELOPMENT]
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 Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW). Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0180
      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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979 PLUS 4

d. Address
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

e. Organizational Unit (optional)
Department Name: Human Services Department
Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Jackie
Middle Name:
Last Name: Anderson
Suffix:
Title: Division Manager, Housing and Community Services
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Shelter Plus Care #5

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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

I AGREE: ✗

21. Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/29/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $4,846,634.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: Shelter Plus Care #5 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).
   - Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
<td></td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation in Project/Activity ($)</td>
<td>Participation in Project/Activity (%)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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: X

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/26/2019
# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Snohomish, County of

**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:

<table>
<thead>
<tr>
<th>Certification Agreement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

**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.  

---

**Applicant:** Snohomish County  
**Project:** Shelter Plus Care #5  
**079247979 179328**
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: 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)

Authorized Representative

Prefix:    Ms.
First Name:   Mary Jane
Middle Name
Last Name:   Brell Vujovic
Suffix:
Title:    Director, Human Services Department
Telephone Number:   (425) 388-7236
(Format: 123-456-7890)
Fax Number:   (425) 259-1444
(Format: 123-456-7890)
Email:    MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane BrelVujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
  City: Everett
  County: Snohomish
  State: Washington
  Country: United States
Zip / Postal Code: 98201

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. X

Applicant: Snohomish County
Project: Shelter Plus Care #5
Authorized Representative
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $4,846,634

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King-Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$4,846,634</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King-Snohomish County

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

c. Employer or Tax Identification Number: 91-0482890

d. Organizational DUNS: 071846208 PLUS 4

e. Physical Address
   Street 1: 3301 Broadway
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $4,846,634

  j. Contact Person
     Prefix: Ms.
     First Name: Mary Anne
     Middle Name:
     Last Name: Dillon
Suffix:  
Title: Executive Director  
E-mail Address: mdillon@ywcaworks.org  
Confirm E-mail Address: mdillon@ywcaworks.org  
Phone Number: 425-258-2766  
Extension: 225  
Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0180
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
   2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Shelter Plus Care #5

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This project provides long-term tenant based rental assistance and supportive services to chronically homeless households with disabilities, in a minimum of 228 units of scattered-site permanent supportive housing. Those served may have severe mental illness, chronic substance abuse, HIV/AIDS, or a combination of special needs. This project meets the needs of those persons by providing housing along with ongoing supportive services that are specifically provided to address each individual's needs, for as long as they need those services, and to enable them to keep their housing. If they need more intensive or different support services, the Shelter Plus Care case managers make sure those services are provided. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. The partnerships that we have with the partner agencies ensure that there is an established network of collaborative providers so services can be delivered efficiently. The partner agencies together serve the entire spectrum of clients with disabilities including the State Department of Disabilities, Compass Health (mental health services), Bridgeways, Catholic Community Services, Sunrise Services, SeaMar Community Health Centers, and the YWCA. Our partners represent a variety of disability treatments and services providers. Different types of assistance include: case management, life skills, mental health services, other health care services, employment/vocational assistance, children's services, residential management services, transportation, legal assistance, assistance with applying for college and help with homework, drug & alcohol treatment services, food, HIV/AIDS related services, payee services, chore activities, rent/utility assistance and domestic violence services. Agencies also do outreach to prospective clients. This project will serve single individuals living on their own, individuals living with a caretaker (such as someone with AIDS), single parents with dependent children, and couples with and without dependent children. Partner agencies meet every other month to coordinate program entry and services, Q&A, advice on any changes in HUD rules/regulations/HMIS data collection. They can also discuss case-specific issues, such as the need to coordinate additional services between agencies for clients with multiple needs or disabilities, and share information on other community resources.

2. Does your project have a specific

Yes
population focus?

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other: Homeless disabled individuals/families

3. Housing First

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

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income

Active or history of substance use

Having a criminal record with exceptions for state-mandated restrictions

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services

Failure to make progress on a service plan

Loss of income or failure to improve income

Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
3d. Does the project follow a "Housing First" approach?

Yes
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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

Applicant: Snohomish County 079247979
Project: Shelter Plus Care #5 179328

Renewal Project Application FY2019  Page 30  08/30/2019
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

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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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>---</td>
<td>228</td>
<td>457</td>
</tr>
</tbody>
</table>

Total Units: 228
Total Beds: 457
Total Dedicated CH Beds: 457
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 project participants at the selected housing site.
   a. Units:  228
   b. Beds:  457

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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:  3301 Broadway
   Street 2:  
   City:  Everett
   State:  Washington
   ZIP Code:  98201

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>97</td>
<td>131</td>
<td></td>
<td>228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>139</td>
<td>119</td>
<td></td>
<td>258</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>17</td>
<td>12</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>170</td>
<td></td>
<td></td>
<td>170</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>326</td>
<td>131</td>
<td>0</td>
<td>457</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>85</td>
<td>29</td>
<td>9</td>
<td>51</td>
<td>34</td>
<td>14</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>11</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>2</td>
<td>31</td>
<td>3</td>
<td>1</td>
<td>133</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>96</td>
<td>0</td>
<td>1</td>
<td>33</td>
<td>9</td>
<td>58</td>
<td>68</td>
<td>17</td>
<td>7</td>
<td>133</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>118</td>
<td>1</td>
<td>24</td>
<td>25</td>
<td>60</td>
<td>50</td>
<td>38</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>130</td>
<td>1</td>
<td>0</td>
<td>25</td>
<td>25</td>
<td>65</td>
<td>53</td>
<td>38</td>
<td>21</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

The children under age 18 who are listed as "Persons not represented by listed subpopulations," are children that accompany adults with one or more of the listed characteristics.
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operating
   - HMIS
6C. Rental Assistance Budget

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>228</td>
<td>$4,656,348</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $4,656,348
Total Units: 228
**Rental Assistance Budget Detail**

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>x $1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td>= $12,264</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>51</td>
<td>x $1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td>= $834,156</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>100</td>
<td>x $1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>= $1,834,800</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>50</td>
<td>x $1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td>= $1,126,800</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>26</td>
<td>x $2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td>= $848,328</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td></td>
<td>x $3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td></td>
<td>x $3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>x $4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td></td>
<td>x $4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td></td>
<td>x $5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td></td>
<td>x $5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 228 $4,656,348

**Grant Term:** 1 Year

**Total Request for Grant Term:** $4,656,348

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $207,581 |
| Total Value of In-Kind Commitments: | $1,004,078 |
| Total Value of All Commitments: | $1,211,659 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:
Rent collected from four (4) participants who reside in YWCA-owned housing; rent is calculated in accordance with 24 CFR 578.77(c).

1b. Estimate the amount of program income that will be used as Match for this project: $2,652

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Bridgeways - Snoh...</td>
<td>08/15/2019</td>
<td>$191,314</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Catholic Communit...</td>
<td>08/15/2019</td>
<td>$97,545</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Compass Health - ...</td>
<td>08/20/2019</td>
<td>$437,500</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Washington State ...</td>
<td>08/15/2019</td>
<td>$45,015</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>SeaMar - North So...</td>
<td>08/21/2019</td>
<td>$147,458</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>YWCA - Snohomish ...</td>
<td>08/15/2019</td>
<td>$49,339</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Sunrise Services ...</td>
<td>08/15/2019</td>
<td>$61,248</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>YWCA - Snohomish ...</td>
<td>08/15/2019</td>
<td>$20,613</td>
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<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>YWCA - Program In...</td>
<td>08/15/2019</td>
<td>$2,652</td>
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</table>

Applicant: Snohomish County 079247979
Project: Shelter Plus Care #5 179328
<table>
<thead>
<tr>
<th>Yes</th>
<th>Cash</th>
<th>Private</th>
<th>YWCA Private Inve...</th>
<th>08/15/2019</th>
<th>$134,977</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Lifelong</td>
<td>08/20/2019</td>
<td>$12,745</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Cocoon House</td>
<td>08/20/2019</td>
<td>$11,253</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Bridgeways - Snohomish County Human Services Department - Community Housing Stability and Support Program
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $191,314

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Catholic Community Services Ryan White Part A Funding
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $97,545

