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 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 (SAM) 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: CA0470L9D001306
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

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: Intercommunity Child Guidance Center dba The Whole Child

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2031148

c. Organizational DUNS: 040357428

<table>
<thead>
<tr>
<th>Division Name: Housing Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>County: Los Angeles</td>
</tr>
<tr>
<td>City: Whittier</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>Street 1: 10155 Colima Road</td>
</tr>
<tr>
<td>Zip / Postal Code: 90603</td>
</tr>
<tr>
<td>Department Name: The Whole Child</td>
</tr>
</tbody>
</table>

CA0470L9D001306 115619
f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.
First Name: Vanessa
Middle Name: M
Last Name: Sedano
Suffix: 
Title: TWC Family Housing Manager
Organizational Affiliation: Intercommunity Child Guidance Center dba The Whole Child
Telephone Number: (562) 236-4692
Extension: 
Fax Number: (562) 204-0654
Email: vsedano@thewholechild.info
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: TWC Family Housing Program

16. Congressional District(s):
   a. Applicant: CA-038
   (for multiple selections hold CTRL key)
   b. Project: CA-038
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2015
   b. End Date: 06/30/2016
18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
   g. Total:
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: 10/14/2014

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
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: Mrs.
First Name: Charlene
Middle Name:
Last Name: Dimas-Peinado, LCSW
Suffix: LCSW
Title: Chief Executive Officer
Telephone Number: (562) 692-0383
(Format: 123-456-7890)
Fax Number: (562) 692-0380
(Format: 123-456-7890)
Email: cdimas@thewholechild.info
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: CA0470L9D001306
   (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**: TWC Family Housing Program

4. **Project Status**: Standard

5. **Component Type**: TH

6. Is Energy Star used at one or more of the proposed properties? No

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.

The Whole Child provides a community based, client centered rapid re-housing model in order to reflect current best practices to further enable more effective family placement into the community toward housing permanency. The Community Based, Scattered Site Model, involves either several "clusters" of apartment in different Southeast area cities, there will be 24 individual units scattered in the community. The Whole Child will search for housing placement, assist with deposit and rental assistance, provide intensive case management to assist families to sustain permanent housing.

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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></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other
(Click 'Save' to update)
Other:

4. 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. No

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

6a. 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.

<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>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Onsite</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>Bus, rail, ferry</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>Bus, rail, ferry</td>
<td>Daily</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>Onsite</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Onsite</td>
<td>As needed</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>Non-Partner</td>
<td>Public/private</td>
<td>As needed</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>Applicant</td>
<td>Onsite</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Applicant</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>Onsite</td>
<td>Weekly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>Onsite</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Click ‘Save’ to update.

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: 24
Total Beds: 39
Total Dedicated CH Beds: 0
Total Non-Dedicated CH Beds: 39

<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>24</td>
<td>39</td>
<td>0</td>
<td>39</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: 24
   b. Beds: 39

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless? 0

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? 39

3. Address:
   Street 1: 10155 Colima Road
   Street 2: 
   City: Whittier
   State: California
   ZIP Code: 90603

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key) 062328 MONTEBELLO, 062490 NORWALK, 064074 WHITTIER, 060288 BELLFLOWER, 063528 SOUTH GATE, 062766 PICO RIVERA, 061032 DOWNNEY, 069037 LOS ANGELES COUNTY
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  
96

2b. Of the clients served from 1/1/2013 - 12/31/2013, indicate the number reported in the HMIS  
96

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>2%</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>24</td>
<td>0</td>
<td>0</td>
<td>24</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>1</td>
<td>0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Non-disabled Adults over age 24</td>
<td>16</td>
<td>0</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Disabled Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Non-disabled Adults ages 18-24</td>
<td>6</td>
<td>0</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Accompanied Disabled Children under age 18</td>
<td>2</td>
<td>0</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Non-disabled Children under age 18</td>
<td>40</td>
<td>0</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>Unaccompanied Disabled Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Non-disabled Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Number of Adults over age 24</td>
<td>17</td>
<td>0</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Total Number of Adults ages 18-24</td>
<td>7</td>
<td>0</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Total Number of Children under age 18</td>
<td>42</td>
<td>0</td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>Total Persons</td>
<td>66</td>
<td>0</td>
<td></td>
<td>66</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/

