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

	c. Organizational DUNS:	077233732	**PLUS 4**	

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 Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-5800-N-30
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

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

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

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this 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): (for multiple selections hold CTRL key) California

15. Descriptive Title of Applicant's Project: Special Services for Groups - SPA 6 CES

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: (for multiple selections hold CTRL key) CA-031, CA-030, CA-034, CA-035

17. Proposed Project

a. Start Date: 07/01/2015

b. End Date: 06/30/2016

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

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

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

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

Is the Applicant Deliquent 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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Douglas
Middle Name:	
Last Name:	Guthrie
Suffix:	
Title:	President and CEO
Telephone Number: (Format: 123-456-7890)	(213) 252-1810
Fax Number: (Format: 123-456-7890)	(213) 383-9719

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: $801,730

Organization	Type	Sub-Award Amount
Special Services for Groups	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$801,730

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: Special Services for Groups

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: 95-1716914

	*** d. Organizational DUNS:**	026508072	**PLUS 4:**	

e. Physical Address

Street 1: 905 E. 8th Street

Street 2:

City: Los Angeles

State: California

Zip Code: 90021

f. Congressional District(s): (for multiple selections hold CTRL key) CA-031, CA-030, CA-034, CA-035

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: $801,730

j. Contact Person

Prefix: Ms.

First Name: Elizabeth

Middle Name:

Last Name: Berger

Suffix:

Title: Development Director

E-mail Address: elizabethb@ssgmain.org

Confirm E-mail Address: elizabethb@ssgmain.org
Phone Number: 213-553-1800
Extension: 1,882
Fax Number: 213-553-1822

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.
Special Service for Groups (SSG) possesses extensive experience utilizing federal funds, as a direct recipient of a federal agency, as a subrecipient under entities such as LAHSA, and as a contractor with local public entities that administer federal funds such as MediCal (i.e. Medicaid). This track record and SSG’s existing infrastructure ensure that the proposed project can be implemented effectively and efficiently, even in the context of funding and time limitations. These contracts and grants support mental health services, workforce development services, public health promotion, older adults services, substance abuse treatment, and homeless and housing services. SSG has consistently utilized these funds effectively, maintained contract compliance, and achieved its stated objectives in a timely manner. Additionally, SSG successfully manages these funds using proper accounting and reporting procedures, as well as tracking matched resources (as described further below), as evidenced by annual single audits that result in no findings each year.
Among its wide range of federal funds, SSG has utilized Continuum of Care funds to implement several Shelter Plus Care (SPC) projects - all of which serve homeless individuals including chronically homeless individuals - for well over ten (10)years. In addition to these funds, SSG has implemented other permanent housing, rapid rehousing, and homelessness prevention projects through a variety of contracts and grants. In fact, within the last five years SSG has placed more than 1,000 homeless households into permanent housing through affordable housing, homeless section 8 vouchers, rapid rehousing and permanent supportive housing.
Partner organization Watts Labor Community Action Committee (WLCAC) also possesses 50 years of experience managing and utilizing a wide range of local and federal grants. They administer over $14 million in annual contracts for social service programs including senior services, Work Source, child care, gang prevention, Youth Source, Family Source, Homeless Services through LAHSA and Shelter Plus Care through HACLA. Since 2012, WLCAC Homeless and Housing Services have successfully housed over 50 chronically homeless households with HACLA Section 8 vouchers with a one year housing stability

rate of 100%.
The Executive Director of partner organization Sanctuary of Hope (SOH) has over 19 years experience managing federal awards and will have the primary oversight of SOH participation in this project. SOH management staff will provide performance reports, conduct bi-monthly quality assurance reviews and monitor case work for the designated five (5) Transitional Age Youth PSH Vouchers.

