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 at on the OneCPD Resource 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 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 (SûM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY2014 Funding Notice and the FY 2013 - FY2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, the FY 2013 – FY 2014 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 2013 Project Application will be imported into the FY 2014 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2013 post award process or a grant agreement amendment.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 the CoC Program interim rule (24 CFR part 578) and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission:
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
   3. Date Received: 10/24/2014
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0469L9D001306
6. Date Received by State:
7. State Application Identifier:
Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Beyond Shelter

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4197075

c. Organizational DUNS: 603524117

d. Address

Street 1: 340 N. Madison Avenue

Street 2:

City: Los Angeles
County: Los Angeles
State: California
Country: United States

Zip / Postal Code: 90004

e. Organizational Unit (optional)

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

Prefix: Ms.
First Name: Cali
Middle Name: 
Last Name: Hayes
Suffix: 
Title: Communications Coordinator

Organizational Affiliation: PATH / Beyond Shelter

Telephone Number: (323) 644-2273
Extension: 
Fax Number: (323) 644-2288
Email: grants@beyondshelter.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
If "Other" please specify:

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-5800-N-30
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title: 
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

15. Descriptive Title of Applicant's Project: South Central Family Transition Program

16. Congressional District(s):
   a. Applicant: CA-034
   (for multiple selections hold CTRL key)
   b. Project: CA-040
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2015
   b. End Date: 11/30/2016
18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

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: 10/06/2014

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

If "YES," provide an explanation:

Applicant: Beyond Shelter
Project: South Central Family Transition Program

 Applicant: Beyond Shelter  603524117
Project: South Central Family Transition Program  111828
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 - FY 2014 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this form from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

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: Mr.
First Name: Joel
Middle Name: John
Last Name: Roberts
Suffix:
Title: CEO
Telephone Number: (323) 644-2209
(Format: 123-456-7890)
Fax Number: (323) 644-2288
(Format: 123-456-7890)
Email: joelr@epath.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/24/2014
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:** $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2014 CoC Program Competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the CoC Program Competition Appeals Notice.

Component Type: This is a required field. Select the component type that identifies the renewal project application type.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0469L9D001306
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-600 - Los Angeles City & County CoC
2b. CoC Applicant Name: Los Angeles Homeless Services Authority
3. Project Name: South Central Family Transition Program

4. Project Status: Standard

5. Component Type: PH

6. Is Energy Star used at one or more of the proposed properties? Yes

7. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:
ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select “Yes” if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select “No.”

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(es) to identify the project’s population focus.

PH PROJECTS ONLY

Does the project follow a “Housing First” model: This is a required field for PH projects only. Select “Yes” if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select “No” if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

Indicate the maximum length of assistance”. RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, “Unlimited Assistance” will automatically populate and will be read only.

TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select Yes from the dropdown menu. If not requesting rental assistance in this project application, select No.

RENTAL ASSISTANCE PROJECTS ONLY:
Describe the method for determining the type, amount, and duration of rental assistance that participants can receive: If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive.

Is this a CoC Program leasing or former SHP project that had been approved by HUD to revise the renewal project budget from leasing to rental assistance? (This change must have been listed on the final HUD-approved FY 2014 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected HUD approved a change from leasing to rental assistance during the FY 2014 GIW process.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.
High unemployment, expensive rental stock, cuts to safety net program, and other economic factors in Los Angeles are exacerbating family homelessness and creating barriers for impacted families to return to permanent housing. The proposed program uses a Housing First approach to help homeless families overcome income, credit, and other barriers to permanent housing as quickly as possible, and then provides time-limited in-home services focused on housing stabilization and linking parents and children with mainstream services for longer-term support.

Families are referred to the program from a network of approximately 45 collaborative Referral Agencies that are also a part of the Los Angeles Continuum of Care, ranging from emergency shelters and transitional housing programs to domestic violence shelters and residential substance abuse treatment programs. The Referral Agencies attend annual training sessions and sign formal MOUs. As part of their agreement with Beyond Shelter, each referral partner commits to continuing to shelter families while Beyond Shelter works to re-house them as quickly as possible.