<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>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-disabled Adults over age 24</td>
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<td>0</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
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<td>0</td>
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<tr>
<td>Disabled Adults ages 18-24</td>
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<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non-disabled Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disabled Children under age 18</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Non-disabled Children under age 18</td>
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<td>0</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
</tbody>
</table>

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied 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:**

The unlisted subpopulation are children 0-17 that are not associated with any of the subpopulation categories listed above.
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>35%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>40%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>15%</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>35%</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 nighttime 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>10%</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 exiting to permanent housing (subsidized or unsubsidized) during the operating year.</td>
<td>56</td>
<td>66</td>
<td>85%</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 increased their total income (from all sources) as of the end of the operating year or program exit.</td>
<td>12</td>
<td>24</td>
<td>50%</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Persons age 18 through 61 who 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>of the 24 familie...</td>
</tr>
<tr>
<td>Upon exiting the ...</td>
</tr>
<tr>
<td>of the 25 familie...</td>
</tr>
</tbody>
</table>
6B. Additional Performance Measures Detail

Instructions:
For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

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

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items 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%.”

Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: (required) Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required) Use the text field provided to describe the appropriateness of the measure given the nature of the program.

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 goal numbers for the proposed measure.

<table>
<thead>
<tr>
<th>a. Proposed Measure</th>
<th>b. Target (#)</th>
<th>c. Universe (#)</th>
<th>d. Target (%) (Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the 24 families entering the program, 10 of the new participants will be enrolled in a job training by the third month of residency</td>
<td>12</td>
<td>24</td>
<td>50%</td>
</tr>
</tbody>
</table>

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Case managers will place proposed measure on clients housing service plan and re-visit the measure weekly. The Whole Child has a job Coach on site and we will review sign in sheet to verify attendance.
3. Specific data elements and formula proposed for calculating results

Case managers will track proposed measure and case note will be placed in HMIS to verify clients participation in job training.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Providing this measure assist participants to increase income throughout the duration of their stay at TWC.

6B. Additional Performance Measures Detail

Instructions:

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

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

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items 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%.”

Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: (required)
Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required) Use the text field provided to describe the appropriateness of the measure given the nature of the program.

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 goal numbers for the proposed measure.

<table>
<thead>
<tr>
<th>a. Proposed Measure</th>
<th>b. Target (#)</th>
<th>c. Universe (#)</th>
<th>d. Target (%) (Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon exiting the program families will meet at least three goals in their Individual Service Plan</td>
<td>20</td>
<td>24</td>
<td>83%</td>
</tr>
</tbody>
</table>

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Case managers create a tailored Individualized Service Plan, that is reviewed by client, case manager and housing manager. Service Plan is placed in client files and notes activities in service plan are input in HMIS by case managers.

3. Specific data elements and formula proposed for calculating results

Case managers will revisit service plan at home visit and case notes will be placed in HMIS to track proposed measure.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Individual Service Plan keeps clients focused on what needs to be completed and what barriers need to be removed in order to sustain housing when they have completed their program at TWC.

6B. Additional Performance Measures Detail

Instructions:
For each additional measure, fill in the blank cells according to the following instructions:

**Performance Measure:** Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

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

**Target (#):** Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items 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%.

**Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results:** (required) Use the text box provided to provide as much detail concerning the data systems and methods as possible.

**Specific data elements and formula proposed for calculating results:** (required) Use the text field provided and be specific.

**Rationale for why the proposed measure is an appropriate indicator of performance for this program:** (required) Use the text field provided to describe the appropriateness of the measure given the nature of the program.