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
| 1. Will this commitment be used towards Match? | Yes |
| 2. Type of Commitment: | In-Kind |
| 3. Type of Source: | Government |
| 4. Name the Source of the Commitment: | Compass Health - North Sound Behavioral Health Organization |
| 5. Date of Written Commitment: | 08/20/2019 |
| 6. Value of Written Commitment: | $437,500 |

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

| 1. Will this commitment be used towards Match? | Yes |
| 2. Type of Commitment: | In-Kind |
| 3. Type of Source: | Government |
| 4. Name the Source of the Commitment: | Washington State Department of Social and Health Services - Developmental Disabilities Administration |
| 5. Date of Written Commitment: | 08/15/2019 |
| 6. Value of Written Commitment: | $45,015 |

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail
4. Name the Source of the Commitment: SeaMar - North Sound Behavioral Health Organization
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: $147,458

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: YWCA - Snohomish County Human Services Department - Community Development Block Grant
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: $49,339

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Sunrise Services - North Sound Behavioral Health Organization
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: $61,248

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: YWCA - Snohomish County Human Services Department - Ending Homelessness Program
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $20,613

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: YWCA - Program Income
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $2,652

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: YWCA Private Investment
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: $134,977

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Lifelong
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $12,745

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Cocoon House
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: $11,253

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$4,656,348</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$4,656,348</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$190,286</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin</td>
<td>$4,846,634</td>
</tr>
<tr>
<td>Requested</td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$207,581</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$1,004,078</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$1,211,659</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$6,058,293</td>
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</tbody>
</table>
## 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>YWCA Nonprofit Do...</td>
<td>01/16/2014</td>
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<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
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</table>
Attachment Details

Document Description:  YWCA Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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: Mary Jane Brell Vujovic

Date: 08/29/2019

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
</tr>
<tr>
<td>3B. Description</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
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</thead>
<tbody>
<tr>
<td>4A. Services</td>
</tr>
<tr>
<td>4B. Housing Type</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
</tr>
<tr>
<td>6D. Match</td>
</tr>
</tbody>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2a. There are changes to the amount being requested by the subrecipient.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
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</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
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</tbody>
</table>

Renewal Project Application FY2019 Page 57 08/30/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C. SF-424 Application Details</td>
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<td>1D. SF-424 Congressional District(s)</td>
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<td>1E. SF-424 Compliance</td>
<td>08/26/2019</td>
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<tr>
<td>1F. SF-424 Declaration</td>
<td>08/26/2019</td>
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<td>1G. HUD-2880</td>
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<tr>
<td>1H. HUD-50070</td>
<td>08/26/2019</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
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<td>Recipient Performance</td>
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<td>Renewal Expansion</td>
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<td>Renewal Grant Consolidation</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/26/2019</td>
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<tr>
<td>3C. Dedicated Plus</td>
<td>08/26/2019</td>
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<tr>
<td>4A. Services</td>
<td>08/26/2019</td>
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<td>4B. Housing Type</td>
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</tr>
<tr>
<td>5A. Households</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/26/2019</td>
</tr>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
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<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/26/2019</td>
</tr>
</tbody>
</table>
Internal Revenue Service

Department of the Treasury

P.O. Box 2350, Los Angeles, Calif. 90013

Person to Contact: Gilda Lewis
Telephone Number: (213) 694-2236
Refer Reply to: Y1256
Date: December 30, 1995

YWCA of Seattle-King County-
Snohomish County
1110 Fifth Avenue
Seattle, WA 98101-1001

EIN: 91-0492890

Dear Taxpayer:

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

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(1).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

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

Sincerely,

[Signature]

Gilda Lewis
Disclosure Assistant

[Stamp: RECEIVED
MAY 19, 2006
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT]
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0358
   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 X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

<table>
<thead>
<tr>
<th>PLUS 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>079247979</td>
</tr>
</tbody>
</table>

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department
Division Name: Office of Community and Homeless Services

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

Prefix: Ms.
First Name: Jackie
Last Name: Anderson
Title: Division Manager, Housing and Community Services
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (State(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Pathways Home (PSH)

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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)

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension: 
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368
3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received: $254,018.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity: Pathways Home (PSH) 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
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</tbody>
</table>

**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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>reportable financial interest in the project or activity (For individuals, give the last name first)</td>
<td>or Employee ID No.</td>
<td>Participation</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**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: X

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/29/2019
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.

X

Renewal Project Application FY2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/29/2019
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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No  
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.  
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 30, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition?  "If "No" click on "Next" or "Save & Next" below to move to the next screen.
   No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

Total Expected Sub-Awards: $254,018

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King County-Snohomish County</td>
<td>N. Nonprofit without 501C3 IRS Status</td>
<td>N. Nonprofit without 501C3 IRS Status</td>
<td>$254,018</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King County-Snohomish County

b. Organization Type: N. Nonprofit without 501C3 IRS Status

c. Employer or Tax Identification Number: 91-0482890

d. Organizational DUNS: 071846208

e. Physical Address
   Street 1: 3301 Broadway
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $254,018

j. Contact Person
   Prefix: Ms.
   First Name: Mary Anne
   Middle Name:  
   Last Name: Dillon
Suffix:
Title: Executive Director
E-mail Address: mdillon@ywcaworks.org
Confirm E-mail Address: mdillon@ywcaworks.org
Phone Number: 425-258-2766
Extension:
Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0358
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Pathways Home (PSH)

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This project will provide tenant-based rental assistance to a minimum of 10 permanent supportive housing units for chronically homeless disabled adults and their families. This project will fill a community need by serving chronically homeless households with the longest histories of homelessness and the most severe service needs. CoC Program funds are needed to help end chronic homelessness within the Everett/Snohomish County Continuum of Care. These units will receive case management from the YWCA Seattle | King | Snohomish and supportive services from partner agencies including, but not limited to: Catholic Community Services, Bridgeways and Compass Health. This is a challenging population to serve, with barriers including mental illness, substance abuse, domestic violence, HIV/AIDS, developmental disability and physical disability. Nearly every client faces multiple barriers. All have a history of housing instability. The case management provided by the YWCA includes comprehensive and varying services designed to meet each participant's individual barriers and assist in achieving goals agreed upon by Case Manager and client. Upon acceptance to the program, participants are assisted in selecting a housing unit within the Snohomish County that is appropriate and accessible to services to meet the needs of the family. The projected outcomes for this project are to increase the percentage of participants who remain in or exit to permanent housing, and to increase the percentage of adults who increase their total income during the operating period. Case management services are delivered often in collaboration with other community providers, to ensure that program participants access and maintain mainstream income resources, stabilize/increase household income and develop stronger self-sufficiency and coping skills. Once participants move into this housing, they are able to focus on stabilizing income, becoming involved in volunteering, education, job training, and/or employment. During the time they are in housing, they continue to receive case management support to help them maintain sobriety, continue with mental health services, receive needed health and dental care, learn how to budget and manage their income, and develop support systems in the community. At such time as participants indicate readiness to move into other non-supportive housing such Section 8 or public housing, Case Managers assist them with housing search and placement.

2. Does your project have a specific population focus? Yes
2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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</thead>
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<table>
<thead>
<tr>
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<th>Substance Abuse</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

Other: Disabled Individuals

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Failure to make progress on a service plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

None of the above

Applicant: Snohomish County

Project: Pathways Home (PSH)
3d. Does the project follow a "Housing First" approach?  Yes
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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

100% Dedicated
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
</table>

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SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>17</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 10
   b. Beds: 17

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
   17
   This includes both the “dedicated” and “prioritized” beds from previous competitions.

