

## 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 on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness (Special NOFO) Competition process must be submitted to [SpecialCoCNOFO@hud.gov](mailto:SpecialCoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under Special NOFO. For more information see the Special NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the Special NOFO and the FY 2022 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- Only new projects may be submitted. New projects must select Unsheltered Set Aside or Rural Set Aside as their funding opportunity. Project applicants must communicate with their CoC to make sure they are applying for the correct funding opportunity.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 the Special NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** Unsheltered Homelessness Set Aside Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/18/2022

**4. Applicant Identifier:**

**4a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Council for the Homeless

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 91-2001828

**c. UEI:** XEMKCPSGME73

### d. Address

**Street 1:** 2500 Main St

**Street 2:**

**City:** Vancouver

**County:**

**State:** Washington

**Country:** United States

**Zip / Postal Code:** 98660

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Melissa

**Middle Name:**

**Last Name:** Baker

**Suffix:**

**Title:** Coordinated Entry Director

**Organizational Affiliation:** Council for the Homeless

**Telephone Number:** (360) 699-5106

**Extension:** 101

**Fax Number:** (360) 694-8369

**Email:** mbaker@councilforthehomeless.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**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-6500-N-25S

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Washington  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Unsheltered Homelessness Set Aside Project Application FY2022

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

**16a. Applicant:** WA-003

**16b. Project:** WA-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 04/01/2023

**b. End Date:** 05/31/2024

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**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. SF-424 Declaration

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: Ms.

First Name: Sunny

Middle Name:

Last Name: Wonder

Suffix:

Title: Deputy Director

Telephone Number: (360) 699-5106  
(Format: 123-456-7890)

Fax Number: (360) 694-8369  
(Format: 123-456-7890)

Email: swonder@councilforthehomeless.org

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

Date Signed: 09/18/2022



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Council for the Homeless

**Prefix:** Ms.

**First Name:** Sunny

**Middle Name:**

**Last Name:** Wonder

**Suffix:**

**Title:** Deputy Director

**Organizational Affiliation:** Council for the Homeless

**Telephone Number:** (360) 699-5106

**Extension:** 120

**Email:** swonder@councilforthehomeless.org

**City:** Vancouver

**County:**

**State:** Washington

**Country:** United States

**Zip/Postal Code:** 98660

**2. Employer ID Number (EIN):** 91-2001828

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$278,107.00  
 (Requested amounts will be automatically entered within applications)

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

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)?** Yes  
 For further information, see 24 CFR Sec. 4.9.

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Sunny Wonder, Deputy Director

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

**Applicant:** Council for the Homeless

02-132-9136

**Project:** Unsheltered Homelessness Set Aside Project Application FY2022

193303

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**Date Signed:** 09/18/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Council for the Homeless

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees ---                      (1) The dangers of drug abuse in the workplace                      (2) The Applicant's policy of maintaining a drug-free workplace;                      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and                      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---                      (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or                      (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---                      (1) Abide by the terms of the statement; and                      (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

### 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Sunny

**Middle Name:**

**Last Name:** Wonder

**Suffix:**

**Title:** Deputy Director

**Telephone Number:** (360) 699-5106  
**(Format: 123-456-7890)**

**Fax Number:** (360) 694-8369  
**(Format: 123-456-7890)**

**Email:** swonder@councilforthehomeless.org

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

**Date Signed:** 09/18/2022

## **CERTIFICATION REGARDING LOBBYING**

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X
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**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Council for the Homeless

**Name / Title of Authorized Official:** Sunny Wonder, Deputy Director

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

**Date Signed:** 09/18/2022

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** Council for the Homeless

**Street 1:** 2500 Main St

**Street 2:**

**City:** Vancouver

**County:**

**State:** Washington

**Country:** United States

**Zip / Postal Code:** 98660

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Sunny

**Middle Name:**

**Last Name:** Wonder

**Suffix:**

**Title:** Deputy Director

**Telephone Number:** (360) 699-5106  
**(Format: 123-456-7890)**

**Fax Number:** (360) 694-8369  
**(Format: 123-456-7890)**

**Email:** swonder@councilforthehomeless.org

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

**Date Signed:** 09/18/2022

# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

**As the duly authorized representative of the applicant, I certify:**

**Authorized Representative for:** Council for the Homeless

**Prefix:** Ms.

**First Name:** Sunny

**Middle Name:**

**Last Name:** Wonder

**Suffix:**

**Title:** Deputy Director

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

**Date Signed:** 09/18/2022

## 1L. SF-424D

**Are you requesting CoC Program funds for construction costs in this application?** No

**No SF-424D is required. Select "Save and Next" to move to the next screen.**

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		



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

### 1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Council for the Homeless is the Collaborative Applicant for our Clark County CoC and as such has successfully applied for and received ongoing federal funding for CoC Planning, HMIS renewal, and most recently the DV Bonus funding. Within our role, we have met spending and reporting requirements successfully each year.