Upon referral to the program, families participate in the following activities:

Training & Employment: Parents receive career planning, employment workshops, hard skills training, and job placement assistance, provided by Beyond Shelter and partnering WorkSource Centers. Families unable to work are prioritized for the limited number of rental subsidies available to the program.

Housing Search & Landlord Recruitment: Housing specialists use a variety of strategies to assist families to find suitable, permanent housing, including: 1) developing housing search plans tailored to individual family needs; 2) addressing barriers to leasing housing, e.g. writing letters of support explaining past rental problems; and 3) working with Beyond Shelter’s existing network of more than 150 landlords countywide.

Home Visitation Services/Life Skills Education: Once families have moved into their new homes, case managers visit them regularly for six months to help them acclimate to their surroundings and access vital community resources (e.g. bank accounts, childcare/school, after-school programs, food pantries, furnishings). They also assist families to build life skills and develop survival strategies, including budgeting, household management, conflict resolution, and parenting techniques. Families “graduate” from the program (i.e. services are completed) generally after receiving six months of life skills education and case management support following their move to permanent housing.

2. Does your project participate in a CoC Coordinated Assessment System? Yes

3. Does your project have a specific population focus? Yes
3a. 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</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other:

5. Does the project follow a "Housing First" model? Yes

6. Does the PH project provide PSH or RRH? RRH

6a. Indicate the maximum length of assistance: Up to 12 months

7a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select “Yes,” “No,” or “N/A” to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select “N/A.” If “No” is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of “No” is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.

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

3. How accessible are most community amenities to project participants?

<table>
<thead>
<tr>
<th>Most Community Amenities</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.</td>
<td>Very accessible: No transportation barriers, easily within reach of all participants.</td>
</tr>
</tbody>
</table>
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:** 48
- **Total Beds:** 96
- **Total Dedicated CH Beds:** 10
- **Total Non-Dedicated CH Beds:** 86

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Non-Dedicated CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>48</td>
<td>96</td>
<td>10</td>
<td>86</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2014 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: 48
   b. Beds: 96
   c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 10
   d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless? 86

3. Address:
   Street 1: 5101 S. Broadway Ave
   Street 2:
   City: Los Angeles
   State: California
   ZIP Code: 90037

4. Select the geographic area(s) associated with the address: 069037 LOS ANGELES COUNTY
   (for multiple selections hold CTRL Key)
4C. HMIS Participation

Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually? This is a required field. Select “Yes” or “No” from the drop down menu.

If “No” was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC’s HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If “Federal/State prohibition” cite the applicable law in the text box provided. For “Other” provide an explanation in the text box. “New project not yet operating,” is appropriate only for first time renewals that have yet to begin operations.

If “Yes” was selected:

Indicate the number of clients served from 1/1/2013 – 12/31/2013: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2013 – 12/31/2013, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question. Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0." At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as “Don’t Know or Refused.”

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Does this project provide client level data to HMIS at least annually? Yes

2a. Indicate the number of clients served from 1/1/2013 - 12/31/2013 141

2b. Of the clients served from 1/1/2013 - 12/31/2013, indicate the number reported in the HMIS 141

3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".
<table>
<thead>
<tr>
<th>Data Quality</th>
<th>Null or Missing Values (%)</th>
<th>Don't Know or Refused (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Race</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Disabling Condition</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Residence Prior to Prog. Entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Zip Code of Last Permanent Address</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<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>48</td>
<td>0</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Persons in Households with at Least One Adult and One Child</td>
<td>Adult Persons in Households without Children</td>
<td>Persons in Households with Only Children</td>
<td>Total</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Disabled Adults over age 24</td>
<td>6</td>
<td>0</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Non-disabled Adults over age 24</td>
<td>34</td>
<td>0</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Disabled Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Non-disabled Adults ages 18-24</td>
<td>8</td>
<td>0</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Accompanied Disabled Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Non-disabled Children under age 18</td>
<td>48</td>
<td>0</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Unaccompanied Disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Adults over age 24</td>
<td>40</td>
<td>0</td>
<td></td>
<td>40</td>
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<tr>
<td>Total Number of Adults ages 18-24</td>
<td>8</td>
<td>0</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Total Number of Children under age 18</td>
<td>48</td>
<td>0</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Total Persons</td>
<td>96</td>
<td>0</td>
<td></td>
<td>96</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