**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 goal numbers for the proposed measure.

<table>
<thead>
<tr>
<th>a. Proposed Measure</th>
<th>b. Target (#)</th>
<th>c. Universe (#)</th>
<th>d. Target (%) (Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the 25 Families entering the program, 70 of the adults and children will participate in a therapeutic program to process and resolve feelings related to homelessness, feelings of loss and displacement</td>
<td>13</td>
<td>24</td>
<td>54%</td>
</tr>
</tbody>
</table>

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

The Whole Child Housing Program will refer children to The Whole Child mental health component and we have a designated therapist to provide mental health services to the adults of the family. Progress notes will be submitted for adults and case managers will collaborate with children therapist and input notes on mental health services in HMIS.

3. Specific data elements and formula proposed for calculating results
The Whole Child case managers will track those families receiving mental health services.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

It is important for clients to obtain mental health services to cope with their situation and attempt to correct behaviors. At times, their behavior has placed them into a homeless situation. Therapists will assist clients with managing their behaviors to be good neighbors/tenants and attempt to make healthy decisions.
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

Applicant: Intercommunity Child Guidance Center dba The Whole Child
Project: TWC Family Housing Program

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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>.01 FTE Intake/Assessment</td>
<td>$6,911</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>2.5 FTE Case Mgrs. - Salary &amp; Benefits</td>
<td>$118,973</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>Job Coach</td>
<td>$8,000</td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>0.50 FTE Mental Health Consultant</td>
<td>$17,856</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td>OT Occupational Therapist Consultant services</td>
<td>$2,400</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>$3,200</td>
<td></td>
</tr>
<tr>
<td>Home Visit @ 0.555 per mile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td><strong>$157,340</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td><strong>1 Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td><strong>$157,340</strong></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>Total Value of Cash Commitments:</th>
<th>$42,089</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$42,089</td>
</tr>
</tbody>
</table>

**Summary for Leverage**

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$347,700</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$347,700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Match/Leverage</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Match</td>
<td>Cash</td>
<td>Government</td>
<td>City of Santa Fe ...</td>
<td>12/19/2013</td>
<td>$25,089</td>
</tr>
<tr>
<td>Leverage</td>
<td>In-Kind</td>
<td>Government</td>
<td>HaCola Section - 8</td>
<td>01/01/2013</td>
<td>$347,700</td>
</tr>
<tr>
<td>Match</td>
<td>Cash</td>
<td>Private</td>
<td>TJX Foundation, Inc</td>
<td>05/29/2014</td>
<td>$5,000</td>
</tr>
<tr>
<td>Match</td>
<td>Cash</td>
<td>Private</td>
<td>Golden Rule Commu...</td>
<td>06/30/2014</td>
<td>$12,000</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 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? 
   Match

2. Type of Commitment: 
   Cash

3. Type of Source: 
   Government

4. Name the Source of the Commitment: 
   City of Santa Fe Springs CDBG funds

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 
   12/19/2013

6. Value of Written Commitment: 
   $25,089
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: Government
4. Name the Source of the Commitment: HaCola Section - 8
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/01/2013
6. Value of Written Commitment: $347,700
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: TJX Foundation, Inc
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 05/29/2014
6. Value of Written Commitment: $5,000
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 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-snapsguides/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: Golden Rule Community Development Corporation
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 06/30/2014
6. Value of Written Commitment: $12,000
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>
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<td>1b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>Item</td>
<td>Requested</td>
<td>Duration</td>
<td>Admin (Up to 10%)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$157,340</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>4. Operating</td>
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<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td></td>
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<tr>
<td>6. Sub-total Costs Requested</td>
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<td></td>
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<td>7. Admin</td>
<td></td>
<td></td>
<td>$11,014</td>
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<tr>
<td>8. Total Assistance plus Admin Requested</td>
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<td></td>
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<td>9. Cash Match</td>
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<td>12. Total Budget</td>
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<td>$210,443</td>
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8A. Attachment(s)