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. SSG has a longstanding track record of effectively leveraging Federal, State, local and private funds. In fact, for well over ten years, we have effectively secured and managed federal, state and local funding that has had leverage requirements to support the full implementation of the project. We have efficiently leveraged County funds for mental health, substance use disorder, transportation, and case management services to ensure that we provide a quality continuum of care. Examples of these programs include our Continuum of Care
permanent supportive housing contracts (known as Shelter Plus+ Care), for all of which SSG is funded as a subrecipient to the Los Angeles Homeless Services Authority (LAHSA), the Housing Authority of the City of Los Angeles (HACLA), and Housing Authority of the County of Los Angeles(HACoLA).
For each of these contracts, SSG has been in consistent contract compliance as demonstrated by meeting the minimum requirements. We draw from our extensive resources to provide behavioral health and other supports to the individuals served by these projects. Furthermore, we have experience with tracking and documenting the resources that we use for the purpose of documenting “match” and other leveraged resources.
Public funding departments that we usually draw leveraged resources from include the Los Angeles Department of Mental Health and the Los Angeles County Department of Public Health Substance Abuse Prevention and Control. These public funding amounts have multi-year contract terms that will exceed the term limits of this particular homeless initiative. SSG also has long-standing partners with a history of multiple/renewed MOU’s and integrated service systems.

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 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.
Homeless Outreach Program Integrated Care System (SSG/HOPICS) is the SSG division that will lead the proposed project. SSG maintains an annual budget of $60M, of which $7.6M is budgeted for projects in the HOPICS division. SSG currently employs 620 individuals, of which 65 are assigned to HOPICS projects. SSG is governed by a Board of Directors of 10 members overseeing agency fiscal status and long range planning. The Board supervises the Executive Director, who supervises the Executive Management Team and all division directors. Each director is responsible for day-to-day operations of their specific program. SSG maintains professional fiscal operations and an excellent financial track record. SSG has no cost overruns, maintains a general fund reserve, and is consistently financially stable. SSG strictly adheres to its fiscal policies and procedures. These policies include specific practices for cash management and internal controls to maintain security. MAS 90 is used as the primary accounting system. The Fiscal Director maintains SSG's accounting systems: assigns cost centers, sets up expense account numbers and reconciles the general ledger to the financial statements of cost centers/total agency each month. Each funding source and specific grant or project is assigned a separate cost center for accounting purposes. All costs are allocated based on documented information. Such costs, defined as shared costs, are pooled for the purpose of allocation. Monthly fiscal reports show proposed and actual expenses/income and variance and accurately reflect the financial status of the reporting unit.

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: Special Services for Groups - SPA 6 CES

3. Project Status: Standard

4. Component Type: PH

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

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 sever 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.

Special Service for Groups/Homeless Outreach Program Integrated Care System (SSG/HOPICS), addresses the needs of chronically homeless individuals and families, with an emphasis on SPA6. SSG/HOPICS offers an outpatient mental health, treatment for substance use disorders, emergency shelter and services for homeless women on CalWORKS. This project will house 58 chronically homeless single adults in scatter site PSH by working with the Coordinated Entry System in SPA 6. Permanent housing resources are shared SPA-wide and prioritized by the most vulnerable clients. The SPA 6 CES has devised a unique outreach strategy that consists of two multi-agency street outreach teams that include representatives from the VA, two centralized intake centers (HOPICS and WLCAC), an emergency shelter provider (VOA), and dedicated housing navigators. The VI-SPDAT is administered to individuals as they are encountered on the street and scored immediately thereafter. Individuals displaying high acuity, based on the vulnerability index are provided with the option of receiving same day intervention services including transportation to participate in the program intake and shelter if they so choose. Individuals that prefer to receive services while remaining on the streets/unsheltered are allowed to do so, and arrangements are made for the outreach team to engage them as needed for case management and document collection in order to prepare them for permanent housing. The SPA 6 CES is dedicated to the Housing First approach. Clients are linked to client centered supportive services that will continue after placement into permanent housing. Services are provided based on client choice and while all services are available/offered, there are no pre-conditions to receiving housing through this program. Clients will receive appropriate field based mental health therapy and substance use disorder intervention, life skills and independent living support, peer-based advocacy, linkage to socialization, recreational and community integration activities, and education and employment linkages. Once in housing, tenants will have a lease and will be held to their lease agreement. Program staff provides support, assistance and coaching to each tenant in order to maintain their housing and live as independently as possible. Each tenant is assigned a case manager who provides them with a range of supportive services which include: health and mental health care, counseling, independent living skills development, money management, employment, substance abuse, benefits advocacy, goal development, transportation, food, and linkage to any services needed. To ensure housing stability, staff have contact with new tenants & tenants with a higher level of need, at least weekly. Once settled in housing, staff have contact with tenants twice a month, one of which is a home visit.

