

## 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:** County of Los Angeles, Housing Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6001630

	<b>c. Organizational DUNS:</b>	147975747	PL US 4	0000
--	--------------------------------	-----------	---------------	------

### d. Address

**Street 1:** 700 W. Main Street

**Street 2:**

**City:** Alhambra

**County:** Los Angeles

**State:** California

**Country:** United States

**Zip / Postal Code:** 91801

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:** Assisted Housing

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

**Prefix:** Ms.

**First Name:** Georganne

**Middle Name:** M.

**Last Name:** Colvin

**Suffix:**

**Title:** Administrative Analyst

**Organizational Affiliation:** County of Los Angeles, Housing Authority

**Telephone Number:** (626) 586-1538

**Extension:**

**Fax Number:** (626) 943-3858

**Email:** georganne.colvin@laccdc.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):** California  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** OPCC Integrated Housing Program

**16. Congressional District(s):**

a. **Applicant:** CA-033, CA-035, CA-036, CA-037, CA-038, CA-039, CA-027, CA-026, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025

b. **Project:** CA-033, CA-035, CA-036, CA-037, CA-038, CA-039, CA-027, CA-026, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025  
(for multiple selections hold CTRL key)

**17. Proposed Project**

a. **Start Date:** 10/01/2015

**b. End Date:** 09/30/2016

**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](http://www.whitehouse.gov/omb/grants_spoc)

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

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

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

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

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

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

If "YES," provide an explanation:



## 1F. Declaration

### Instructions:

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

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

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

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

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Sean

**Middle Name:**

**Last Name:** Rogan

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (626) 586-1500  
**(Format: 123-456-7890)**

**Fax Number:** (626) 943-3801  
**(Format: 123-456-7890)**

**Email:** executive.director@lacdc.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: \$497,682**

Organization	Type	Sub-Award Amount
Ocean Park Community Center	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$497,682

## 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:** Ocean Park Community Center

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

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 95-6143865

	<b>* d. Organizational DUNS:</b>	084337922	<b>PL US 4:</b>	
--	----------------------------------	-----------	-------------------------	--

**e. Physical Address**

**Street 1:** 1463 16th Street

**Street 2:**

**City:** Santa Monica

**State:** California

**Zip Code:** 90404

**f. Congressional District(s):** CA-033, CA-035, CA-036, CA-037, CA-038, CA-039, CA-027, CA-026, CA-029, CA-028, CA-031, CA-030, CA-034, CA-032, CA-025  
**(for multiple selections hold CTRL key)**

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

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

**i. Expected Sub-Award Amount:** \$497,682

**j. Contact Person**

**Prefix:** Dr.

**First Name:** Christina

**Middle Name:**

**Last Name:** Miller

**Suffix:**

**Title:** Associate Director

**E-mail Address:** chmiller@opcc.net  
**Confirm E-mail Address:** chmiller@opcc.net  
**Phone Number:** 310-264-6646  
**Extension:** 231  
**Fax Number:** 310-264-6647

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 County of Los Angeles (Housing Authority) is the second largest Housing Authority in the Southern California area. The Housing Authority has earned HUD's highest rating in performance, High Performer, the last four years in a row. The Housing Authority has successfully administered Continuum of Care (CoC) Program grants since 1995 and currently administers 24 CoC grants: 5 five-year grants and 19 one-year renewal grants totaling \$29,981,771 effectively utilizing this federal funding within the required timelines. These grants will ultimately provide rental assistance and valuable supportive services for up to 911 otherwise homeless families under a variety of projects.

The Housing Authority also administers the Housing Choice Voucher Program, the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. There are approximately 19,957 vouchers allocated under this program with a budget that exceeds \$270,000,000. In addition, the Housing Authority administers, the Housing Opportunities With Aids Program, the Family Self-Sufficiency Program, the Veterans Affairs Supportive Housing Program and several other housing programs targeting the neediest of the needy.

OPCC has over 20 years of experience with effective utilization of federal funds for the activities proposed in this application. Since 1993, OPCC has demonstrated successful utilization, supportive services and management of over 300 vouchers in contracts with three housing authorities – HACLA, HACoLA and City of Santa Monica. All housing vouchers are utilized within 12 months of their availability and expedited from application to lease-up within a 4 week to 4 month period contingent upon HACoLA's timeframe in voucher issuance, inspection, lease-up and approval. In addition, OPCC also has a long and excellent track record of using Continuum of Care funds to move highly vulnerable, chronically homeless individuals into permanent housing. OPCC programs consistently score high in the SuperNOFA process. OPCC has maintained a longstanding permanent housing retention rate of over 95%.