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>
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</thead>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>IRS 501C Letter</td>
<td>10/14/2014</td>
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<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>SF-424</td>
<td>12/23/2013</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>Article of Incorp...</td>
<td>10/14/2014</td>
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</tbody>
</table>
Attachment Details

Document Description: IRS 501C Letter

Attachment Details

Document Description: SF-424

Attachment Details

Document Description: Article of Incorporation with updates, name change
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: Charlene Dimas-Peinado, LCSW

Date: 10/24/2014

Title: Chief Executive Officer

Applicant Organization: Intercommunity Child Guidance Center dba The Whole Child

115619
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>Page</th>
<th>Last Updated</th>
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<tr>
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<td>1D. Congressional District(s)</td>
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<td>1F. Declaration</td>
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<td>4C. HMIS Participation</td>
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<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
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<td>6A. Standard</td>
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<td>6B. Additional Performance Measures</td>
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<td>7A. Funding Request</td>
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<td>7E. Supp. Srvcs. Budget</td>
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<td>8A. Attachment(s)</td>
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<tr>
<td>8B. Certification</td>
<td>10/14/2014</td>
</tr>
</tbody>
</table>
THE WHOLE CHILD-MENTAL HEALTH & HOUSING SERVICES
10155 COLIMA RD
WHITTIER CA 90603-2042

Employer Identification Number: 95-2031148
Person to Contact: Ms Benjamin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Nov. 26, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1959.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
THE WHOLE CHILD-MENTAL HEALTH & 
HOUSING SERVICES 
10155 COLIMA RD 
WHITTIER CA 90603-2042

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

Sincerely yours,

[Signature]

Tamera Ripperda 
Director, Exempt Organizations
**Application for Federal Assistance SF-424**  
Version 02

1. Type of Submission
   - [X] Application
   - [ ] Preapplication
   - [ ] Changed/Corrected Application

2. Type of Application
   - [X] Continuation
   - [ ] New
   - [ ] Revision
   - [ ] Other (Specify)

3. Date Received:

4. Application Identifier: CA0470L9D001205

5a. Federal Entity Identifier: CA0470L9D1205

5b. Federal Award Identifier: 168,354.00

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

   a. Legal Name: Intercommunity Child Guidance Center DBA The Whole Child
   
b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2031148
   
c. Organizational DUNS: 040357428

   d. Address:
   
   Street 1: 10155 Colima Road
   Street 2: *
   City: Whittier
   County: Los Angeles
   State: CA
   Province: *
   Country: USA
   Zip/Postal Code: 90630-2042

   e. Organizational Unit:
   
   Department Name: The Whole Child
   Division Name: Family Housing Program

   f. Name and contact information of person to be contacted on matters involving this application:
   
   Prefix: Mrs.
   Name: Charlene Dimas-Peinado
   Suffix: CEO
   Title: CEO
   
   Organizational Affiliation:

   *Telephone Number: Fax Number: 562-0380

   *Email: cdimas@thewholechild.info
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>9. Type of Applicant 1: Select Applicant Type:</th>
<th>M. Nonprofit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Applicant 2: Select Applicant Type:</td>
<td>- Select One -</td>
</tr>
<tr>
<td>Type of Applicant 3: Select Applicant Type:</td>
<td>- Select One -</td>
</tr>
<tr>
<td>*Other (specify):</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>*10. Name of Federal Agency:</th>
<th>Housing Urban Development Department</th>
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</thead>
</table>

| 11. Catalog of Federal Domestic Assistance Number: | 14.235 |
| CFDA Title: | Supportive Housing Program (SHP) |

| *12. Funding Opportunity Number: | FR-5700-N-31B |
| *Title: | Notice if Funding Availability (NOFA) for the Fiscal Years 2013 and 2014 Continuum of Program Competition |

| 13. Competition Identification Number: | |
| Title: | |

| 14. Areas Affected by Project (Cities, Counties, States, etc.): | Whittier, Pico Rivera, Santa Fe Springs, Montebello, Norwalk, Downey, Bellflower, Paramount, La Mirada, Commerce, Bell Gardens Los Angeles County Service Planning Area 7 California |

| *15. Descriptive Title of Applicant’s Project: | The Whole Child will provide supportive housing services for low income families to secure and sustain permanent housing |