#### Instructions:

**ALL PROJECTS EXCEPT HMIS**

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.*

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

**Persons in Households with at Least One Adult and One Child** chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

**Persons in Households without Children** chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children** chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

**Total Persons**: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

#### 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-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>Disabled Adults over age 24</td>
<td>6</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>Non-disabled Adults over age 24</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Disabled Adults 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>Non-disabled Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Disabled 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>Non-disabled Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>48</td>
</tr>
</tbody>
</table>

| Applicant: Beyond Shelter               | 603524117                    |
| Project: South Central Family Transition Program | 111828                  |
### 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>Disabled 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>Non-disabled 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>Disabled Adults 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>Non-disabled Adults 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 Disabled 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>Accompanied Non-disabled 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>Unaccompanied Disabled 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>Unaccompanied Non-disabled 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>

Describe the unlisted subpopulations referred to above:

Unlisted sub-populations referred to above represent homeless families and their children that don't always identify with the above sub-populations as a result of program design.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD’s definition of homeless and the project type eligibility requirements.

AND/OR

If “Persons at imminent risk…” is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the “Persons at imminent risk of losing their nighttime residence” field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for “Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing” contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>46%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>20%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>Percentage</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>34%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.
6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: If permanent housing, count each participant who is still living in your units supported by your facility in addition to clients who have exited your units and moved into another permanent housing situation. If transitional housing or a safe haven, only count persons who have exited your units/project and moved into a permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be “80%.”

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure.
   Click ‘Save’ to calculate the target percent (%).

<table>
<thead>
<tr>
<th>Housing Measure</th>
<th>Target (#)</th>
<th>Universe (#)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.</td>
<td>48</td>
<td>60</td>
<td>80%</td>
</tr>
</tbody>
</table>
2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

<table>
<thead>
<tr>
<th>Income Measure</th>
<th>Target (#)</th>
<th>Universe (#)</th>
<th>Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.</td>
<td>20</td>
<td>60</td>
<td>33%</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
6B. Additional Performance Measures

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

<table>
<thead>
<tr>
<th>Proposed Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
7A. Funding Request

**Instructions:**

**ALL PROJECT APPLICATIONS**

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant?: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2014 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

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

5. Select a grant term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operations
   - HMIS
**7E. Supportive Services Budget**

**Instructions:**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an 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 providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2014 GIW.

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 with the value “1 Year” and will be read only.

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

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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. 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>1.0 FTE case manager</td>
<td>$43,187</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>1.0 FTE employment specialist</td>
<td>$45,608</td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>1.0 FTE housing relocation specialist</td>
<td>$46,358</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>Category</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Costs</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$135,153</td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$135,153</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7H. Sources of Match/Leverage

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

### Summary for Match

<table>
<thead>
<tr>
<th>Source</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash</strong></td>
<td>10/06/2014</td>
<td>$36,308</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Kind</strong></td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

| Total Value of Cash Commitments: | $36,308 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $36,308 |

### Summary for Leverage

<table>
<thead>
<tr>
<th>Source</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Kind</strong></td>
<td>10/06/2014</td>
<td>$400,000</td>
</tr>
<tr>
<td><strong>In-Kind</strong></td>
<td>10/03/2014</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Unrestricted inte...</td>
<td>10/06/2014</td>
<td>$36,308</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>South Los Angeles...</td>
<td>10/06/2014</td>
<td>$400,000</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>LA Family Housing</td>
<td>10/03/2014</td>
<td>$25,000</td>
</tr>
</tbody>
</table>
Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Screen "7I. Summary Budget". The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Match
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Unrestricted internal funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/06/2014
6. Value of Written Commitment: $36,308
Sources of Match/Leverage Detail

Instructions:
Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen with populate the Screen "7I. Summary Budget". The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match or Leverage? Leverage
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: South Los Angeles Child Welfare Initiative
5. Date of Written Commitment: 10/06/2014
6. Value of Written Commitment: $400,000
Sources of Match/Leverage Detail

Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, the FY 2014 Funding Notice and the FY 2013 CoC – FY 2014 Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen with populate the Screen "7I. Summary Budget". The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

