

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

### Things to Remember

- Additional training resources can be found at on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Applicant must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in 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: Field intentionally left blank, cannot edit.

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

### 1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:  
(e.g., expiring grant number)

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:** HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6001623

	<b>c. Organizational DUNS:</b>	077233732	PL US 4	
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### d. Address

**Street 1:** 2600 WILSHIRE BLVD., 3RD FLOOR

**Street 2:**

**City:** LOS ANGELES

**County:** LOS ANGELES

**State:** California

**Country:** United States

**Zip / Postal Code:** 90057-3400

### e. Organizational Unit (optional)

**Department Name:** SECTION 8 SPA

**Division Name:**

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

**Prefix:** Mr.

**First Name:** TINZY

**Middle Name:**

**Last Name:** MILTON

**Suffix:** Jr.

**Title:** SPECIAL PROGRAMS COORDINATOR

**Organizational Affiliation:** HOUSING AUTHORITY OF THE CITY OF LOS  
ANGELES (HACLA)

**Telephone Number:** (213) 252-6988

**Extension:**

**Fax Number:** (213) 252-2738

**Email:** Tinzy.MILTON@HACLA.ORG

## 1C. Application Details

### Instructions:

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

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

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

**9. Type of Applicant:** L. Public/Indian Housing Authority  
**If "Other" please specify:**

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance** CoC Program  
**Title:**  
**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 screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

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

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD 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:** San Fernando Valley Community Mental Health Center - FY2014 PSH TRA

### 16. Congressional District(s):

**a. Applicant:** CA-046, CA-033, CA-035, CA-036, CA-037, CA-039, CA-027, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025

**b. Project:** CA-029, CA-028, CA-030, CA-034, CA-033, CA-025  
**(for multiple selections hold CTRL key)**

### 17. Proposed Project

**a. Start Date:** 06/01/2015

**b. End Date:** 05/31/2016

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

### Instructions:

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

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](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 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:

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

If "YES," provide an explanation:



# 1F. Declaration

## Instructions:

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

Authorized Representative: The authorized representative's information is pre-populated on this screen 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 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:

## 21. Authorized Representative

Prefix: Mr.

First Name: Douglas

Middle Name:

Last Name: Guthrie

Suffix:

Title: President and CEO

Telephone Number: (213) 252-1810  
(Format: 123-456-7890)

Fax Number: (213) 383-9719  
(Format: 123-456-7890)

**Applicant:** Housing Authority of the City of Los Angeles

077233732

**Project:** San Fernando Valley Community Mental Health Center - FY2014 PSH  
TRA

116581

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**Email:** douglas.guthrie@hacla.org

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

**Date Signed:** 10/28/2014

## 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: \$287,616**

Organization	Type	Sub-Award Amount
San Fernando Valley Community Mental Health Center	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$287,616

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

**a. Organization Name:** San Fernando Valley Community Mental Health Center

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 95-6194487

	<b>* d. Organizational DUNS:</b>	098606676	<b>PL US 4:</b>	
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**e. Physical Address**