*Attach supporting documents as specified in agency instructions.*
**Application for Federal Assistance SF-424**

16. Congressional Districts Of: CA-038

* a. Applicant: The Whole Child  
   *b. Program/Project: CA-038

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project: The Whole Child Family Housing Program

* a. Start Date: 07/01/2014  
   *b. End Date: 06/30/2015

18. Estimated Funding ($):

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<tbody>
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<td>a. Federal</td>
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<tr>
<td>b. Applicant</td>
<td></td>
</tr>
<tr>
<td>c. State</td>
<td></td>
</tr>
<tr>
<td>d. Local</td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
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</tr>
<tr>
<td>f. Program Income</td>
<td></td>
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<tr>
<td>g. TOTAL</td>
<td>$168,354.00</td>
</tr>
</tbody>
</table>

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on  
- [X] b. Program is subject to E.O. 12372 but has not been selected by the State for review.  
- [ ] c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- [ ] Yes  
- [X] No

21. *By signing 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)

- [X] **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: Mrs.  

*First Name: Charlene

Middle Name:

Last Name: Dimas-Peinado

Suffix: LCSW  

*Title: CEO

*Telephone Number: 562-692-0383  
Fax Number: 562-692-0380

*Email: cdimas@thewholechild.info

*Signature of Authorized Representative: [Signature]  
Date Signed: 12/18/13
Application for Federal Assistance SF-424

*Applicant Federal Debt Delinquency Explanation

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

N/A
CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION

LUCILLE NEVIS and LARRY S. KNUPP certify:

1. That they are the President and Secretary, respectively, of the Intercommunity Child Guidance Center, a California Corporation.

2. That at a meeting of the Board of Directors of said corporation, duly held at Whittier, California, on February 5, 1975, the following resolution was adopted:

"RESOLVED: That an additional Article VII of the Articles of Incorporation of this corporation be added to the Articles to read as follows:

The property of this corporation is irrevocably dedicated to charitable or religious purposes, and upon liquidation, dissolution, or abandonment of the corporation, after providing for the debts and obligations thereof, the remaining assets will not inure to the benefit of any private person but will be distributed to a non-profit fund, foundation, or corporation which is organized and operated exclusively for charitable and religious purposes and which has established its exempt status under Section 501 (c) (3) of the Internal Revenue Code."

3. That the members have adopted said Amendment by resolution at a meeting held at Whittier, California, on February 5, 1975. That the wording of the added Article, as set forth in the members resolution, is the same as that set forth in the Director's resolution in Paragraph 2 above.

4. That the number of members who voted affirmatively for the adoption of said resolution is eleven (11). The number of
members constituting a quorum is seven (7).

LUCILLE NEVIS, President

LARRY B. KNAPP, Secretary

Each of the undersigned declares under penalty of perjury that the foregoing matters are true and correct.

Executed at Whittier, California, on March 10, 1973.

LUCILLE NEVIS, President

LARRY B. KNAPP, Secretary
To all whom these presents shall come, Greetings:

I, FRANK M. JORDAN, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the RECORD on file in my office, of which it purports to be a copy, and that the same is full, true and correct.

In testimony whereof, I, FRANK M. JORDAN, Secretary of State, have hereunto caused the Great Seal of the State of California to be affixed and my name subscribed, at the City of Sacramento, in the State of California,

this __________, SEP 8, 1965

[Signature]
Secretary of State

[Signature]
Assistant Secretary of State
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