Additionally, OPCC has multiple other programs that utilize federal funds. Through a five-year program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), OPCC is providing integrated mental health, psychiatry, substance abuse and benefits services to chronically homeless individuals with serious mental illness and substance addiction. This grant is also funding OPCC's "Home Team," which provides clinical retention services to housed clients. OPCC also is the recipient of a large Veterans Administration contract and multiple other contracts.

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



The Housing Authority takes the lead in collaborating with local homeless services providers and housing agencies to leverage resources to maximize services to its many program participants. Also, being under the same executive direction (and roof) of the Los Angeles County Community Development Commission (LACCDC) provides the Housing Authority with a uniquely unmatched opportunity for collaborations and partnerships in addressing the housing and economic needs of its program participants. The LACCDC administers the largest CDBG Program in the nation.

OPCC is the largest provider of homeless and social services on the Westside of Los Angeles and one of the largest in Los Angeles County. The agency, which has an annual budget of over \$12.2 million has worked to address sustainability for its services by ensuring that its range of funding sources is highly diversified. On the government side, OPCC receives federal, state, county and city funding. Government grants and contracts make up over 55% of the agency's revenue. Recognizing that chronic homelessness is as much connected with mental illness, medical problems and substance abuse as it is with economic factors, OPCC's fundraising strategies parallel its multidisciplinary approach to services. OPCC seeks and receives housing, mental health, medical and substance abuse funding. These funding sources include SAMHSA, the Veterans Administration, multiple contracts from the LA County Department of Mental Health (including funding for OPCC's Innovations IMHT and a newly awarded PATH contract for SPA 5), multiple LA County Department of Health Services contracts, City grants, and multiple HUD and LAHSA contracts. In addition, OPCC has enrolled over 95% of its clients in MediCal and has been highly proactive and successful in accessing MediCal funds through the Affordable Care Act.

The agency also has a strategic private fundraising effort, which includes grants from private foundations and private companies, major gifts and special events revenue. Private funders include the Conrad Hilton Foundation, United Way and Cedars Sinai Foundation. OPCC is in the initial stages of its 50th Anniversary Campaign, and the campaign has been extremely successful.

All of these government and private funding sources will be leveraged to provide services for the proposed program.

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

In 1982, the Los Angeles County Board of Supervisors created the Community Development Commission (CDC) which includes the Housing Authority and the Community Development Department. The Board of Supervisors serves as the Commissioners of the CDC as well as the Commissioners of HACoLA -- setting policy for the agency. HACoLA also has a Housing Commission, which is composed of 12 advisory Commissioners. The CDC/HACoLA Executive Director reports to the Board of Commissioners. Over 70% of the CDC's funding comes from HUD. In Fiscal Year 2014-2015, the agency has a budget of \$474 million and a total staff size of 563.

The HACoLA employs the modified – accrual basis of accounting. The HACoLA also uses internal accounting controls. These controls employ best practices specific to government accounting. They provide reasonable assurance for the safeguarding of assets against loss from unauthorized use or disposition, and reliability of financial records for preparing financial statements while maintaining accountability for assets. This concept recognizes that the cost of control should not exceed the benefits likely to be derived from it; and the evaluation of costs and benefits requires estimates and judgments by management. The internal controls adequately safeguard assets and provide reasonable assurance of proper recording of financial transactions.

OPCC is the largest provider of homeless and social services on the Westside of Los Angeles and one of the largest in Los Angeles County. The agency, which has an annual budget of over \$12.2 million has worked to address sustainability for its services by ensuring that its range of funding sources is highly diversified. OPCC receives federal, state, county and city funding.