<table>
<thead>
<tr>
<th>1. Will this commitment be used towards Match or Leverage?</th>
<th>Leverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Type of Commitment:</td>
<td>In-Kind</td>
</tr>
<tr>
<td>3. Type of Source:</td>
<td>Private</td>
</tr>
<tr>
<td>4. Name the Source of the Commitment:</td>
<td>LA Family Housing</td>
</tr>
<tr>
<td>(Be as specific as possible and include the office or grant program as applicable)</td>
<td></td>
</tr>
<tr>
<td>5. Date of Written Commitment:</td>
<td>10/03/2014</td>
</tr>
<tr>
<td>6. Value of Written Commitment:</td>
<td>$25,000</td>
</tr>
</tbody>
</table>
**7I. Summary Budget**

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2014 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” Additionally, HUD will not fund greater than 7% of the request listed in the field “Sub-Total Eligible Costs Requested,” if the CoC received bonus points in the FY 2014 CoC Program competition for submitting all CoC projects at or below 7%. If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2014 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “7I. Sources of Match/Leverage” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “7I. Sources of Match/Leverage” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “7I. Sources of Match/Leverage” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields 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. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Amount</td>
<td>Duration</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>2</td>
<td>Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
</tr>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$135,153</td>
<td>1 Year</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
<td>1 Year</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
<td>1 Year</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$135,153</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$9,460</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$144,613</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$36,308</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$36,308</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$180,921</td>
<td></td>
</tr>
</tbody>
</table>
Instructions:
Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on form 3A, a Screen HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<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>Cash Match and Le...</td>
<td>10/17/2014</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>Form 2880</td>
<td>10/06/2014</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  Cash Match and Leverage Letters

Attachment Details

Document Description:  Form 2880
8B. 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 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.**

For 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.

**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**  Joel Roberts

**Date:** 10/24/2014

**Title:** CEO

**Applicant Organization:** Beyond Shelter
Applicant: Beyond Shelter
Project: South Central Family Transition Program

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).
### 9B. Submission Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>10/16/2014</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>10/16/2014</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>3B. Description</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>4A. Services</td>
<td>10/06/2014</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>10/22/2014</td>
</tr>
<tr>
<td>4C. HMIS Participation</td>
<td>10/06/2014</td>
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<tr>
<td>5A. Households</td>
<td>10/22/2014</td>
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<tr>
<td>5B. Subpopulations</td>
<td>10/06/2014</td>
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<tr>
<td>5C. Outreach</td>
<td>10/17/2014</td>
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<tr>
<td>6A. Standard</td>
<td>10/06/2014</td>
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<tr>
<td>6B. Additional Performance Measures</td>
<td>No Input Required</td>
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<td>7A. Funding Request</td>
<td>10/06/2014</td>
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<tr>
<td>7H. Match/Leverage</td>
<td>10/17/2014</td>
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<tr>
<td>7I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>8A. Attachment(s)</td>
<td>10/17/2014</td>
</tr>
<tr>
<td>8B. Certification</td>
<td>10/06/2014</td>
</tr>
</tbody>
</table>
Dear Mr. Roberts:

We are pleased to present the following confirmation of Leverage Goods or Services to your project.

Best Wishes,

Stephanie Klasky-Gamer  
Representative of Issuing Company  
October 3, 2014  
Date

| Name of Organization Providing Goods or Services | LA Family Housing |
| Leverage Goods or Services | Interim Housing |
| Type of Goods or Services | Interim Housing |
| Number of Individuals to be Served with the Goods or Services | 5 families |
| Value of the Goods or Services per Individual | $5,000 |
| Total Value of Goods or Services | $25,000 |
| Name of Project | South Central Family Transition Program |

Date Goods or Services will be Available: 11/1/2015 through 10/31/2016

Name of Person Authorized to Commit These Goods or Services: Stephanie Klasky-Gamer

Title of Person Authorized to Commit These Goods or Services: President and CEO

Signature of Person Authorized to Commit These Goods or Services: [Signature]

Date: 10/3/14
Joel John Roberts  
Beyond Shelter  
340 North Madison Avenue  
Los Angeles, CA 90004

Re: Pacoima Family Transition Project - CA0425L9D001306

Dear Mr. Roberts:

We are pleased to present the following confirmation of Leverage Goods or Services to your project.