**Street 1:** 16360 Roscoe Blvd.

**Street 2:** 2nd Floor

**City:** Van Nuys

**State:** California

**Zip Code:** 91406

**f. Congressional District(s):** CA-029  
**(for multiple selections hold CTRL key)**

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

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

**i. Expected Sub-Award Amount:** \$287,616

**j. Contact Person**

**Prefix:** Dr.

**First Name:** Ian

**Middle Name:**

**Last Name:** Hunter

**Suffix:**

**Title:** President / CEO

**E-mail Address:** contracts@sfvcmhc.org

**Confirm E-mail Address:** contracts@sfvcmhc.org

**Phone Number:** 818-901-4830

**Extension:** 3,100

**Fax Number:** 818-785-3446

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

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

### Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

### 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Housing Authority of the City of Los Angeles (HACLA) is a public agency chartered in 1938 by the State of California to provide housing assistance to the low-income residents of Los Angeles. The annual budget is over \$5 million with 900 employees. Funded by the United States Department of Housing and Urban Development (HUD), HACLA operates a Public Housing Program (6,971 units), and a Section 8 Housing Choice Voucher Program (HCVP—48,893 vouchers), the second largest Section 8 Program in the country. HACLA has been a high performer in the Section Eight Management Assessment Program, HUD’s report card on Housing Authority performance, for the past 6 years. HACLA assists more than 14,000 formerly homeless and chronically homeless (CH) households in six permanent supportive housing (PSH) programs--Shelter Plus Care, , now called the CoC Rental Assistance (CoCRA) Program, for CH, high acuity clients (3,180 units); Moderate Rehabilitation Single Room Occupancy, for homeless individuals (1,107 units), HUD-Veterans Affairs Supportive Housing, for homeless and CH veterans (3,147 units); Project-Based Voucher, for the development of PSH for the homeless and CH (1,987 units), and two Section 8 Waiting List Limited Preference programs: Homeless, for mid acuity homeless individuals and families (4,111) and Tenant Based Supportive Housing (TBSH), for CH, high acuity individuals (800). HACLA also administers a “moving on” program for CoCRA clients that allows them to transition to the HCVP when they no longer need the high level of supportive services, freeing up those units for new high acuity CH clients. San Fernando Valley Community Mental Health Center, Inc., “The Center” is the Subrecipient and, has been utilizing LAHSA-HUD Federal funds since 1997. With the initial funding award for Homeless Coordinated Services, the Cornerstone program was able to extend its hours to seven days a week for drop in services with the augmentation of a Psychiatrist, Housing, Benefits and Dual Diagnosis Specialist. Additional federal funding was followed by a HUD SHP grant for Health and Vocational Services. This funding added a Vocational Specialist, Employment Specialist/ Job Developer and a Licensed Vocational Nurse. Since 2002, The Center has had a federally funded PATH (Projects for Assistance in Transition from Homelessness Program) contract administered by Los Angeles County Department of Mental Health (LACDMH). The outreach grant has been integral to the success of the homeless program. In June 2014 the PATH program funding ended and has since been replaced with a Multi Integrated Treatment Program (PATH-MIT), which The Center was awarded in August 2014 for SPA 2. In 2005, LAHSA- HUD Federal funds were also awarded to the Center to implement a 30 bed Harm Reduction treatment program for dually diagnosed homeless individuals. Since 1997, all LAHSA-HUD federally funded homeless programs have been routinely audited both fiscally and programmatic. All audits have shown no deficiencies. For the past 20 years the Center has built a continuum in the community which serves as a gateway for all homeless individuals with mental illness clients in SPA 2. Given the array of services available through SFVCMHC all federally funded programs are able to start up within initial 30 days utilizing experienced staff. Upon start up all proposed activities are made available to all clients.

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**



HACLA leverages the rental assistance provided in its six permanent supportive housing programs with supportive services provided by the program partners. Public Agencies, such as DMH, DHS and Veterans Affairs, as well as over 30 community based organizations provide supportive services from a variety of their own sources, ranging from public agency funds, Continuum of Care Supportive Housing Program and Supportive Services Only grants to private fundraising. The Shelter Plus Care program has been leveraging funds for supportive services since 1992 and in 2013 match and leverage totaled over \$30 million. Security deposit assistance has been funded by Substance Abuse and Mental Health Services Act (SAMHSA) and Supportive Services for Veterans Families (SSFV) grants in previous years.