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: 3301 Broadway
   Street 2: Everett
   City: Everett
   State: Washington
   ZIP Code: 98201

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

   539061 Snohomish County, 530480 Everett
## 5A. Project 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total Number of Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td>7</td>
<td>3</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Adults over age 24</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>14</td>
<td>3</td>
<td></td>
<td>0</td>
<td>17</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**
### 5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:

Some participants will not have a listed disability or barrier. Some might present with learning disabilities, ADD, ADHD, chronic health conditions.
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

3. Does this project propose to allocate funds according to an indirect cost rate?  No

4. Renewal Grant Term:  1 Year

5. Select the costs for which funding is being requested:
   Leased Units
   Leased Structures
   Rental Assistance  X
   Supportive Services  X
   Operating
   HMIS
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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$198,240</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $198,240
Total Units: 10
# Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>$1,022</td>
<td>$1,022</td>
<td>x 12</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1</td>
<td>$1,363</td>
<td>$1,363</td>
<td>x 12</td>
<td>$16,356</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5</td>
<td>$1,529</td>
<td>$1,529</td>
<td>x 12</td>
<td>$91,740</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>4</td>
<td>$1,878</td>
<td>$1,878</td>
<td>x 12</td>
<td>$90,144</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td></td>
<td>$2,719</td>
<td>$2,719</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td></td>
<td>$3,219</td>
<td>$3,219</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td></td>
<td>$3,702</td>
<td>$3,702</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>$4,185</td>
<td>$4,185</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td></td>
<td>$4,668</td>
<td>$4,668</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td></td>
<td>$5,150</td>
<td>$5,150</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td></td>
<td>$5,633</td>
<td>$5,633</td>
<td>x 12</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td>$198,240</td>
</tr>
</tbody>
</table>

**Grant Term**
1 Year

**Total Request for Grant Term**
$198,240

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

## Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$63,505</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$63,505</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  
   - **No**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>YWCA Private Inve...</td>
<td>08/15/2019</td>
<td>$61,443</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/15/2019</td>
<td>$2,062</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: YWCA Private Investments
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: $61,443

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: Snohomish County Human Services Department
   - Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: $2,062
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$198,240</td>
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<tr>
<td>3. Supportive Services</td>
<td>$39,443</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$237,683</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$16,335</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$254,018</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$63,505</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$63,505</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$317,523</td>
</tr>
</tbody>
</table>

Applicant: Snohomish County 079247979  Project: Pathways Home (PSH) 179825
7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachmenbt</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane  Brell Vujovic

**Date:** 08/29/2019

**Title:** Director, Human Services Department

**Applicant Organization:** Snohomish, County of
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 statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

X

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.

X
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
</tbody>
</table>

| 3B. Description                           |     |
| 3C. Dedicated Plus                        |     |

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
</tbody>
</table>

6D. Match X
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Changes to subrecipient award amount being made.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
Applicant: Snohomish County 079247979
Project: Pathways Home (PSH) 179825

8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2019  Page 50  08/30/2019
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/29/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/29/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/29/2019</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>3C. Dedicated Plus</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>4A. Services</td>
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</tr>
<tr>
<td>4B. Housing Type</td>
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<tr>
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<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/29/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/29/2019</td>
</tr>
</tbody>
</table>
Dear Taxpayer:

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

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(1).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

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

Sincerely,

Gilda Lewis
Disclosure Assistant
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/29/2019
4. Applicant Identifier:
   5a. Federal Entity Identifier:
   5b. Federal Award Identifier: WA0359

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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4

d. Address

Street 1: 3000 Rockefeller Avenue, M/S 305

Street 2:  

City: Everett

County: Snohomish

State: Washington

Country: United States

Zip / Postal Code: 98201

e. Organizational Unit (optional)

Department Name: Human Services Department

Division Name: Office of Community and Homeless Services

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

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Anderson

Suffix:

Title: Division Manager, Housing and Community Services

Organizational Affiliation: Snohomish, County of

Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Pathways Home (RRH)

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($) 
   a. Federal: 
   b. Applicant: 
      c. State: 
      d. Local: 
   e. Other: 
   f. Program Income: 
      g. Total: 

Applicant: Snohomish County
Project: Pathways Home (RRH)
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $262,137.00
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Pathways Home (RRH) 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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).
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/28/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

Sites for Work Performance.

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

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

Warning: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2019
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:** Snohomish, County of

**Name / Title of Authorized Official:** Mary Jane Brell Vujovic, Director, Human Services Department

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

**Date Signed:** 08/29/2019
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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/29/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.  No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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

**Total Expected Sub-Awards:** $262,137

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA of Seattle-King County- Snohomish County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$262,137</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: YWCA of Seattle-King County-Snohomish County

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

c. Employer or Tax Identification Number: 91-0482890

d. Organizational DUNS: 071846208

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* d. Organizational DUNS: 071846208 PLUS 4

e. Physical Address
   Street 1: 3301 Broadway
   Street 2:  
   City: Everett
   State: Washington
   Zip Code: 98201

f. Congressional District(s): WA-001, WA-002
   (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: $262,137

j. Contact Person
   Prefix: Ms.
   First Name: Mary Anne
   Middle Name:  
   Last Name: Dillon
Suffix:
  Title: Executive Director
  E-mail Address: mdillon@ywcaworks.org
  Confirm E-mail Address: mdillon@ywcaworks.org
  Phone Number: 425-258-2766
  Extension:
  Fax Number: 425-258-1213

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0359
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Pathways Home (RRH)

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

This rapid rehousing project provides short- to medium-term rental assistance to a minimum of 10 units at any given point in time. Assistance is provided to individuals and families who are homeless and on the streets or in emergency shelter. CoC Program funds are needed to help end family homelessness within the Everett/Snohomish County Continuum of Care. The project will provide an intervention designed to help individuals and families exit homelessness and return to permanent housing as quickly as possible. Participants will receive financial assistance combined with housing location and stability case management services from the YWCA Seattle | King | Snohomish. Service delivery will be through the lenses of a low-barrier, housing first approach. The focus population will be very low income, homeless families with or without children. Nearly every client faces multiple barriers including mental health issues, substance abuse, domestic violence, criminal history and/or poor rental/credit history and other disabilities; in addition to transportation, lack of adequate income/employment or skills and education. Most have a long history of housing instability. The case management provided by the YWCA includes comprehensive and varying services designed to meet each participant’s individual barriers and assist in achieving goals agreed upon by Case Manager and client. The Fenn-Jorstad Self-Sufficiency Matrix and a comprehensive initial assessment of needs, barriers and strengths of each person will be completed at entry to tailor the level of assistance for each household. Participants are assisted in creating a housing search plan and given a list of local landlords. The Housing Stability Plan will involve in-home visits, referrals to the community to mainstream resources, health services, child care, transportation and economic literacy; they will learn to manage their income, and develop a support system in the community to assure housing retention. A consumer-driven model approach will lay the groundwork for the overarching goal of independence. They will learn to navigate multiple systems to facilitate housing stability. The Family Advocate will support clients in finding a housing unit within Snohomish County that is accessible to services and meets the needs of the family. The project outcomes are to decrease the average number of days for participants to obtain housing; increase the percentage of participants who exit to permanent housing; and increase the percentage of adults who increase their total income. Once participants move into permanent housing/exit the project or are eligible for re-certification an Employment Readiness Scale (ERS) will be completed. Case management services are delivered in collaboration with other providers, to ensure that program participants access and maintain mainstream income resources, stabilize/increase household income and develop stronger
self-sufficiency and coping skills.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income [X]
- Active or history of substance use [X]
- Having a criminal record with exceptions for state-mandated restrictions [X]
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse) [X]
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services [X]
- Failure to make progress on a service plan [X]
| Loss of income or failure to improve income | X |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area | X |
| None of the above | |

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for 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 participants, indicate who will provide them and how often they will be provided.

   Click 'Save' to update.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to... Yes
SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. 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: 10
Total Beds: 20

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>
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 project participants at the selected housing site.
   a. Units: 10
   b. Beds: 20

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: 3301 Broadway
   Street 2: 
   City: Everett
   State: Washington
   ZIP Code: 98201

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   539061 Snohomish County, 530480 Everett
5A. Project 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.