Government grants and contracts make up over 55% of the agency's revenue. OPCC's fundraising strategies parallel its multidisciplinary approach to services. OPCC seeks and receives housing, mental health, medical and substance abuse funding. OPCC has a professional accounting department which does all daily accounting, consisting of the Finance Director, Accounting Manager/Analyst, Senior Accountant, and Accounting Specialist. The Finance Director has over thirty years of financial management experience and twenty years in his position with the agency. OPCC uses Blackbaud's Financial Edge Non-Profit Accounting System, accounting for all income and expenses by individual project and grants. All of OPCC's accounting is performed according to generally accepted accounting procedures (GAAP), and internal controls are documented by an accounting procedures manual. The financial system is compliant with OMB Circular A-110 Subpart C .21 (b) Standards for Financial Management Systems. The Finance Department has strong internal controls. These controls are tested and improved each year through OPCC's annual audit process. OPCC consistently receives the highest 'unqualified' opinion in its fiscal audits.

**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:** OPCC Integrated Housing Program

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

## 3B. Project Description

### Instructions:

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

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

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

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

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request PSH Bonus funds that serve exclusively chronically homeless or new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

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

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

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

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

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

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA) as all PSH projects are required to offer

unlimited duration of assistance.

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

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

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

**1. Provide a description that addresses the entire scope of the proposed project.**

OPCC is requesting 40 HACoLA vouchers to be used to permanently house 40 chronically homeless, highly vulnerable individuals, most of whom are "trimorbid" (suffering from co-occurring mental illness, physical health problems and substance addiction) in scattered site units across LA County. The scope of the proposed project includes: street outreach and engagement; eligibility intake; administration of the VI-SPDAT; assessment of barriers and establishment of an individualized service plan; administration of the LA County Department of Mental Health AIA (based on client choice); acquisition of permanent housing; establishment of all benefits to which a client is entitled, including disability benefits and all benefits provided through the Affordable Care Act; case management and provision of the following integrated services, based upon client need and choice: mental health care; substance abuse services; medical care (in collaboration with partnering FQHC's); domestic violence services; wellness and life skills programs, including budgeting and money management. All services will continue after a client is housed for as long as an individual client needs a particular service. While clients are in the process of obtaining permanent housing, OPCC also can provide clients with interim housing. All OPCC services are integrated and provided onsite and in the field (either on the street or in client's homes after they are housed). All services provided are documented in HMIS.

Employing Housing First, Harm Reduction, Assertive Community Treatment, and Critical Time Intervention, and utilizing Motivational Interviewing, OPCC provides seven core integrated services: interim and permanent supportive housing; mental health care; medical care; substance abuse treatment; income and benefits advocacy; domestic violence services; and wellness/life skills programming.

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

Proposed Lease-up Schedule: 40 vouchers will be leased-up within 12 months.

- Recruitment of units/property owners and managers for participation: beginning immediately, then ongoing.
- Provision of housing workshops and tenancy training: beginning immediately, then ongoing.
- Assist clients in leasing units: beginning with application acceptance, months 1 – 3, then ongoing.
- Move in: beginning months 2 – 4, then ongoing.
- Ongoing case management: beginning immediately, then ongoing.

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

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

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

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

Other:

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

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

n/a

**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.**

Rental assistance will be based on the participant's income, the Fair Market Rent and the Contract Rent.

**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.**

OPCC provides a full range of housing assistance services to chronically homeless individuals. Starting with a Coordinated Assessment and Entry System, and using Housing First, Harm Reduction, Critical Time Intervention and Motivational Interviewing, OPCC empowers people to rebuild their lives by connecting chronically homeless individuals to OPCC’s seven core services: permanent supportive housing, mental health care, medical care, substance abuse services, income/benefits services, domestic violence services, and wellness/life skills programs. OPCC will use LA County Housing Resource Center to locate housing. OPCC staff provides trainings to all clients entering permanent supportive housing about the necessary life skills of 1) paying rent on time, 2) being a good neighbor, and 3) caring for their unit. Ongoing services to ensure that clients retain housing are provided by OPCC’s multidisciplinary permanent housing teams.

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

OPCC staff members have training in benefits assistance, and the process of assisting clients to obtain benefits begins as soon as clients are engaged in services. OPCC staff is trained through the SOAR model. Public Counsel and Legal Aid of Los Angeles will assist clients with legal issues and barriers to housing and obtaining benefits.

Clients are also encouraged to participate in OPCC's stipend program, which provides opportunities to engage in meaningful, productive work while earning a "stipend." The program has been linked with increased community integration, self-esteem and self-sufficiency. Stipend positions include tasks such as cooking, gardening, or managing a "clothing closet."