The Center has extensive experience in leveraging Federal grants by utilizing other State, local and private sector funds. Through the SPA 2 CoC the Center has been able to develop long standing relationships with various community agencies and providers. These relationships have allowed the Center to leverage

supportive goods and services to augment the federal HUD grants. Such organizations include: Los Angeles Family Housing (LAFH), Northeast Valley Health Corporation (NEVHC), Tarzana Treatment Center (TTC), Shelter Partnership, Mission Community Hospital, Cri Help, Department of Mental Health (DMH) and Department of Rehabilitation. Through a Kaiser grant, the Cornerstone program has been able to utilize a part time Registered Nurse to address any health concerns that are prevalent within this population. The Center receives approximately 33,000 pounds of food that is donated to the Homeless Continuum and the Center's own food bank which donates to homeless families and individuals in the community. Additionally, private donors donate food, basic needs and housing necessitates to the Homeless Continuum.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

A Board of Commissioners, appointed by the Mayor and approved by the LA City Council, comprised of 7 members, governs the operations and defines the general policies of HACLA. The President and CEO is responsible for HACLA's overall program and personnel administration. The Section 8 Director oversees all programs and operations within the Section 8 Department. The Section 8 Department has 5 functional areas: Applications, Processing, Issuance and Contracting; Special Programs Operations and Administration (SPOA); Administrative Services; Service Delivery; and Inspections. Within SPOA is the Special Programs Administration (SPA) Office that processes applications, determines eligibility and completes initial contracting for the CoC programs. S8 contracts the services of Emphasys ("Elite") to use an application designed to track operations related to waiting list, inspections, rent calculations, tenant information, and HUD reports. HACLA processes monthly payments to landlords. The payment amounts are determined by S8 using Elite and transferred to Accounts Payable (AP) for processing. AP is one of the functional areas within the Finance Department headed by the CFO who reports directly to the CEO. Payments are made via ACH. The interface between Elite and Oracle allows AP to gather S8 payment information and process payments. The San Fernando Valley Community Mental Health Center Inc., (Center) has an annual operating budget in excess of \$40 million. The Center is governed by a volunteer Board of Directors whose members represent an ethnically and culturally diverse cross section of the community. The Board provides strategic planning and leadership for the Center with input from management staff and persons served. The Board assures that the agency maintains adequate funding and optimal fiscal responsibility. The Center's organizational structure is under the leadership of the President and CEO, who has 8 direct reports, representing the 8 main operational divisions at the Center. The 2 Clinical Directors oversee their respective divisions, Child and Adult. The Assistant Directors oversee all Program Managers and staffing for their programs. The Center has established a separate account for each program identifying their funding/revenue and expenditure. Therefore, revenue and expenditures are coded and reported by funding sources as well as by programs. The Center has annual written line item budget to support the contract allocations. And has budget/revenue/expenditure worksheet to calculate the usage of each funding on a monthly and year-to-date basis. Further revisions may take place during the year if changes in conditions have a material impact on the ongoing budget, as monitored by fiscal department.

The Center has contracted an independent CPA firm to perform annual audit. The Government Contracts; LADMH, LADHS, DPSS, DCFS have been provided fiscal and program on-site monitoring review on an annual basis.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No

## 3A. Project Detail

### Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

**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 populated field with "PH" and cannot be edited. Permanent supportive housing or rapid re-housing projects are the only type of new projects applications that can be submitted in the FY 2014 CoC Program Competition.

**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 Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1a. CoC Number and Name:** CA-600 - Los Angeles City & County CoC

**1b. CoC Applicant Name:** Los Angeles Homeless Services Authority

**2. Project Name:** San Fernando Valley Community Mental Health Center - FY2014 PSH TRA

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

## 3B. Project Description

### Instructions:

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.

Please note that projects applying for permanent supportive housing bonus funds have additional requirements for the project description narrative. These requirements include but are not limited to describing the capacity for assessing need, prioritizing persons with the most severe needs and outreach to the chronically homeless, as well as experience with and a description of the program design for implementing housing first. Project applicants must review the FY 2014 Funding Notice for full details concerning these requirements.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2014 Funding Notice and CoC Program interim rule if it is selected for a funding award.

Will 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."

Will 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. Please remember that applicants may only request PSH Bonus funds that serve exclusively chronically homeless or new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" model: This is a required field. 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.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any). Note: A PSH Bonus project cannot request capital costs.

Will 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.

Will 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.