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

SSG proposes to house 58 chronically homeless single adults in scattered site permanent supportive housing through the SPA 6 CES during the 12-month grant period; and continue rental assistance in perpetuity thereafter. The program will begin providing services immediately following contract execution. Participants will be identified through targeted outreach and receive housing navigation and document collection support from CES staff. During the housing search phase, clients will be connected to appropriate supportive services to build rapport with the clinicians or case management staff prior to permanent housing. SSG/HOPICS will be responsible for oversight of the collaborative efforts and will provide a centralized point of contact for data collection, coordination with all participating organizations, facilitation of weekly co-case management conference calls and is the main liaison to the funder. SSG will ensure that all partners are informed about CES process changes, form modifications and all critical CES updates.
The Program Director will ensure that the project adheres to contract terms and provides client-centered services by holding bi-monthly Collaborative meetings. Client coordination will be monitored and discussed on weekly co-case management conference calls to ensure continuity of care; and to develop multi-agency client interventions and plans. HMIS and other tools will be used to track and manage case management and housing navigation/location services, assess time frames and analyze program operations. The direct service staff will provide weekly updates and problem solve with the Manager. The Director will review the actual progress in comparison with proposed benchmarks detailed below to make program adjustments if necessary. Estimated Schedule for Proposed Activities-SPA 6 CES PSH Project
Month 1, 2
Designate 10 clients per month from CES according to vulnerability and housing match readiness
Complete housing applications with the clients and submit to HACLA
Month 3 – 6
Designate 10 clients per month (8 in Month 6) from CES according to vulnerability and housing match readiness
Complete housing applications with clients and submit to HACLA
Assist the 10 clients per month from 1st groups, after receiving voucher, in locating housing, securing security deposit and lease, and move in (Based upon 60-90 day turn around for processing vouchers)
Month 6—8
Assist the clients from 4th, 5th, 6th groups, after receiving voucher, in locating housing, securing security deposit and lease, and move in
Months 3-12
Provide wrap around case management services to all clients in order to maintain housing, increase self-sufficiency and integrate into community
Months 1-12
Continued SPA6 CES Design Team, Service Team and Coalition Meetings to coordinate efforts
Continued Landlord Outreach

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	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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 first month’s rent and continued monthly rent will be determined for all households by HACLA rental assistance standards which are based on approximately 30% of each household’s combined annual gross income. Rental assistance will be disbursed consistently to the household at this rate unless the household size changes, income changes, moves on to a different housing opportunity or violates the terms of the voucher. There is no time limit for the duration of the rental assistance otherwise.

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.

All participants will be referred through the Coordinated Entry System (CES). Program staff will assist with housing search and application processes. Housing units will be very accessible, within easy reach of all services and existing community connections. Tenants will be assisted to develop good relationships with landlords and neighbors prior to move in. Staff will make at least quarterly home visits, up to one year, to assess each participant’s living conditions, safety, and maintenance. Services to be provided include: health and mental health care, counseling, independent living skills development, money management, employment, substance abuse, benefits advocacy, goal development, transportation, food, and linkage to any services needed. Staff will maintain weekly contact with new tenants and those with high acuity. Eviction prevention is provided through case management. Staff will work with tenants and landlords to address any issues that threatens the tenant’s housing.

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

SSG/HOPICS will assist participants with job search, employment preparation and encourage job retention with the following services: 1) job search and Resume workshop conducted in HOPICS 10-station computer lab 2) linkages to the existing Work Source Center System 3) preparation for and coordination with adult education certificated programs, colleges and trade schools. In addition, all participants will be assisted in obtaining eligible financial subsidies such as SSI, SSDI, SSA, Medi-Cal/Medi-care, General Relief, TANF, Food Stamp, Renter's Assistance and etc.
In cases where the assessment identifies a need for developing independent living skills the following services will be provided: 1) assessment by case manager of current living skills, 2) linkages to behavioral and cognitive skills building services 3) money management workshops, and 4) advocacy and case management support.