While it is extremely difficult for a number of highly disabled clients to obtain employment, clients are encouraged to participate in work activities to the degree that they are able to do so. And some clients do successfully gain employment.

Chrysalis, a long time partner of OPCC, will provide targeted employment and vocational services including job preparation, training and employment assistance to S+C clients interested in working or developing vocational skills.

Clients will also be assisted to live independently through the array of mental health, medical, substance abuse, wellness and life skills interventions described above.

**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	Annually
Assistance with Moving Costs	Subrecipient	Onsite	As needed
Case Management	Subrecipient	Onsite	As needed
Child Care	Non-Partner	Public/private regional transportation	As needed
Education Services	Non-Partner	Public/private regional transportation	As needed
Employment Assistance and Job Training	Subrecipient	Public/private regional transportation	As needed
Food	Partner	Onsite	As needed
Housing Search and Counseling Services	Subrecipient	Short walk	As needed
Legal Services	Partner	Onsite	As needed
Life Skills Training	Subrecipient	Onsite	As needed
Mental Health Services	Subrecipient	Onsite	As needed
Outpatient Health Services	Partner	Onsite	As needed
Outreach Services	Subrecipient	Onsite	As needed
Substance Abuse Treatment Services	Non-Partner	Public/private regional transportation	As needed
Transportation	Partner	Short walk	Daily
Utility Deposits	Subrecipient	Onsite	As needed

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

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

<b>Access</b>
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:** 37

**Total Beds:** 37

**Total Dedicated CH Beds:** 37

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

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	37	37	37	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:** 37

**b. Beds:** 37

- c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?** 37
- 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:** 1453 16th Street

**Street 2:**

**City:** Santa Monica

**State:** California

**ZIP Code:** 90404

- 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)** 069037 LOS ANGELES COUNTY

## 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/>

<b>Households</b>	<b>Households with at Least One Adult and One Child</b>	<b>Adult Households without Children</b>	<b>Households with Only Children</b>	<b>Total</b>
<b>Total Number of Households</b>		37		37

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		37		37
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24				0
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
<b>Total Number of Adults over age 24</b>	0	37		37
<b>Total Number of Adults ages 18-24</b>	0	0		0
<b>Total Number of Children under age 18</b>	0		0	0
<b>Total Persons</b>	0	37	0	37

**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	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										

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

**Persons in Households without Children**

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Disabled Adults over age 24	33	4		18		16		6		
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
<b>Total Persons</b>	33	4	0	18	0	16	0	6	0	0

**Click Save to automatically calculate totals**

**Persons in Households with Only Children**

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

## 5C. Outreach for Participants

**Instructions:**

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: This is a required field. The population to be served must meet program eligibility requirements in 24 CFR 578 and additional eligibility requirements in both the FY 2013 – FY 2014 CoC Program NOFA and FY 2014 Funding Notice for permanent supportive housing and rapid re-housing. To complete this table, enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

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

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

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculate above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2014 Funding Notice.

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

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

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

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

<b>90%</b>	<b>Directly from the street or other locations not meant for human habitation.</b>
<b>10%</b>	<b>Directly from emergency shelters.</b>
	<b>Directly from safe havens.</b>
	<b>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</b>

90%	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.**

n/a

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

Prioritization and match will be performed through the SPA 5 Coordinated Entry System. OPCC does ongoing outreach throughout the community through its three outreach programs (and will soon begin outreach through its new PATH outreach team). As a result, there are always eligible clients available to enter the program. In addition, as a result of OPCC's numerous relationships with landlords, acquisition of available units can begin immediately.



## 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.	30	37	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%
<b>OR</b>			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.	8	37	22%

## 6B. Additional Performance Measures

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

Proposed Measure
This list contains no items

## 7A. Funding Request

### Instructions:

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

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

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

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

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

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA for additional guidance.