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. For PSH projects this generally means a brief explanation of the

choice of rental assistance type (PRA, SRA, or TRA) as all PSH projects are required to offer unlimited duration of assistance.

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD 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.**

This project will house 25 chronically homeless, mentally ill individuals from the streets and shelters in scatter site permanent supportive housing by working with the Coordinated Entry System in SPA 2 and providing them supportive services to assist in achieving housing stability and retention. The program focuses on the Housing First model and the participants are not required to demonstrate readiness. Support staff will monitor and work closely with all participants in reducing barriers and obtaining permanent supportive housing retention. All service plans will be based on individual participant needs and focus on participants finding and maintaining housing. Participants will be linked to other mainstream programs in the community as needed, including: substance abuse, medical services, vocational services and legal services. Supportive services will be made available and regularly provided to all participants of the program. The scope of supportive services, includes: meeting the needs of the chronically homeless mentally ill, including showers, meals and basic needs. The supportive services also include individual and group mental health services, psychiatric services, medication monitoring, crisis management and field based case management. In addition, the Cornerstone program utilizes a Benefits Specialist/ Money Management services, Certified Chemical Dependency Specialists, Vocational and Employment specialist that assist clients in increasing skills and self-sufficiency in order to prepare the client to live independently. Housing specialists play a crucial role in the development of successful landlord- tenant relationships, tenant mediation, completing application and in locating available units. These services and specialists work with the client throughout the permanent housing process and assist individuals to achieve housing stability and retention. All participants of the Shelter plus Care program are given a VI-SPDAT and entered into the CES and HMIS system. The San Fernando Valley, SPA 2 has a large concentration of homeless individuals that remain unserved, underserved and at serious risk of homelessness. For over 40 years the San Fernando Valley Community Mental Health Center, Inc. has been serving individuals with serious mental illness and for the past twenty five years has offered a comprehensive array of supportive housing and recovery based programs especially for the homeless, mentally ill. In 1997 the Center was the recipient of its first LAHSA/HUD funded SHP grant and joined forces with LA CoC/Continuum of Care to be part of the planning process for LA County in addressing homeless needs in SPA 2. The Center has a large number of field based programs that provide a comprehensive level of services to those clients that are chronically homeless and in need of supportive housing services to obtain and maintain permanent housing.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**



Upon award, the estimated schedule for the proposed services is immediate and ongoing. The program does ensure timeliness in housing all participants. Upon intake and enrollment all participants are administered a VI SPDAT and entered into the SPA 2 CES. SFVCMHC is part of SPA 2 CES and a designated navigator is stationed at the Cornerstone site to ensure that participants will be quickly matched to open units and the 25 certificates awarded to the Center are used for the most chronically homeless high risk population. The Center has an established network of property managers and landlords that work closely with the program due to the intensive case management support for tenants. The application process from obtaining a certificate to location and lease up is usually done within three months, with occasional extensions when needed. The housing navigator, housing specialist and case managers work with the client to through the application process and move-in. Cornerstone program has a dedicated Housing Specialists in each program with an established network of landlords, housing resources and relationships in the community. The Cornerstone programs conduct daily outreach to chronically homeless and has multiple homeless programs, including: two new programs, Los Angeles County 3rd District Diversion and Alternative Sentencing Project and PATH- MIT, which both target chronically homeless individuals and will utilize the Housing First Model. All programs, have a designated Program Manager, Team Leader, Housing Specialist, Case Managers and Peer Advocates which will all provide the supportive services necessary to house these chronically homeless clients. The management team will ensure and oversee the timely submission of all work including, data collection, HMIS entries and necessary documentation.

**3. Will your project participate in the CoC Coordinated Assessment System?** Yes

**4. Will your project have a specific population focus?** Yes

**4a. Please identify the specific population focus. (Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**Other:**

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

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

**7. Will the PH project provide PSH or RRH?** PSH

**7a. Indicate the maximum length of assistance:** Unlimited assistance

**8a. Will the project request costs under the rental assistance budget line item?** Yes

**8b. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.**

The proposed program will house at total 25 participants in studio/0 bedroom apartments. Each participant will pay 1/3 of the fair market rate and the HACLA CoC program will pay the remaining 2/3's of the fair market rate. 100% of the funds allocated by the CoC program will be used for rental assistance only. These allocated funds will be made available to all CoC participants.