In addition to knowledge of federal funding, Council for the Homeless is the lead agency of our Coordinated Outreach efforts. In this role, our agency is responsible for coordination efforts to ensure system coverage throughout our county, ongoing training in best practices for outreach teams, and also operate our own outreach team efforts.

### 2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Council for the Homeless regularly receives federal, state, and County funding and additionally regularly works to identify other funding to fill gaps in services as they arise. Over the past two years, CFTH has taken on significant federal rental assistance funding and has demonstrated an ability to quickly spend funding, while providing a high level of transparency and accuracy in the spend down of funds.

### 3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Council for the Homeless’ Executive Director and Deputy Director oversee the fiscal management of funding in the agency, with the Deputy Director supervising a Grants Manager and Accounts Payable Coordinator positions responsible for budgeting and invoice processing. In addition, our agency contracts with an accounting agency for our fiscal management of funds and works closely with Deputy Director to ensure funds spent meeting allowable requirements of funding guidelines. All fiscal management is managed by the board’s finance committee and agency finances are reviewed on a monthly basis, at a minimum.

**4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** No

### 3A. Project Detail

**1. CoC Number and Name:** WA-508 - Vancouver/Clark County CoC

**2. CoC Collaborative Applicant Name:** Council for the Homeless

**3. Project Name:** Unsheltered Homelessness Set Aside Project Application FY2022

**4. Project Status:** Standard

**5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** Unsheltered Homelessness Set Aside

**6. Component Type:** SSO

**6a. Select the type of SSO Project:** SSO-Street Outreach

**7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?** No

**8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

### 3B. Project Description

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

Council for the Homeless currently collaborates with seven partner agencies to conduct Coordinated Outreach efforts. These teams of outreach coordinators work in the field seven days a week from 8am-7pm. The Coordinated Outreach Program operates in the Clark County area, which includes the cities of Vancouver, Camas, Battleground, LaCenter, Ridgefield, Washougal and parts of Woodland. The Coordinated Outreach Systems Manager maintains a list of known encampments in Clark County. In cooperation with the City of Vancouver’s Homeless Action Response Team (HART), Council for the Homeless works to identify other encampments in the community that are not known and those that homeless but not in encampments.

When an encampment has been identified, the program manager dispatches teams to the encampments to begin engagement with individuals. Community members are also able to contact the Council for through our coordinated outreach email and phone number. These are a designated email and phone number specifically for community members to contact the Council for the Homeless and notify us of locations in the community of possible growing encampments and homeless individuals. The Council for the Homeless, Coordinated Outreach Program also has a collaborative relationship with the local police departments and we are called when there are individuals needing assessments and engagements. Outreach coordinators are on hand for emotional support during clean ups and sweeps.

**1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA?**

CFTH's Coordinated Outreach efforts are focused on ensuring long term stability of households served by connecting households to mainstream resources to meet their needs, elimination of barriers, such as ID, landlord debt, and connection to legal aid to address criminal background preventing approval in housing. In addition, with the ability to provide case management up to two month's after a household has been housed, Outreach staff are able to assist in the transition into housing and facilitate ongoing connection to mainstream resources and assistance with navigation of landlord/tenant relationship issues as they arise to ensure stability of the housing long term.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	60			
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

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

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. As an SSO non-CE project answer the following questions:**

**5a. Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.**

As the agency coordinated Clark County's outreach efforts, a large focus of our Coordinated Outreach Director's time is to ensure outreach coverage of our entire community and with this focus also comes strategies to engage with the most vulnerable and often difficult to engage with households. With this in mind, our team's focus has been to provide training specifically on outreach efforts to these populations to our entire time, increase use of our Vulnerability Assessment Tool to ensure accurate capture of vulnerability, and advocate to keep case loads as low as possible for all to team members to ensure they have the time needed to build rapport with each person on their case load.

**5b. Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?**

The Council for the Homeless Coordinated Outreach Program is currently working with Legacy Health’s local emergency department social workers to develop a process for notifying the Coordinated Outreach teams when a patient is being discharged into homelessness. The process will involve dedicating space to Outreach Coordinators so that they can meet with the patient being discharged to conduct a housing assessment, work to get them placed in a shelter or motel and provide some essential needs items. This process is already in place with Peace Health Hospital.