Best Wishes,

Stephanie Klasky-Gamer  
Representative of Issuing Company  
October 3, 2014  
Date

<table>
<thead>
<tr>
<th>Name of Organization Providing Goods or Services</th>
<th>LA Family Housing</th>
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<tbody>
<tr>
<td>Leverage Goods or Services</td>
<td>Homeless Family Solution System</td>
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<tr>
<td>Type of Goods or Services</td>
<td>Coordinated Assessment &amp; Interim Housing</td>
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<td>Number of Individuals to be Served with the Goods or Services</td>
<td>25 families</td>
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<tr>
<td>Value of the Goods or Services per Individual</td>
<td>$5,000</td>
</tr>
<tr>
<td>Total Value of Goods or Services</td>
<td>$125,000</td>
</tr>
<tr>
<td>Name of Project</td>
<td>Pacoima Family Transition Project</td>
</tr>
<tr>
<td>Name of Project Sponsor Agency</td>
<td>Beyond Shelter</td>
</tr>
<tr>
<td>Date Goods or Services will be Available</td>
<td>11/1/2015 through 10/31/2016</td>
</tr>
<tr>
<td>Name of Person Authorized to Commit These Goods or Services</td>
<td>Stephanie Klasky-Gamer</td>
</tr>
<tr>
<td>Title of Person Authorized to Commit These Goods or Services</td>
<td>President and CEO</td>
</tr>
<tr>
<td>Signature of Person Authorized to Commit These Goods or Services</td>
<td>Stephanie Klasky-Gamer</td>
</tr>
<tr>
<td>Date</td>
<td>10/3/14</td>
</tr>
</tbody>
</table>
Re: Family Transition Program - CA0371L9D001306

Dear Mr. Roberts:

We are pleased to present the following confirmation of Leverage Goods or Services to your project.

Best Wishes,

Stephanie Klasky-Gamer
Representative of Issuing Company

| Name of Organization Providing Goods or Services | LA Family Housing |
| Leverage Goods or Services | Interim Housing |
| Type of Goods or Services | Interim Housing |
| Number of Individuals to be Served with the Goods or Services | 7 families |
| Value of the Goods or Services per Individual | $5,000 |
| Total Value of Goods or Services | $35,000 |
| Name of Project | Family Transition Program |
| Name of Project Sponsor Agency | Beyond Shelter |
| Date Goods or Services will be Available | 11/1/2015 through 10/31/2016 |
| Name of Person Authorized to Commit These Goods or Services | Stephanie Klasky-Gamer |
| Title of Person Authorized to Commit These Goods or Services | President and CEO |
| Signature of Person Authorized to Commit These Goods or Services | [Signature]
| Date | 10/3/14 |
Joel John Roberts  
Beyond Shelter  
340 North Madison Avenue  
Los Angeles, CA 90004

Re: South Central Collaborative - CA0467L9D001306

Dear Mr. Roberts:

We are pleased to present the following confirmation of Leverage Goods or Services to your project.

Best Wishes,

Stephanie Klasky-Gamer  
Representative of Issuing Company  
October 3, 2014

<table>
<thead>
<tr>
<th>Name of Organization Providing Goods or Services</th>
<th>LA Family Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leverage Goods or Services</td>
<td>Interim Housing</td>
</tr>
<tr>
<td>Type of Goods or Services</td>
<td>Interim Housing</td>
</tr>
<tr>
<td>Number of Individuals to be Served with the Goods or Services</td>
<td>5 families</td>
</tr>
<tr>
<td>Value of the Goods or Services per Individual</td>
<td>$5,000</td>
</tr>
<tr>
<td>Total Value of Goods or Services</td>
<td>$25,000</td>
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<tr>
<td>Name of Project</td>
<td>South Central Collaborative</td>
</tr>
<tr>
<td>Name of Project Sponsor Agency</td>
<td>Beyond Shelter</td>
</tr>
<tr>
<td>Date Goods or Services will be Available</td>
<td>11/1/2015 through 10/31/2016</td>
</tr>
<tr>
<td>Name of Person Authorized to Commit These Goods or Services</td>
<td>Stephanie Klasky-Gamer</td>
</tr>
<tr>
<td>Title of Person Authorized to Commit These Goods or Services</td>
<td>President and CEO</td>
</tr>
<tr>
<td>Signature of Person Authorized to Commit These Goods or Services</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>10/3/14</td>
</tr>
</tbody>
</table>
Dear Mr. Roberts:

We are pleased to present the following confirmation of Leverage Goods or Services to your project.