**9a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**10a. Will more than 16 persons live in one structure?** No

### 3C. Project Expansion Information

#### Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

**Increase the number of homeless persons served**  
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

**Provide additional supportive services to homeless persons**  
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."  
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

**Bring existing facilities up to state or local government health and safety standards**  
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

**Replace the loss of nonrenewable funding**  
a) Use the text box provided to describe the source of non-renewable funding.  
b) Use the text box provided to describe why the funds are non-renewable.  
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.  
d) Use the text box provided to describe what steps were taken to obtain other funding sources.  
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## **4A. Supportive Services for Participants**

### **Instructions:**

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.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

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 level of 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 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?** Not Applicable

**2. Describe how participants will be assisted to obtain and remain in permanent housing.**

Chronically homeless individuals with highest need, as determined by VI SPDAT and the CES will be placed first. The program has an experienced Housing Specialist, with a lead Housing Coordinator. The team will work closely with participants to secure an appropriate apartment, work with landlord/ rental agents to secure lease, monitor weekly to ensure there are no tenant/ landlord disputes and assist with becoming acquainted to the neighborhood. Participants will be provided with transportation and continued supportive field based services. The Center has a large network of property managers/landlords that work closely with the Cornerstone programs. Supportive services include, medication support, case management, educational and vocational support, money management, and encourage participation in AA, NA meetings etc. Case managers conduct home visits a minimum of 2 per month. The Center has an After Hours phone line allowing participants and landlords to call any time for assistance.

**3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

The Cornerstone program has an onsite benefits specialist, and has linkages with The Social Security Administration and Department of Public Social Services. Cornerstone offers payeeship services to those who require assistance with managing monthly funds and ensuring all payments are made on time. Also, available onsite at Cornerstone, there is an Employment Specialist and Educational Specialist who assist with linkages to GED programs, tutoring and basic employment preparation. The Center has an established Valley Employment Services program which assists participants with resume writing, interview skills, job coaching, job development and has an established lists of organizations that work with program participants from the Center. Through Cornerstone’s long term participation in the San Fernando Valley Homeless Coalition, collaborations have been developed with various employment and educational programs who work with the homeless population.

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

**Click 'Save' to update.**



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

**5. How accessible are most community amenities to project participants?**

Most Community Amenities
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.

Access
Very accessible: No transportation barriers, easily within reach of all participants.

## 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:** 25

**Total Beds:** 25

**Total Dedicated CH Beds:** 25

**Total Non-Dedicated CH Beds:** 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	25	25	25	0



## 4B. Housing Type and Location Detail

### Instructions:

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 screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

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 to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

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 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: 25

**b. Beds:** 25

**c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?** 25

**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?** 0

**3. Address:**

**Street 1:** 16360 Roscoe Blvd.

**Street 2:** 2nd Floor

**City:** Van Nuys

**State:** California

**ZIP Code:** 91406

**4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)** 062118 LOS ANGELES

## 5A. Project Participants - Households

**Instructions:**

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.

Please note that New RRH projects may only serve families (i.e. households with children, or households with only children).

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>		25		25

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24		25		25
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24				0
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
<b>Total Number of Adults over age 24</b>	0	25		25
<b>Total Number of Adults ages 18-24</b>	0	0		0
<b>Total Number of Children under age 18</b>	0		0	0
<b>Total Persons</b>	0	25	0	25

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

\*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 the 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.

Please note that New PSH projects may only serve the chronically homeless (i.e. the head of household must have a qualifying disability and be considered chronically homeless according to the chronic homeless definition).