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>17</td>
<td>3</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Children under age 18</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td>7</td>
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<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:
Some participants will not have a listed disability or barrier. Some might present with chronic health problems, learning or criminal, legal barriers.
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:
   - Rental Assistance X
   - Supportive Services X
   - HMIS
**6C. Rental Assistance Budget**

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 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>WA - Seattle-Bellevue, WA HUD Metro F...</td>
<td>10</td>
<td>$204,420</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $204,420
Total Units: 10
## Rental Assistance Budget Detail

### Type of Rental Assistance: TRA

**Metropolitan or non-metropolitan fair market rent area:** WA - Seattle-Bellevue, WA HUD Metro FMR Area (5303399999)

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$1,022</td>
<td>$1,022</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,363</td>
<td>$1,363</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5</td>
<td>$1,529</td>
<td>$1,529</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,878</td>
<td>$1,878</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,719</td>
<td>$2,719</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$3,219</td>
<td>$3,219</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$3,702</td>
<td>$3,702</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$4,185</td>
<td>$4,185</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$4,668</td>
<td>$4,668</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$5,150</td>
<td>$5,150</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$5,633</td>
<td>$5,633</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 10  
**Total Request for Grant Term** $204,420

**Grant Term** 1 Year

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments</td>
<td>$65,535</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments</td>
<td>$65,535</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>YWCA Private Inve...</td>
<td>08/15/2019</td>
<td>$63,473</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County</td>
<td>08/15/2019</td>
<td>$2,062</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Private
4. Name the Source of the Commitment:  YWCA Private Investment
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $63,473

Sources of Match Detail

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Government
4. Name the Source of the Commitment:  Snohomish County Human Services Department
   - Ending Homelessness Program
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  08/15/2019
6. Value of Written Commitment:  $2,062
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$204,420</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$40,803</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$245,223</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$16,914</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$262,137</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$65,535</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$65,535</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$327,672</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Subrecipient Nonp...</td>
<td>07/26/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane Brell Vujovic

**Date:** 08/29/2019

**Title:** Director, Human Services Department

**Applicant Organization:** Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
</table>
The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A. Changes to grant amount being made.

The applicant has selected "Make Changes". Once this screen is saved, the applicant 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.
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
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<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/28/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/28/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/28/2019</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/28/2019</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/28/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/28/2019</td>
</tr>
</tbody>
</table>
Dear Taxpayer:

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

Our records indicate that this organization was recognized to be exempt from Federal income tax in October 1936 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in section 509(a) of the Code, because it is an organization described in Section 509(a)(1).

The exempt status for the determination letter issued in October 1936 continues to be in effect.

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

Sincerely,

Gilda Lewis
Disclosure Assistant
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÄM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/30/2019
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0376
   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: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979

PLUS 4

d. Address
Street 1: 3000 Rockefeller Avenue, M/S 305
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

e. Organizational Unit (optional)
Department Name: Human Services Department
Division Name: Office of Community and Homeless Services

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Jackie
Middle Name:
Last Name: Anderson
Suffix:
Title: Division Manager, Housing and Community Services
Organizational Affiliation: Snohomish, County of
Telephone Number: (425) 388-3237
Extension:
Fax Number:  (425) 388-3504
Email:  jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
14. Area(s) affected by the project (State(s) only): Washington
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coordinated Entry

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Last Name: Brell Vujovic
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension: 
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $136,855.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

Coordinated Entry 3000 Rockefeller Avenue, M/S 305 Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).

Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
### Reportable Financial Interest in the Project or Activity

For individuals, give the last name first.

<table>
<thead>
<tr>
<th>Name / Title of Authorized Official:</th>
<th>Mary Jane Brell Vujovic, Director, Human Services Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Authorized Official:</td>
<td>Considered signed upon submission in e-snaps.</td>
</tr>
<tr>
<td>Date Signed:</td>
<td>08/27/2019</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Reportable Financial Interest in the Project or Activity (For individuals, give the last name first)</th>
<th>or Employee ID No.</th>
<th>Participation</th>
<th>in Project/Activity ($)</th>
<th>in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

---

**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: [X]

Applicant: Snohomish County

Project: Coordinated Entry

Applicant: Snohomish County

Project: Coordinated Entry
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of
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. |
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. |

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.)

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2: 
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:  
Last Name:  Brell Vujovic
Suffix:  
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)

Fax Number:  (425) 259-1444
(Format: 123-456-7890)

Email:  MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed:  08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a “Combined Renewal Expansion” project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amoun</th>
<th>Type</th>
</tr>
</thead>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0376
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

   2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
   2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: Coordinated Entry

4. Project Status: Standard

5. Component Type: SSO

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

The Coordinated Entry (CE) system incorporates uniform screening & assessment, prioritization & program matching, and connections to mainstream services to help those seeking housing/services access appropriate programs more efficiently. It promotes a community wide commitment to the goal of ending homelessness; promotes access to and effective utilization of mainstream programs; and optimizes homeless individuals’ & families’ self-sufficiency. The CE system provides multiple points for access and appropriate assessment for homeless individuals & families, while maintaining standardized processes and tools, as detailed in the CE Policy.

The standardized Intake Assessment is administered by 9 sites (throughout the County in rural and urban areas) and is the first-step assessment; it gathers basic household characteristics and determines next-step referral needs. CE sites tasked with serving a pathway population (veterans, unaccompanied youth, DV victims) were selected for their experience & expertise in serving the specific population. Homeless households are referred to a housing navigator. Navigation sites are managed by the County and partners: Arlington Community Resource Center, Catholic Community Services, Cocoon House, Domestic Violence Services, North Counties' Family Services, Volunteers of America, and YWCA.

A standardized Housing Assessment determines eligibility for RRH, TH, PSH, and prioritization for placement. Chronically homeless households with longest lengths of homelessness, severe service needs/highest vulnerabilities are prioritized; high service needs include medical fragility, high utilization of crisis/emergency services, tri-morbidity, other vulnerability factors (threat of victimization, unsheltered children, pregnancy).

The CE system includes specialty navigators, including employment navigators for mainstream employment services, navigators in middle/high schools, & behavioral health navigators who provide outreach and culturally competent services to homeless individuals and families who are struggling with mental illness and/or co-occurring mental illness and chemical dependency.

CoC funds will increase and expand: the engagement of persons for the purpose of providing immediate support and intervention; the identification of potential participants; the provision of information for & referrals to needed housing/services; and program matching & coordination of services. CoC funds
will help ensure that the system is implemented in accordance with a low-barrier and housing first approach and that it is easily accessible to those least likely to have access. The County will leverage local funds in operating the CE system. In addition, private and state funds will be leveraged for CE planning, implementation, and operations.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>(Click 'Save' to update)</td>
<td>X</td>
</tr>
</tbody>
</table>

Other: Homeless individuals and households without children who are not included in the subpopulations listed above.

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**  
No

**4. Please select the type of SSO Project:**  
Coordinated Entry

**4a. Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area?**  
Yes

**4b. Will the coordinated entry process funded in part by this grant be easily accessible?**  
Yes

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

-Snohomish County’s Coordinated Entry webpage provides information on accessing CE through 2-1-1 and contact information for each CE site  
-North Sound 2-1-1 provides information and referral  
-CE assessments are conducted at 9 sites throughout Snohomish County; these sites are accessible to persons with disabilities and are accessible via public transportation.  
-Project Homeless Connect is a one-day event designed to provide immediate services to homeless individuals and families; CE assessments are completed onsite to connect homeless individuals and families to housing and services  
-Embedded social workers accompany the Everett Police Community Outreach and Enforcement Team; assistance is provided to homeless individuals and families on the streets to connect them to housing systems and other needed resources  
-Embedded social workers work with the Snohomish County Sheriff in the Homeless Outreach team, which works to identify, locate, and connect with homeless and vulnerable populations in the County. The embedded social worker provides an alternative to law enforcement response to communities who have frequent social service needs.  
-Point in Time Count: Progress has been made in coordinating response to and tracking locations of homeless encampments; CE assessments are completed during the PIT count  
-Family Resource Centers provide rural navigation, which includes a combination of housing-focused case management, referrals coordination and services to homeless individuals and families referred by CE sites; rural navigation is specifically targeted to rural areas within Snohomish County that have more limited access to public transportation to ensure that these individuals and families have equal access to the CE system.
Behavioral health navigators conduct outreach to encampments, sites & communities throughout Snohomish County to assist with enrollment in CE of individuals and families who are struggling with mental illness and/or cooccurring mental illness and chemical dependency. The navigators will provide direct assistance to homeless individuals and families including: engagement and outreach, assistance with enrollment in CE, navigator assistance for those enrolled in CE, and facilitating enrollment into mental health and/or chemical dependency services as needed. The navigators will also be responsible for providing mental health and chemical dependency capacity building and training to CE navigators, landlords, and housing agencies so that they are better informed about how to support these individuals.

HHS’ Projects for Assistance in Transition to Homelessness (PATH) program staff assist individuals who are homeless and have serious mental illnesses connect to the CE system.