On this 20th day of November, 1957, before me, a Notary Public in and for said County and State, personally appeared NELSON ZUCKER, ELISE MORRIS, M.D., ROBERT PELISSIER, FRANCIS RIDEWILL, M.D., MR. D. ESLEY, CLIFFORD SCHWARBERG, MRS. MARY BLANCHARD, MR. HOYT MITCHELL, JUDGE J. L. DONELLY, FRANCIS H. BUTLER, M.D., ALLEN C. WEISWANDER, M.D., MRS. JANE RANDOLPH, MRS. EVELYN COOPER, and WILLIAM H. STEWART, C.P.A., known to me to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

GORDON O. PRANK
Notary Public in and for the said County and State.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

On this 28th day of November, 1957, before me, a Notary Public in and for said County and State, personally appeared GORDON PRANK, ATTORNEY, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

EARL F. RILEY
Notary Public in and for the said County and State.
THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE AND OF RECORD IN MY OFFICE.

ATTEST
March 20, 1967

WILLIAM G. SHIFF
County Clerk and Clerk of the Superior Court of the State of California, for the County of Los Angeles.

V. Alvarez
DEPUTY
STATE OF CALIFORNIA

OFFICE OF THE
SECRETARY OF STATE

I, MARCH FONG EU, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the RECORD on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

MAR 18 1975

MARCH FONG EU
Secretary of State
AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
THE INTERCOMMUNITY CHILD GUIDANCE CENTER.

Charlene Dimas-Peilano and Maria Segovia certify that:

1. They are the President and Secretary, respectively, of the corporation.

2. The Articles of Incorporation are amended in full to read as set forth in Exhibit A to this certificate, which is incorporated in and made a part of this certificate by this reference.

3. The foregoing amendment and restatement has been approved by the Board of Directors of the corporation.

4. The corporation has no members.

Dated: May 23, 2013

Charlene Dimas-Peilano, President

Maria Segovia, Secretary

Each of the undersigned declares under penalty of perjury under the laws of the State of California that the matters set out in the foregoing certificate are true and correct of her own knowledge.

Executed at Whittier, California on May 23, 2013.

Charlene Dimas-Peilano, President

Maria Segovia, Secretary
EXHIBIT A

AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
THE INTERCOMMUNITY CHILD GUIDANCE CENTER

I

The name of the corporation is The Whole Child – Mental Health & Housing Services.

II

This corporation elects to be governed by all of the provisions of the Nonprofit Corporation Law not otherwise applicable to it under Part 5 of such law.

III

A. This corporation is a nonprofit Public Benefit Corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes.

B. The purpose of this corporation is to provide a comprehensive program of educational, preventative and treatment services, including individual, family and group therapy, child abuse prevention, psychological testing, mediation assessment and management, crisis intervention, family preservation and housing for homeless families.

IV

A. This corporation is organized exclusively for charitable and educational purposes within the meaning of Internal Revenue Code section 501(c)(3) or the corresponding provision of any future United States internal revenue law. Despite any other provision in these articles, the corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that do not further the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on by (a) a corporation exempt from federal income tax under Internal Revenue Code § 501(c)(3) or the corresponding provision of any future United States internal revenue law, or (b) a corporation, contributions to which are deductible under Internal Revenue Code § 170(c)(2) or the corresponding provision of any future United States internal revenue law.

B. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise permitted by Internal Revenue Code § 501(h)(9)), and this corporation shall not participate or intervene in (including the publishing or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.
A. The property of this corporation is irrevocably dedicated to the charitable and educational purposes set forth in Article III and meeting the requirements of Revenue and Taxation Code section 214. No part of the net income or assets of this corporation shall ever inure to the benefit of any of its directors, officers or members or to the benefit of any private person.

B. Upon the winding up and dissolution of this corporation, after paying or adequately providing for the debts, obligations, and liabilities of the corporation, the remaining assets of the corporation shall be distributed to one or more organizations which are organized and operated exclusively for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, have established their tax-exempt status under Revenue and Taxation Code section 23701d or the corresponding section of any future California revenue and taxation law, and satisfy the requirements of Revenue and Taxation Code section 214. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located to such organization or organizations, as said court shall determine, and which are organized and operated exclusively for such purposes.