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

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										

Non-disabled Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

**Persons in Households without Children**

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not repre sented by listed subpopu lations
Disabled Adults over age 24	20	5				25				
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
<b>Total Persons</b>	20	5	0	0	0	25	0	0	0	0

**Click Save to automatically calculate totals**

**Persons in Households with Only Children**

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not repre sented by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

### Instructions:

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in 24 CFR 578 and additional eligibility requirements in both the FY 2013 – FY 2014 CoC Program NOFA and FY 2014 Funding Notice for permanent supportive housing and rapid re-housing. To complete this table, 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: This field is required if the total percentage calculate above is less than 100 percent. If required, 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 2014 Funding Notice.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Please note that the definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid rehousing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

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

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

75%	Directly from the street or other locations not meant for human habitation.
25%	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.

75%	Directly from the street or other locations not meant for human habitation.
	Persons fleeing domestic violence.
100%	Total of above percentages

**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.**

**3. Describe the outreach plan to bring these homeless participants into the project.**

Clients will come from the prioritized list of chronically homeless individuals as part of the coordinated assessment and entry system in SPA 2. Outreach staff attend all SPA 2 homeless events including all Homeless Connect Days sponsored through the San Fernando Valley Homeless Coalition and participate in all SPA 2 congregate outreach events with other designated Outreach Workers sponsored through the CES. The program outreach workers frequently outreach to homeless encampments, abandoned buildings, food banks and work with local health clinics and hospitals to engage the homeless that populate these locations. All outreach efforts take place throughout the day, but mostly in early morning hours, when individuals are more likely to be available. Outreach staff often bring hot coffee, blankets, hygiene kits and food to engage these individuals.



## 6A. Standard Performance Measures

### Instructions:

**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: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another 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 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 (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.	20	25	80%

### 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 (%).

Income Measure	Target (#)	Universe (#)	Target (%)
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.	14	25	56%
<b>OR</b>			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

## 6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).  
To add information to this list, click on the icon and enter the requested information.

Proposed Measure
This list contains no items

## 7A. Funding Request

### Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2016: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2016. The FY 2014 HUD Appropriations Act requires HUD to obligate FY 2014 CoC Program funds by this date. If "No" is selected, or if the deadline is not met may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Supportive Housing Bonus" if this project is applying for permanent supportive housing bonus funds.

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 is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2014 Funding Notice for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen 3B. The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2014 CoC Program competition. NOTE: Permanent supportive housing bonus projects may not request capital costs. They may request scattered site leasing or tenant based rental assistance; or, if and only if, the applicant can demonstrate that it owns a building or units that are ready to be occupied it may instead request operating costs, project based rental assistance, or sponsor based rental assistance.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "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 Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will it be feasible for the project to be under grant agreement by September 30, 2016?** Yes

**2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus?**      Reallocation

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

**4. Select a grant term:**      1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

## 7E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>		\$268,800	
<b>Total Units:</b>		25	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach, CA HUD M...	25	\$268,800

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2014 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2014 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "7a. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

Additional Resources can be found at the HUD Exchange:

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** CA - Los Angeles-Long Beach, CA HUD Metro FMR Area (0603799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$672	x	12	=	\$0
0 Bedroom	25	x	\$896	x	12	=	\$268,800
1 Bedroom		x	\$1,083	x	12	=	\$0

<b>2 Bedrooms</b>		x	\$1,398	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$1,890	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$2,106	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$2,422	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$2,738	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$3,054	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$3,370	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$3,686	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	25						\$268,800
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$268,800

**Click the 'Save' button to automatically calculate totals.**



## 7I. 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

<b>Total Value of Cash Commitments:</b>	\$71,904
<b>Total Value of In-Kind Commitments:</b>	\$0
<b>Total Value of All Commitments:</b>	\$71,904

### Summary for Leverage

<b>Total Value of Cash Commitments:</b>						\$0
<b>Total Value of In-Kind Commitments:</b>						\$431,424
<b>Total Value of All Commitments:</b>						\$431,424
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments	
Match	Cash	Government	SFVCMHC Supportiv...	09/29/2014	\$71,904	
Leverage	In-Kind	Private	SFVCMHC In-Kind S...	09/30/2014	\$431,424	