The CE Training & Services Supervisor presents CE information to local community groups, including mainstream services.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

The CE system makes referrals to all of the region’s homeless housing/services resources, including to all of CoC-funded permanent supportive housing and CoC- and ESG-funded rapid rehousing; ESG emergency shelters participate in the CE system by ensuring that participants are entered in CE. The CoC does not have any CoC- or ESG-funded transitional housing. Every CE site offers information and referral services to any household seeking housing services and refers homeless households to navigators, either on-site or off-site, who provide a range of rehousing services. To ensure consistency of services across sites and fidelity to best practice, CE intake and navigation staff are required to conform to service delivery policies and procedures outlined in the CE Policy.

The CE system is person-centered. Homeless individuals and families who are assisted through the CE system have the choice to accept referrals to housing and/or services. The CE system operates using a Housing First and Low-Barrier approach; while services are offered, they are not mandated. Households may turn down housing and/or services for any reason. Households, to the extent possible, are given the choice of where to live.

A standardized Intake Assessment is administered by 10 sites and is the first step assessment; it gathers basic household characteristics and determines next-step referral needs. CE sites are located throughout the region so that individuals & families have multiple locations from which they can access housing and services. CE sites tasked with serving a pathway population (veterans, unaccompanied youth, DV victims) were selected for their experience and expertise in serving the specific population. Homeless housing navigators and emergency shelter staff throughout the system utilize a standardized Housing Assessment to determine the appropriate response to a homeless individual or family’s particular housing crisis. Housing navigators work together...
with homeless households to also address their immediate barriers to housing stability by providing direct referrals to tailored services by CE partners, including landlord dispute resolution and family mediation, civil legal assistance, mental health and chemical dependency services and a range of employment and job training programs. The assessment determines eligibility for Snohomish County’s rapid rehousing, transitional housing, and permanent supportive housing, and determines prioritization for program placement. Housing navigators enter households’ eligibility and prioritization assessment information in the CE HMIS so that individuals and families can be referred directly to program openings. Eligible households are referred to openings in the adopted order of prioritization. The housing eligibility assessment, prioritization and referral process are built into the County’s HMIS to promote transparency and accuracy of referrals and services across sites. Chronically homeless households with longest lengths of homelessness, severe service needs/highest vulnerabilities are prioritized; high service needs include medical fragility, high utilization of crisis/emergency services, tri-morbidity, other vulnerability factors (threat of victimization, unsheltered children, pregnancy).

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant?  
   No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
   No

3. Does this project propose to allocate funds according to an indirect cost rate?  
   No

4. Renewal Grant Term:  
   1 Year

5. Select the costs for which funding is being requested:
   - Leased Structures  
   - Supportive Services  
   - HMIS
6D. Sources of Match

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

Summary for Match

| Total Value of Cash Commitments: | $34,214 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $34,214 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?  No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Snohomish County ...</td>
<td>08/31/2017</td>
<td>$34,214</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Snohomish County Human Services Department
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/31/2017
6. Value of Written Commitment: $34,214
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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$124,415</td>
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<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$124,415</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$12,440</td>
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<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$136,855</td>
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<tr>
<td>9. Cash Match</td>
<td>$34,214</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$34,214</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$171,069</td>
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### 7A. Attachment(s)

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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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**  Mary Jane Brell Vujovic  
**Date:** 08/30/2019  
**Title:** Director, Human Services Department  
**Applicant Organization:** Snohomish, County of
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
**8B Submission Summary**

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
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</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1G. HUD-2880</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1H. HUD-50070</td>
<td>08/27/2019</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1. Cert. Lobbying</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Recipient Performance</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Expansion</td>
<td>08/27/2019</td>
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<tr>
<td>Renewal Grant Consolidation</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6D. Match</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>Submission Without Changes</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÂM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- 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 2018 Project Application will be imported into the FY 2019 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.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, 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 2019 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: 08/30/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier: WA0338

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 X

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Snohomish, County of

b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979 PLUS 4

d. Address

  Street 1: 3000 Rockefeller Avenue, M/S 305

  City: Everett

  County: Snohomish

  State: Washington

  Country: United States

  Zip / Postal Code: 98201

e. Organizational Unit (optional)

  Department Name: Human Services Department

  Division Name: Office of Community and Homeless Services

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

  Prefix: Ms.

  First Name: Jackie

  Middle Name:

  Last Name: Anderson

  Suffix:

  Title: Division Manager, Housing and Community Services

  Organizational Affiliation: Snohomish, County of

  Telephone Number: (425) 388-3237
Extension:
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HMIS Lead

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
      (for multiple selections hold CTRL key)
   b. Project: WA-001, WA-002
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/30/2019
1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name:
   Last Name: Brell Vujovic
   Suffix:
   Title: Director, Human Services Department

   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-7236
   Extension:
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance
   Requested/Received: $212,216.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

HMIS Lead 3000 Rockefeller Avenue, M/S 305
Everett Washington

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? (For further information, see 24 CFR Sec. 4.3).
   Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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</thead>
<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Social Security No.</th>
<th>Type of</th>
<th>Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2019</td>
<td>Page 10</td>
<td></td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/27/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Snohomish, County of

**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:

<table>
<thead>
<tr>
<th>Certification/Certification Requirement</th>
<th>Action Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>a.</em> 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.</td>
<td></td>
</tr>
<tr>
<td><em>b.</em> Establishing an on-going drug-free awareness program to inform employees ---</td>
<td></td>
</tr>
<tr>
<td>(1) The dangers of drug abuse in the workplace</td>
<td></td>
</tr>
<tr>
<td>(2) The Applicant's policy of maintaining a drug-free workplace;</td>
<td></td>
</tr>
<tr>
<td>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</td>
<td></td>
</tr>
<tr>
<td>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</td>
<td></td>
</tr>
<tr>
<td><em>c.</em> 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.;</td>
<td></td>
</tr>
<tr>
<td><em>d.</em> Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---</td>
<td></td>
</tr>
<tr>
<td>(1) Abide by the terms of the statement; and</td>
<td></td>
</tr>
<tr>
<td>(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;</td>
<td></td>
</tr>
<tr>
<td><em>e.</em> 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;</td>
<td></td>
</tr>
<tr>
<td><em>f.</em> 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 ---</td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td></td>
</tr>
<tr>
<td>(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;</td>
<td></td>
</tr>
<tr>
<td><em>g.</em> Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.</td>
<td></td>
</tr>
</tbody>
</table>

**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

---

Renewal Project Application FY2019 Page 12 08/30/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
J. 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? No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. 

Applicant: Snohomish County
Project: HMIS Lead
Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name: 
Last Name: Brell Vujovic
Suffix: 
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)

Fax Number: (425) 259-1444
(Format: 123-456-7890)

Email: MaryJane.Vujovic@co.snohomish.wa.us

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

Date Signed: 08/30/2019
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.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year’s FY 2018 information, e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Fully Consolidated” on the Grant Consolidation screen may not use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. However, if the applicant selects “Individual Renewal”, this project application(s) can use the “Submit Without Changes” process. In addition, e-snaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Expansion Screen, this project application is for a ‘Combined Renewal Expansion’ project application. However, the stand-alone renewal expansion project application(s) can use the “Submit Without Changes” process.

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;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- 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 2018 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 the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.
Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   No
   
   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   
   The most recently expired grant term ended June 30, 2019; the APR is not due until September 28, 2019.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  
   No
Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No
Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?  No
   If "No" click on "Next" or "Save & Next" below to move to the next screen.
2A. Project Subrecipients

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.

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: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WA0338
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
2b. CoC Collaborative Applicant Name: Snohomish, County of

3. Project Name: HMIS Lead

4. Project Status: Standard

5. Component Type: HMIS

6. Does this project use one or more properties that have been conveyed through the Title V process? 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.

There is profound utility for an HMIS when the CoC is to be able to use the data to drive decision making and inform planning activities. The CoC's current HMIS functionality is limited by staff capacity to perform the necessary scope of work. The CoC Board recognizes the need for greater focus on data management and the capacity to report data in various formats with accompanying analytics to drive decision-making and strategic planning activities.