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	As needed
Assistance with Moving Costs		Subrecipient	Onsite	As needed
Case Management		Subrecipient	Onsite	As needed
Child Care		Subrecipient	Onsite	As needed
Education Services		Partner	Onsite	As needed
Employment Assistance and Job Training		Subrecipient	Onsite	As needed
Food		Subrecipient	Onsite	As needed
Housing Search and Counseling Services		Subrecipient	Onsite	As needed
Legal Services		Subrecipient	Onsite	As needed
Life Skills Training		Subrecipient	Onsite	As needed
Mental Health Services		Subrecipient	Onsite	As needed
Outpatient Health Services		Subrecipient	Onsite	As needed
Outreach Services		Subrecipient	Onsite	As needed
Substance Abuse Treatment Services		Subrecipient	Onsite	As needed
Transportation		Subrecipient	Onsite	As needed
Utility Deposits		Subrecipient	Onsite	As needed

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

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, Laundromats, doctors, dentists, parks or recreation facilities.	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: 58

Total Beds: 58

Total Dedicated CH Beds: 58

Total Non-Dedicated CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...	58	58	58	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: 58

b. Beds: 58

c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?	58
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:	905 E. 8th Street
Street 2:	
City:	Los Angeles
State:	California
ZIP Code:	90021

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
Total Number of Households		58		58

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		53		53
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24		5		5
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
Total Number of Adults over age 24	0	53		53
Total Number of Adults ages 18-24	0	5		5
Total Number of Children under age 18	0		0	0
Total Persons	0	58	0	58

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										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

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	53					50		3		
Non-disabled Adults over age 24										
Disabled Adults ages 18-24	5					3		2		
Non-disabled Adults ages 18-24										
Total Persons	58	0	0	0	0	53	0	5	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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
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										
Total Persons	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 6. The SPA 6 CES has devised a unique outreach strategy that consists of two multi-agency street outreach teams that include representatives from two regional access centers and an emergency shelter provider. We have solicited the assistance of volunteers and interns to increase the number of chronically homeless we engage on a weekly basis. Additionally, we've educated the SPA 6 community on how to identify homeless individuals and appropriately request for the SPA 6 CES outreach team to respond to those literally on the street. SPA 6 CES Outreach Team conducts outreach twice a week in two teams. The two teams are distinguished by a geographic boundary using Florence Avenue. The North team conducts outreach north of Florence and the South team provides outreach south of Florence. Outreach workers administer the VI/SPDAT tool in the field; they are also responsible for providing follow-up support to the case management team. As an incentive to participate in services, individuals are provided with food, water, and the opportunity to receive same day shelter if they so choose. The VI-SPDAT is administer to individuals as they are encountered on the street. Individuals also are provided with the option of receiving same day intervention services including transpiration to participate in the program intake and shelter. Individuals wishing to partake in program services while remaining on the streets/unsheltered are allowed to do so, and arrangements are made for the outreach team to re-engage them as needed for case management and documentation collection in order to prepare them for permanent housing.

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.	47	58	81%

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.			0%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.	12	58	21%

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	
Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations:	1
(HIDDEN) Grant Term in Months, for use in calculations:	12
Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	
Rental Assistance (Hidden)	X
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operating (Hidden)	
HMIS (Hidden)	

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.

Total Request for Grant Term:	$749,280
Total Units:	58

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach, CA HUD M...	58	$749,280

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	2	x	$896	x	12	=	$21,504
1 Bedroom	56	x	$1,083	x	12	=	$727,776

2 Bedrooms		x	$1,398	x	12		=	$0
3 Bedrooms		x	$1,890	x	12		=	$0
4 Bedrooms		x	$2,106	x	12		=	$0
5 Bedrooms		x	$2,422	x	12		=	$0
6 Bedrooms		x	$2,738	x	12		=	$0
7 Bedrooms		x	$3,054	x	12		=	$0
8 Bedrooms		x	$3,370	x	12		=	$0
9 Bedrooms		x	$3,686	x	12		=	$0
Total Units and Annual Assistance Requested	58							$749,280
Grant Term								1 Year
Total Request for Grant Term								$749,280