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

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

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

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

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

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

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

## Funding\_Request HIDDEN

**(HIDDEN) Grant Term in years, for use in calculations:** 1

**(HIDDEN) Grant Term in Months, for use in calculations:** 12

<b>Acquisition/Rehabilitation/New Construction (Hidden)</b>	
<b>Supportive Services (Hidden)</b>	
<b>Rental Assistance (Hidden)</b>	X
<b>Leased Units (Hidden)</b>	
<b>Leased Structures (Hidden)</b>	
<b>Housing Relocation &amp; Stabilization (Hidden)</b>	
<b>Operating (Hidden)</b>	
<b>HMIS (Hidden)</b>	

## 7E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>		\$480,852	
<b>Total Units:</b>		37	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Los Angeles-Long Beach, CA HUD M...	37	\$480,852

## 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		x	\$896	x	12	=	\$0
1 Bedroom	37	x	\$1,083	x	12	=	\$480,852



<b>2 Bedrooms</b>		x	\$1,398	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$1,890	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$2,106	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$2,422	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$2,738	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$3,054	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$3,370	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$3,686	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	37						\$480,852
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$480,852

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

## 7I. Sources of Match/Leverage

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

### Summary for Match

<b>Total Value of Cash Commitments:</b>	\$128,628
<b>Total Value of In-Kind Commitments:</b>	\$0
<b>Total Value of All Commitments:</b>	\$128,628

### Summary for Leverage

<b>Total Value of Cash Commitments:</b>						\$780,000
<b>Total Value of In-Kind Commitments:</b>						\$0
<b>Total Value of All Commitments:</b>						\$780,000
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments	
Match	Cash	Private	OceanPark Communi...	10/23/2014	\$128,628	
Leverage	Cash	Government	Los Angeles Count...	10/28/2014	\$325,133	
Leverage	Cash	Government	SAMHSA	09/29/2014	\$100,000	
Leverage	Cash	Private	Ocean Park Commun...	10/28/2014	\$354,867	

## Sources of Match/Leverage Detail

### Instructions:

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

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

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

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

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

Date of Written Commitment: Enter the date of the written contribution.

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

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

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

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** OceanPark Community Center
- 5. Date of Written Commitment:** 10/23/2014
- 6. Value of Written Commitment:** \$128,628

## Sources of Match/Leverage Detail

### Instructions:

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

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

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

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

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

Date of Written Commitment: Enter the date of the written contribution.

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

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

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

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Los Angeles County Dept. of Mental Health
- 5. Date of Written Commitment:** 10/28/2014
- 6. Value of Written Commitment:** \$325,133

## Sources of Match/Leverage Detail

### Instructions:

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

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

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

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

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

Date of Written Commitment: Enter the date of the written contribution.

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

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

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

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** SAMHSA
- 5. Date of Written Commitment:** 09/29/2014
- 6. Value of Written Commitment:** \$100,000

## Sources of Match/Leverage Detail

### Instructions:

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

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

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

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

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

Date of Written Commitment: Enter the date of the written contribution.

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

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

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

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 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)** Ocean Park Community Center
- 5. Date of Written Commitment:** 10/28/2014
- 6. Value of Written Commitment:** \$354,867

## 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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
<b>2a. Leased Units</b>	\$0	1 Year	\$0

<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$480,852	1 Year	\$480,852
<b>4. Supportive Services</b>	\$0	1 Year	\$0
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$480,852
<b>8. Admin (Up to 10%)</b>			\$33,660
<b>9. Total Assistance Plus Admin Requested</b>			\$514,512
<b>10. Cash Match</b>			\$128,628
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$128,628
<b>13. Total Budget</b>			\$643,140

**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	OPCC 501 c 3 Ltr	10/27/2014
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** OPCC 501 c 3 Ltr

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 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:** Sean Rogan

**Date:** 10/28/2014

**Title:** Executive Director

**Applicant Organization:** County of Los Angeles, Housing Authority

**PHA Number (For PHA Applicants Only):** CA002

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

X
---

## 9B. Submission Summary

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

Internal Revenue Service

Department of the Treasury

P. O. Box 2508  
Cincinnati, OH 45201

Date: April 26, 2002

Ocean Park Community Center  
1453 16<sup>th</sup> St.  
Santa Monica, CA 90404-2715

Person to Contact:  
Sheila Schrom 31-02836  
Customer Service Representative  
Toll Free Telephone Number:  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
95-6143865

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in December 1966 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

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

Ocean Park Community Center  
95-6143865

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

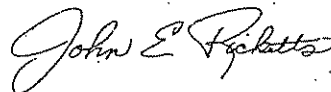
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services