The CoC HMIS Project Application supports HMIS eligible activities to operate and administrate a high functioning HMIS, which includes expansion, customization, and increased functionality:

- Technical assistance and training for users;
- Operations and administration;
- Customizing and enhancing HMIS;
- Reporting to the CoC and HUD;
- Completing data analysis, and presenting the CoC Board, provider groups, other stakeholders and interested parties in our community;
- Monitoring and reviewing data quality to ensuring high data quality for analytics and reporting;
- Minimizing the need for participation fees as a means to encourage broad provider/program participation;
- Staff time to work with vendor or perform activities to repair data and address workflow issues;
- Integrate and support the PATH, RHY and VASH programs into HMIS for reporting and analytics;
- Ensuring compliance with HUD HMIS standards;
- Produce unduplicated counts of persons experiencing or at-risk of homelessness;
- Comprehensive evaluation and analytics that describes the extent and nature of homelessness with the CoC;
- Identify patterns of services;
- Project evaluation and providing data for project review, rating and selection;
- Measure program and homeless system effectiveness, including HEARTH measures; and
- Develop and update HMIS policies, HMIS Governance Charter, provider HMIS agreements, confidentiality, privacy plan, security protocols, HIPPA & electronic records requirements.
Data management and analytics are critical to the CoC efforts to achieve goals to end homelessness. The CoC goals are aligned with the Federal Strategic Plan. The HMIS Team have received increasing requests for data, analytics, reports and presentations, as the Board, community and jurisdictions are seeking positive lasting solutions to end homelessness. The CoC funding will help ensure that we have broad rich data sets to work with and that will support decision making and planning throughout our CoC's geographic area.

2. Does your project have a specific population focus?  No
4A. HMIS Standards

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.

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance.
Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance.
Max. 500 characters

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If no, explain why and the planned steps for achieving this.
Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the
implementation meets all privacy and security standards as required by HUD and the federal partners?

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? No

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours
6A. Funding Request

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. Do any of the properties in this project have an active restrictive covenant?  No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Does this project propose to allocate funds according to an indirect cost rate?  No

4. Renewal Grant Term:  1 Year

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

   HMIS  X
6D. Sources of Match

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

**Summary for Match**

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$53,054</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$53,054</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? **No**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness...</td>
<td>08/31/2017</td>
<td>$53,054</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Will this commitment be used towards Match?  Yes

2. Type of Commitment:  Cash

3. Type of Source:  Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)
   Ending Homelessness Program

5. Date of Written Commitment:  08/31/2017

6. Value of Written Commitment:  $53,054
6E. Summary Budget

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 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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$202,216</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$202,216</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,000</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$212,216</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$53,054</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$53,054</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$265,270</td>
</tr>
</tbody>
</table>
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.
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 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.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.
## 8B Submission Summary

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<tr>
<td>Submission Without Changes</td>
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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:
- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2019 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 (SÂM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application
   If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/30/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier

6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

| c. Organizational DUNS: | 079247979 | PLUS 4 |

   d. Address
      Street 1: 3000 Rockefeller Avenue, M/S 305
      Street 2:
      City: Everett
      County: Snohomish
      State: Washington
      Country: United States
      Zip / Postal Code: 98201

   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name:  

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Jackie
      Middle Name: 
      Last Name: Anderson
      Suffix: 
      Title: 
      Organizational Affiliation: Snohomish, County of
      Telephone Number: (425) 388-3237
      Extension:  

Applicant: Snohomish County
Project: WA-504 CoC Planning Application FY2019
Applicant: Snohomish County 079247979
Project: WA-504 CoC Planning Application FY2019 179653
Fax Number: (425) 388-3504
Email: jackiem.anderson@co.snohomish.wa.us
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-6300-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): Washington
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant’s Project: WA-504 CoC Planning Application FY2019

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   b. Project: WA-001, WA-002
(for multiple selections hold CTRL+Key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
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: X

21. Authorized Representative

Prefix:    Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department
Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of
   Prefix: Ms.
   First Name: Mary Jane
   Middle Name: 
   Last Name: Brell Vujovic
   Suffix: 
   Title: Director, Human Services Department

Organizational Affiliation: Snohomish, County of

   Telephone Number: (425) 388-7236
   Extension: 
   Email: MaryJane.Vujovic@co.snohomish.wa.us
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip/Postal Code: 98201

2. Employer ID Number (EIN): 91-6001368

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $284,331
   (Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:

WA-504 CoC Planning Application FY2019 3000 Rockefeller Avenue, M/S 305 Everett Washington

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.

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
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<tbody>
<tr>
<td>See &quot;Other Attachments&quot; screen</td>
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</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a</th>
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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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Snohomish, County of

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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

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.

X
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: 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)

Authorized Representative

Prefix: Ms.  
First Name: Mary Jane  
Middle Name  
Last Name: Brell Vujovic  
Suffix:  
Title: Director, Human Services Department  
Telephone Number: (425) 388-7236  
(Format: 123-456-7890)  
Fax Number: (425) 259-1444  
(Format: 123-456-7890)  
Email: MaryJane.Vujovic@co.snohomish.wa.us  
Signature of Authorized Representative: Considered signed upon submission in e-snaps.  
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
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?

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
Street 2:  
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative
Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department

Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
2A. Project Detail

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
1b. Collaborative Applicant Name: Snohomish, County of

2. Project Name: WA-504 CoC Planning Application FY2019

3. Component Type: CoC Planning Project Application
2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

   CoC Planning: CA staff accomplish planning activities through CoC program & Board support, management of the Coordinated Entry (CE) system, and as the HMIS Lead. In addition to planning activities below, CA planning activities will be achieved through CE implementation & policy development to enhance system performance: outreach/engagement of unsheltered/vulnerable populations, successful programming through effective evaluation, implementation of targeted interventions, establishment of performance benchmarks & coordination with mainstream services to ensure that households with the highest needs have low-barrier access to CoC housing & prevention programs and to services that meet their individualized needs; a range of evidence-based housing & services options that prevent persons from becoming homeless and move persons as quickly as possible into permanent housing with a priority for unsheltered households with the highest needs and longest times homeless as established through CE policies and ESG/CoC Local Standards for RRH, TH and PSH. CA planning will continue to take the specialized needs of subpopulations, CH, youth, DV victims and veterans into account/ensure that customized outreach and culturally appropriate services are provided. Planning activities will include a gaps analysis (including an assessment of the current housing available and need for these interventions) to inform ongoing system refinement; an annual Point in Time Count of sheltered & unsheltered homeless persons and participation in the Consolidated Plan to provide data and coordinate grant activities.

   Operate the CoC and the HMIS: meetings, agenda and minutes and support of board, committees and workgroups; annual update/renewal of governance charter and incorporated policies including HMIS governance, CE policies that include specific provisions to ensure that victims of DV receive services in a safe and confidential environment and Local CoC/ESG Standards meeting the requirements of 578.7(a); local CoC plan, state plan, and federal plan activities; project evaluation in coordination with ESG recipients to include all CoC funded projects and ESG projects for impact on CoC-wide performance, data quality, reporting, monitoring findings, audits and financial management and taking action against poor performers. Project monitoring activities include desk reviews, HMIS data, reports, site visits, onsite record reviews, eligible activities, agency changes, staff turnover, spend down, and other similar activities. HUD compliance activities include providing information and technical assistance to the CoC; oversight for CoC requirements; developing written protocols, standards and other materials to ensure compliance. HMIS management is done by the CA and includes HUD compliance activities, oversight of recipient and subrecipients and ongoing review/maintenance of the privacy, security and data quality plans.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely
completion of all work.