## 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 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 rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC 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 "7J. 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 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: (Be as specific as possible and include the office or grant program as applicable)** SFVCMHC Supportive Services Cash Match
- 5. Date of Written Commitment:** 09/29/2014
- 6. Value of Written Commitment:** \$71,904

## 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 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 rule 24 CFR Part 578, the FY 2014 Funding Notice, and the FY 2013 - FY 2014 CoC 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 "7J. 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 Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** SFVCMHC In-Kind Supportive Services
- 5. Date of Written Commitment:** 09/30/2014
- 6. Value of Written Commitment:** \$431,424

## 7J. 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 the field "9. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant 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 2013 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.

**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.**

Eligible Costs			<b>Total Assistance Requested for Grant Term (Applicant)</b>
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
	<b>Annual Assistance Requested (Applicant)</b>	<b>Grant Term (Applicant)</b>	

<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$268,800	1 Year	\$268,800
<b>4. Supportive Services</b>	\$0	1 Year	\$0
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$268,800
<b>8. Admin (Up to 10%)</b>			\$18,816
<b>9. Total Assistance Plus Admin Requested</b>			\$287,616
<b>10. Cash Match</b>			\$71,904
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$71,904
<b>13. Total Budget</b>			\$359,520

**Click the 'Save' button to automatically calculate totals.**

## 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 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 Screen 3A, a form 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.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non Profit Status	10/23/2014
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Non Profit Status

## **Attachment Details**

**Document Description:** SFVCMHC Code of Conduct

## **Attachment Details**

**Document Description:** SFVCMHC 2880-LLL-50070-SF424SUP

## **8B. Applicant 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.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**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:** Douglas Guthrie

**Date:** 10/28/2014

**Title:** President and CEO

**Applicant Organization:** HOUSING AUTHORITY OF THE CITY OF LOS ANGELES (HACLA)

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

X
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## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	10/23/2014
<b>1E. Compliance</b>	10/23/2014
<b>1F. Declaration</b>	10/23/2014
<b>2A. Subrecipients</b>	10/23/2014
<b>2B. Experience</b>	10/27/2014
<b>3A. Project Detail</b>	10/23/2014
<b>3B. Description</b>	10/28/2014
<b>3C. Expansion</b>	10/23/2014
<b>4A. Services</b>	10/27/2014
<b>4B. Housing Type</b>	10/23/2014
<b>5A. Households</b>	10/23/2014
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	10/26/2014
<b>6A. Standard</b>	10/27/2014
<b>6B. Additional Performance Measures</b>	No Input Required
<b>7A. Funding Request</b>	10/23/2014
<b>7E. Rental Assistance</b>	10/23/2014
<b>7I. Match/Leverage</b>	10/23/2014
<b>7J. Summary Budget</b>	No Input Required
<b>8A. Attachment(s)</b>	10/23/2014
<b>8B. Certification</b>	10/23/2014



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077556534  
May 12, 2014 LTR 4168C 0  
95-6194487 000000 00

00030232

BODC: TE

SAN FERNANDO VALLEY COMMUNITY  
MENTAL HEALTH CENTER  
16360 ROSCOE BLVD STE 200  
VAN NUYS CA 91406-1213



014342

Employer Identification Number: 95-6194487  
Person to Contact: Ms LeNard  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 21, 2014, 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 January 1971.

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

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

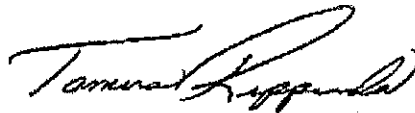
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing 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.

4077556534  
May 12, 2014 LTR 4168C 0  
95-6194487 000000 00  
00030233

SAN FERNANDO VALLEY COMMUNITY  
MENTAL HEALTH CENTER  
16360 ROSCOE BLVD STE 200  
VAN NUYS CA 91406-1213

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

Sincerely yours,



Tamera Ripperda  
Director, Exempt Organizations