Best Wishes,

Representative of Issuing Company

<table>
<thead>
<tr>
<th>Name of Organization Providing Goods or Services</th>
<th>South LA Child Welfare Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leverage Goods or Services</td>
<td>Support services for children &amp; families</td>
</tr>
<tr>
<td>Type of Goods or Services</td>
<td>Legal, Mental health, medical/dental, early childhood, DV &amp; anger management</td>
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<tr>
<td>Number of Individuals to be Served with the Goods or Services</td>
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<tr>
<td>Value of the Goods or Services per Individual</td>
<td>$4,000</td>
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<tr>
<td>Total Value of Goods or Services</td>
<td>$400,000</td>
</tr>
<tr>
<td>Name of Project</td>
<td>South Central Family Transition Program</td>
</tr>
<tr>
<td>Name of Project Sponsor Agency</td>
<td>Beyond Shelter</td>
</tr>
<tr>
<td>Date Goods or Services will be Available</td>
<td>11/1/2015 through 10/31/2016</td>
</tr>
<tr>
<td>Name of Person Authorized to Commit These Goods or Services</td>
<td>Liza Bray</td>
</tr>
<tr>
<td>Title of Person Authorized to Commit These Goods or Services</td>
<td>Project Director</td>
</tr>
<tr>
<td>Signature of Person Authorized to Commit These Goods or Services</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Date</td>
<td>October 6, 2014</td>
</tr>
</tbody>
</table>
October 3, 2014

U.S. Department of Housing & Urban Development
Office of Community Planning & Development
611 W. 6th Street, Suite 800
Los Angeles, CA 90017

Re: South Central Family Transition Program - CA0469L9D001306

This letter provides documentation that Beyond Shelter will provide a match for the abovementioned grant from unrestricted internal funds in the amount of $36,308, which represents 100% of the 25% required match commitment. This funding is available to the program covering the period 7/1/2015 to 6/30/2016.

This match is conditioned upon HUD approval of the grant. We understand that the funding provided by us will be utilized to support cash match requirements under the HUD requirements for McKinney Vento program awards, and approve of the use of these funds for cash match purposes.

Please contact us if you need any additional information.

Sincerely,

Joel John Roberts
Chief Executive Officer

PATH Beyond Shelter
340 North Madison Avenue
Los Angeles, California 90004
Tel (323) 644-2200
Fax (323) 644-2288
Website: www.epath.org
Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ or an Update Report ☑

1. Applicant/Recipient Name, Address, and Phone (include area code):
   Beyond Shelter
   340 N. Madison Ave., Los Angeles, CA 90004, (323.644.2209)

2. Social Security Number or Employer ID Number:
   95-4197075

3. HUD Program Name
   Continuum of Care Program

4. Amount of HUD Assistance Requested/Received
   $144,613

5. State the name and location (street address, City and State) of the project or activity:

Part I  Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).
   ☑ Yes   ☐ No

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   ☑ No.

If you answered "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

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/State/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>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: Use Additional pages if necessary.)

Part III  Interested Parties. You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)

<table>
<thead>
<tr>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation in Project/Activity</th>
<th>Financial Interest in Project/Activity ($ and %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: Use Additional pages if necessary.)

Certification

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

I certify that this information is true and complete.

Signature: [Signature]

Date: (mm/dd/yyyy) 10/2/14

Form HUD-2880 (3/13)
Instructions

Overview.

A. Coverage. You must complete this report if:

1. You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of $200,000 during the fiscal year;
2. You are submitting a prior report as discussed below; or
3. You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by “Recipients” of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information. All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to either questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, or loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as “total structure” to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD and any other source - that have been or are to be made available for the project or activity. Non-government sources of

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance is being provided to a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.
funds typically include (but are not limited to) foundations and private contributors.

**Part III. Interested Parties.**

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

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).

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

**Notes:**

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.