The Collaborative Applicant is planning on a July 1, 2020 start. The CA currently undertakes the activities described above, so those activities will continue. The Supervisor of the Office of Community and Homeless Services (OCHS) within the Snohomish County Human Services Department will be responsible for overall management of the Project. She is responsible for oversight of the work that the County does as the current CA on behalf of the CoC and other homeless activities. CA planning work will be assigned and tracked by the OCHS Supervisor. The CA will work collectively with the CoC board and committees, and provide status reports on activities. Regular OCHS staff meetings and supervisor review of activities will ensure that work is being completed in a timely manner and consistent with the CoC requirements and HUD grant agreement. The Supervisor will seek out and utilize other resources as needed to enhance the work. In addition, the CoC and CA will evaluate the work being done and progress made toward performance measures and goals for the project.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

This funding will enhance the CA’s ability to dedicate more staff time in evaluating CoC and ESG projects. Activities will include: 1) utilizing HMIS data and reports on HEARTH System Performance Measures; 2) evaluating project and systems performance in relation to benchmarks established for ESG and CoC projects; 3) providing data, reports, and evaluation recommendations to the Board; 4) providing data and information, and supporting the CoC’s Data & Analysis Committee; 5) increased support for the Project Review Committee to receive regular updates/reports on project performance; 6) increased review of CoC and ESG funded projects, including state pass through ESG funds; 7) increased staff time to work with the Department researcher to enhance evaluation tools, processes, and reports; 8) improving performance based contracting; 9) providing data and other evaluation results on CoC website for projects and the public; 10) increased ability to provide technical assistance and/or corrective action, and 11) enhanced ability to utilize the valuation results to inform decision-making and planning activities. The County as the CA is uniquely positioned to leverage other resources and stimulate forward thinking and movement to help improve performance on a systems level. The CA is also well positioned to work with the CoC Board, as the CA has a long history of coordinating, collaborating and functioning as the CoC lead agency. The CA also manages many other sources of funding, including those that affect the outcomes of CoC and ESG projects. Increased capacity will allow us to progress more quickly and thoroughly to establish and support effective project evaluation processes.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

The CA would evaluate what is necessary to carry out all activities for which it is responsible and to the extent practicable, would make adjustments in staffing assignments and look for other financial resources that might be available. The CA would also work with the CoC to identify where other CoC members might be able to carry some of the
responsibilities. The CA would make every effort to support this important work, but should resources be unavailable to all activities, then some of the CoC activities may need to be streamlined or reduced in some manner. The CA will continue to evaluate staffing levels, compliance demands, and work processes for ways to be more efficient, yet still be effective. The CA is committed to this work and will strive to sustain efforts that are working to reduce and end homelessness in the Everett/Snohomish County CoC.
3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Quarterly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in CoC meetings</td>
<td>X</td>
</tr>
<tr>
<td>Votes, including electing Coc Board</td>
<td>X</td>
</tr>
<tr>
<td>Sits on CoC Board</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

3. Does the CoC’s governance charter incorporate written policies and procedures for each of the following

   a. Written agendas of CoC meetings? Yes
   b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
   c. Process for monitoring outcomes of ESG recipients? Yes
   d. CoC policies and procedures? Yes
   e. Written process for board selection? Yes
   f. Code of Conduct for board members that includes a recusal process? Yes
   g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No
Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of the Group (max 750 characters)</th>
<th>Meeting Frequency</th>
<th>Name of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data &amp; Analysis Committee</td>
<td>A focus on county level data and identifying / coordinating with County systems that collect data. The data collection and analysis process is intended to guide and provide feedback to committees and the board and to inform planning processes.  • Follow direction and guidance from the board  • Oversee subcommittees  • Identify existing community data systems related to the goals of the PEH  • Establish relationships with entities collecting data and generating reports from data  • Recommend data analysis plans  • Keep the board informed of laws, rules, policies regarding data collection and sharing  • Report back to the Board and  • Make recommendations to the Board as appropriate in relationship to the work they are conducting.</td>
<td>Quarterly</td>
<td>Collaborative Applicant; HMIS Lead, WA DSHS, CCS, Everett School District; Edmonds Community College, Housing Authority of Snoh County, Cocoon House Building Changes</td>
</tr>
<tr>
<td>Veteran's Homeless Subcommittee</td>
<td>Responsible for planning to end and prevent veteran homelessness. They identify needs and gaps and seek other resources to meet these needs. They designed and continue to refine CE for veterans, and have lead(s) to participate in the monthly CE Navigator meetings for overall coordination. The committee engages key stakeholders in planning activities, and has been very successful in obtaining new resources to address veteran homelessness.</td>
<td>Monthly</td>
<td>CCS, VOA, Housing Authority of Sno Co, YWCA, WorkSource, Navy, WA DOC, Sno Co Human Svcs, Comm Helth Cntrs, Therapeutic Hlth Svcs, Ofc of Rep Rick Larsen, Ofc of Rep Suzan DelBene, H3Horses Healing Heroes, VA/ Evt Cntr, Salvation Army</td>
</tr>
<tr>
<td>Strategic Planning Committee</td>
<td>Focus on evaluation activities that will inform the planning process for the board. The committee will:  • Follow direction and guidance from the board  • Oversee subcommittees as assigned by the board  • Identify best practices  • Perform a needs and gaps analysis  •</td>
<td>Quarterly</td>
<td>CCS, VOA/211, YWCA, SnoCo Human Services, Community Health Centers, DVS, Sheriff, United Way, Interfaith, Employment Security Dept, City of Marysville</td>
</tr>
<tr>
<td><strong>Outreach Coalition</strong></td>
<td>Responsible for developing and operationalizing a coordinated outreach plan that covers all of the CoC area. Planning includes processes to identify and respond to homeless encampments, which often have chronically homeless persons; bringing key stakeholders and outreach programs together to identify barriers, gaps, services and housing. Seek out additional resources and more effective use of existing resources to address needs. The group is responsible for coordinating with embedded social workers, local participating agencies, and the overall CE system.</td>
<td>Monthly</td>
<td>CCS, VOA, Sno Co Human Svcs, Law Enforcement, Cocoon House, Community Hlth Ctrs, VA Svcs, Mercy Watch, Verdant</td>
</tr>
<tr>
<td><strong>Youth Action Committee</strong></td>
<td>Responsible for planning to end and prevent youth homelessness. They identify needs and gaps and assist in the development of projects/program design to meet the needs. The committee is comprised of youth age 24 and under with lived experience. The YAC is provided input/guidance on the development of the YHDP Coordinated Community Plan; as well as final approval and input on the YHDP projects selected for funding.</td>
<td>Monthly</td>
<td>Collaborative Applicant and Cocoon House provide support; membership is individual community members with lived experience (youth under 24)</td>
</tr>
</tbody>
</table>
4A. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$71,083</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$71,083</td>
</tr>
</tbody>
</table>

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessness...</td>
<td>08/30/2019</td>
<td>$71,083</td>
</tr>
</tbody>
</table>
Sources of Match Details

1. Will this commitment be used towards Match? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: Ending Homelessness Program-Snohomish County

(Commitment) (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/30/2019

6. Value of Written Commitment: $71,083
4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021?  Yes

2. Does this project propose to allocate funds according to an indirect cost rate?  No

3. Select a grant term:  1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination Activities</td>
<td>1.1 FTE CoC Program staff salaries and benefits</td>
<td>$127,331</td>
</tr>
<tr>
<td>2. Project Evaluation</td>
<td>.20 FTE CoC Program staff salaries and benefits</td>
<td>$15,000</td>
</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CoC Application Activities</td>
<td>.15 FTE CoC Program staff salaries and benefits</td>
<td>$12,000</td>
</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Developing a CoC System</td>
<td>1 FTE CoC Program staff salaries and benefits</td>
<td>$110,000</td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td>.3 FTE CoC Program staff salaries and benefits</td>
<td>$20,000</td>
</tr>
<tr>
<td>Total Costs Requested</td>
<td></td>
<td>$284,331</td>
</tr>
<tr>
<td>Cash Match</td>
<td></td>
<td>$71,083</td>
</tr>
<tr>
<td>In-Kind Match</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Total Match</td>
<td></td>
<td>$71,083</td>
</tr>
<tr>
<td>Total Budget</td>
<td></td>
<td>$355,414</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate the Total Assistance
5A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:
5B. 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.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

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

Name of Authorized Certifying Official: Mary Jane Brell Vujovic

Date: 08/30/2019

Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

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 statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
6A. Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>2A. Project Detail</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>2B. Description</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3A. Governance and Operations</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>3B. Committees</td>
<td>08/27/2019</td>
</tr>
<tr>
<td>4A. Match</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>4B. Funding Request</td>
<td>08/30/2019</td>
</tr>
<tr>
<td>5A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5B. Certification</td>
<td>08/30/2019</td>
</tr>
</tbody>
</table>
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:
- Only Collaborative Applicants may apply for UFA costs using this application.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: UFA Fiscal Cost Project Application
   If Revision, select appropriate letter(s):
   If "Other", specify:

3. Date Received: 08/30/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Snohomish, County of
   b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001368

c. Organizational DUNS: 079247979 PLUS 4

d. Address
   Street 1: 3000 Rockefeller Avenue, M/S 305
   City: Everett
   County: Snohomish
   State: Washington
   Country: United States
   Zip / Postal Code: 98201

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
   First Name: Jackie
   Middle Name:
   Last Name: Anderson
   Suffix:
   Title:
   Organizational Affiliation: Snohomish, County of
   Telephone Number: (425) 388-3237
Extension:

Fax Number: (425) 388-3504

Email: jackiem.anderson@co.snohomish.wa.us
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-6300-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
14. Area(s) affected by the project (state(s) only): Washington
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: WA-504 UFA Costs Project Application FY2019

16. Congressional District(s):
   a. Applicant: WA-001, WA-002
   b. Project: WA-001, WA-002
   (for multiple selections hold CTRL+Key)

17. Proposed Project
   a. Start Date: 07/01/2020
   b. End Date: 06/30/2021

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: X

21. Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name:
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
1. Applicant/Recipient Name, Address, and Phone

- **Agency Legal Name:** Snohomish, County of
- **Prefix:** Ms.
- **First Name:** Mary Jane
- **Middle Name:**
- **Last Name:** Brell Vujovic
- **Suffix:**
- **Title:** Director, Human Services Department

**Organizational Affiliation:** Snohomish, County of

**Telephone Number:** (425) 388-7236

**Extension:**

- **Email:** MaryJane.Vujovic@co.snohomish.wa.us
- **City:** Everett
- **County:** Snohomish
- **State:** Washington
- **Country:** United States
- **Zip/Postal Code:** 98201

2. **Employer ID Number (EIN):** 91-6001368

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

4. **Amount of HUD Assistance Requested/Received:** $284,331.00

(Requested amounts will be automatically entered within applications)
5. State the name and location (street address, city and state) of the project or activity:  
WA-504 UFA Costs Project Application FY2019  
3000 Rockefeller Avenue, M/S 305 Everett  
Washington  
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? (For further information, see 24 CFR Sec. 4.3).  
Yes

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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>See “Other Attachments” screen</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a Financial Interest</th>
<th>Financial Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2019 UFA Costs Project Application</td>
<td>09/10/2019</td>
</tr>
</tbody>
</table>
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: X

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Snohomish, County of

**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:

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>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;</td>
</tr>
<tr>
<td>g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.</td>
</tr>
</tbody>
</table>

### 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. X

---

FY2019 UFA Costs Project Application        Page 12        09/10/2019
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: 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)

Authorized Representative

Prefix: Ms.
First Name: Mary Jane
Middle Name
Last Name: Brell Vujovic
Suffix:
Title: Director, Human Services Department
Telephone Number: (425) 388-7236
(Format: 123-456-7890)
Fax Number: (425) 259-1444
(Format: 123-456-7890)
Email: MaryJane.Vujovic@co.snohomish.wa.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2019
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: Snohomish, County of

Name / Title of Authorized Official: Mary Jane Brell Vujovic, Director, Human Services Department

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

Date Signed: 08/30/2019
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

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

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

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

No

Legal Name: Snohomish, County of
Street 1: 3000 Rockefeller Avenue, M/S 305
City: Everett
County: Snohomish
State: Washington
Country: United States
Zip / Postal Code: 98201

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. X
Authorized Representative

Prefix:  Ms.
First Name:  Mary Jane
Middle Name:
Last Name:  Brell Vujovic
Suffix:
Title:  Director, Human Services Department

Telephone Number:  (425) 388-7236
(Format: 123-456-7890)
Fax Number:  (425) 259-1444
(Format: 123-456-7890)
Email:  MaryJane.Vujovic@co.snohomish.wa.us

Signature of Authorized Official:  Considered signed upon submission in e-snaps.
Date Signed:  08/30/2019
2A. Sources of Match

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

Summary for Match

| Total Value of Cash Commitments: | $71,083 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $71,083 |

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Ending Homelessn...</td>
<td>08/30/2019</td>
<td>$71,083</td>
</tr>
</tbody>
</table>
Sources of Match Details

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Ending Homelessness Program-Snohomish County
5. Date of Written Commitment: 08/30/2019
6. Value of Written Commitment: $71,083
2B. Funding Request

1a. CoC Number and Name: WA-504 - Everett/Snohomish County CoC
1b. CoC Applicant Name: Snohomish, County of

2. Project Name: WA-504 UFA Costs Project Application FY2019

3. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Select a grant term: 1 Year

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

Snohomish County, as a Unified Funding Agency, will carry out the UFA project in compliance with 24 CFR 578.11. The County will enter into agreements with subrecipients and receive and distribute funds to subrecipients for all CoC projects. Through these agreements, subrecipients will be required to establish fiscal control and accounting procedures as necessary to ensure the proper disbursal of and accounting for federal funds in accordance with requirements of 2 CFR 200. The County will obtain approval from the CoC for amendments before submitting a request to HUD. The County will ensure that all CoC Program financial transactions are conducted and records maintained in accordance with generally accepted accounting principles, including arranging for an annual evaluation of the financial records of each CoC subrecipient project. The County will also monitor subrecipients annually and enforce compliance with the CoC Program requirements.

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conducting and Recording Financial Transactions</td>
<td>0.04 FTE Financial Compliance Officer; 0.06 FTE Grant Accountant</td>
<td>$12,000</td>
</tr>
<tr>
<td>2. Maintaining Financial Records</td>
<td>0.04 FTE Financial Compliance Officer; 0.06 FTE Grant Accountant</td>
<td>$18,000</td>
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</table>
### Annual Survey, Audit, or Evaluation of Subrecipient Financial Records

<table>
<thead>
<tr>
<th>FTE Hours</th>
<th>Role</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.02</td>
<td>Financial Compliance Officer</td>
<td>$18,000</td>
</tr>
<tr>
<td>0.05</td>
<td>Program Manager</td>
<td></td>
</tr>
<tr>
<td>0.007</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Monitoring of Subrecipients

<table>
<thead>
<tr>
<th>FTE Hours</th>
<th>Role</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>Program Manager</td>
<td>$111,331</td>
</tr>
<tr>
<td>0.07</td>
<td>Division Manager</td>
<td></td>
</tr>
<tr>
<td>0.1</td>
<td>Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

### Enforcing Subrecipient Compliance with Program Requirements

<table>
<thead>
<tr>
<th>FTE Hours</th>
<th>Role</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.75</td>
<td>Program Manager</td>
<td>$125,000</td>
</tr>
<tr>
<td>0.07</td>
<td>Division Manager</td>
<td></td>
</tr>
<tr>
<td>0.1</td>
<td>Supervisor</td>
<td></td>
</tr>
</tbody>
</table>

---

**Total Costs Requested**: $284,331  
**Cash Match**: $71,083  
**In-Kind Match**: $0  
**Total Match**: $71,083  
**Total Budget**: $355,414  

---

Click the 'Save' button to automatically calculate the Total Assistance.
### 3A. Attachments

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3B. 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 Federal-aided 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.

1-Year Operation Rule.

For applicants receiving assistance for UFA Costs: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

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

Name of Authorized Certifying Official: Mary Jane Brell Vujovic
Date: 08/30/2019
Title: Director, Human Services Department

Applicant Organization: Snohomish, County of

PHA Number (For PHA Applicants Only): X

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 statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 4A. Submission Summary

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<thead>
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<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
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</tr>
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<td>1B. SF-424 Legal Applicant</td>
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<td>1C. SF-424 Application Details</td>
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<tr>
<td>1E. SF-424 Compliance</td>
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</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/27/2019</td>
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<tr>
<td>1G. HUD 2880</td>
<td>08/27/2019</td>
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<tr>
<td>1H. HUD 50070</td>
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<tr>
<td>1I. Cert. Lobbying</td>
<td>08/27/2019</td>
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<tr>
<td>1J. SF-LLL</td>
<td>08/27/2019</td>
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<tr>
<td>2A. Match</td>
<td>08/30/2019</td>
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<tr>
<td>2B. Funding Request</td>
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<tr>
<td>3A. Attachments</td>
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<tr>
<td>3B. Certification</td>
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