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

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$200,625
Total Value of All Commitments:	$200,625

Summary for Leverage

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$1,203,750
Total Value of All Commitments:	$1,203,750

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	In-Kind	Private	SSG Supportive Se...	09/30/2014	$200,625
Leverage	In-Kind	Private	SSG Supportive Se...	09/30/2014	$1,203,750

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 rule24 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 with 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:	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)	SSG Supportive Services
5. Date of Written Commitment:	09/30/2014
6. Value of Written Commitment:	$200,625

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 rule24 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 with 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)	SSG Supportive Services
5. Date of Written Commitment:	09/30/2014
6. Value of Written Commitment:	$1,203,750

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			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	$0	1 Year	$0

2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$749,280	1 Year	$749,280
4. Supportive Services	$0	1 Year	$0
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$749,280
8. Admin (Up to 10%)			$52,450
9. Total Assistance Plus Admin Requested			$801,730
10. Cash Match			$0
11. In-Kind Match			$200,625
12. Total Match			$200,625
13. Total Budget			$1,002,355

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	10/22/2014
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Non Profit Status

Attachment Details

Document Description: Code of Conduct and 50070

Attachment Details

Document Description: 2880-LLL-SF424SUPP

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

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/22/2014
1E. Compliance	10/22/2014
1F. Declaration	10/22/2014
2A. Subrecipients	10/26/2014
2B. Experience	10/28/2014
3A. Project Detail	10/22/2014
3B. Description	10/28/2014
3C. Expansion	10/22/2014
4A. Services	10/26/2014
4B. Housing Type	10/26/2014
5A. Households	10/26/2014
5B. Subpopulations	No Input Required
5C. Outreach	10/28/2014
6A. Standard	10/26/2014
6B. Additional Performance Measures	No Input Required
7A. Funding Request	10/22/2014
7E. Rental Assistance	10/26/2014
7I. Match/Leverage	10/23/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	10/22/2014
8B. Certification	10/22/2014

GuideStar Nonprofit Report

Generated on January 06, 2014 at 8:06 PM EST

SPECIAL SERVICE FOR GROUPS INC

Also Known As:
605 W Olympic Blvd Ste 600
Los Angeles, CA 90015

Institutional funders should note that an organization's inclusion on guidestar.org does not satisfy IRS Rev. Proc. 2011-33 for verifying charitable status and identifying supporting organizations.

Contact Information

SPECIAL SERVICE FOR GROUPS INC

Also Known As:

Physical Address: Los Angeles, CA 90015

Register for free to see this organization's full address, telephone number, Web site, and more!

At A Glance

Formerly Known As:

Category (NTEE): P Human Services /P84 (Ethnic/Immigrant Services)

Mission Statement

SSG is a non-profit organization dedicated to providing community-based solutions to the social and economic issues facing those in the greatest need SSG has evolved into a model organization which is designed to provide service to diverse groups with maximum efficiency and impact This is achieved by developing and managing programs which serve our many communities by encouraging their involvement and self-sufficiency

Impact Summary

This organization has not provided an impact summary.

Financial Data

FAQs on Financial Data | Digitizing IRS Form 990 Data

Sign in or create an account to view this information.

Revenue and Expenses

Sign in or create an account to view this information.

Balance Sheet

Subscribe to GuideStar Premium to view this information, if available.

Forms 990 Received from the IRS

Sign in or create an account to view this information.

Forms 990 Provided by the Nonprofit

Sign in or create an account to view this information.

Financial Statements

Subscribe to GuideStar Premium to view this information, if available.

Annual Reports

Sign in or create an account to view this information.

Formation Documents

Subscribe to GuideStar Premium to view this information, if available.

Program:

Budget: --

Category:

Population Served:

Program Description:

Program Long-Term Success:

Program Short-Term Success:

Program Success Monitored by:

Program Success Examples:

Chief Executive

Board Chair

Sign in or create an account to view this information.

Board of Directors

Sign in or create an account to view this information.

Officers for Fiscal Year

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Highest Paid Employees & Their Compensation

Subscribe to GuideStar Premium to view this information, if available.