The CFTH’s Coordinated Outreach Program now includes a collaboration with Lifeline Connections, who were recently awarded the Homeless Outreach and Stabilization Team contract. This program is designed to serve people who are living with serious substance use disorders or co-occurring substance use and mental health conditions are experiencing homelessness, and whose severity of behavioral health symptom acuity level creates a barrier to accessing and receiving conventional behavioral health services and outreach models. HOST teams work throughout the county to outreach and engage the most vulnerable individuals into services with the ultimate goals of addressing their behavioral and physical health needs, increasing stability, obtaining housing, and transitioning them into long-term services for their substance use disorders or co-occurring substance use disorders and mental health conditions.

As a part of barrier reduction, Outreach Coordinators work with social services, such as the Department of Social and Health Services to assist program participants with completing applications for food, medical and cash benefits. Outreach Coordinators are able to connect program participants to SSI/SSDI Outreach, Access and Recovery (SOAR) coordinators to provide program participants with additional supports to increase their access to SSI/SSDI income supports. Columbia River Mental Health is an agency partner for the Coordinated Outreach Program. Their mobile health crisis teams are able to provide basic medical services, peer support and mental health/substance use support. They are also able to do referrals to other mental health and substance use agencies as well as work with program participants to connect them to continuous primary care.

## 4A. Supportive Services for Participants

### 1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Once outreach coordinators have identified someone that is homeless, engagement begins immediately. Coordinators first assess for the client's safety. After assessing for safety, coordinators will check shelter and motel availability. Coordinators then conduct a housing assessment and begin identifying barriers to housing. If there are shelter beds or hotel space available, coordinators begin working on those on those referral placements. If there are no shelter beds or motel rooms available, coordinators make sure that individuals have some basic needs items, such as tents, tarps, sleeping bags, hygiene kits, laundry cards, bus passes and food.

Coordinators continue engaging with clients to work on barrier reduction, while also keeping update on shelter and motel room availability. Barrier reduction includes helping clients with IDs, birth certificates, connecting to resources and services such as mental health and substance use treatment, help locating primary care or employment services. Other types of barrier reduction includes paying off past property debt and utilities that are keeping a client from being approved for housing. Coordinators continue to work with clients until the client is housed, either in their own place or in shelter. Once a client is housed, coordinators work with them for up to 2 months to ensure that the client is well connected to resources, services and are setup to have the means to maintain housing. This collaborative approach has proved successful in moving individuals and families from homelessness into housing and has been effective in assisting program participants in retaining their housing.

### 2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.



As a part of barrier reduction, Outreach Coordinators work with social services, such as the Department of Social and Health Services to assist program participants with completing applications for food, medical and cash benefits. Outreach Coordinators are able to connect program participants to SSI/SSDI Outreach, Access and Recovery (SOAR) coordinators to provide program participants with additional supports to increase their access to SSI/SSDI income supports. Columbia River Mental Health is an agency partner for the Coordinated Outreach Program. Their mobile health crisis teams are able to provide basic medical services, peer support and mental health/substance use support. They are also able to do referrals to other mental health and substance use agencies as well as work with program participants to connect them to continuous primary care.

Outreach coordinators have also developed relationships with local agencies such as Partners in Careers, which is an agency that works with families and individuals to help them become economically self-sufficient. Their programs provide employment readiness services to in Clark County through job training, work experience, and individualized assistance. Their Community Jobs program serves parents with dependent children on public assistance. PIC staff work with parents in a four to six-month program to provide job training, job search, work experience and to address challenges such as health and legal issues. Staff work with parents to create a plan for success and an outcome of employment and independence. Career Academy is another PIC program that provides one on one support for job seekers. In the program, participants learn job search strategies and skills such as finding jobs to apply for, applications, resumes, cover letters, and interview practice. Career Academy participants have access to transportation support and PIC technology lab to support their job search process. Outreach coordinators are able to track the work that program participants are completing to remove barriers and this allows for successful tracking to ensure that program participants are getting the resources and services that they need to maintain and/or become healthier and housed.

**3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed

Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Applicant	As needed

**Identify whether the project will include the following activities:**

**4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 5A. Program Participants - Households

**Households Table**

Number of Households
----------------------

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
10	65		75

<b>Characteristics</b>
Persons over age 24
Persons ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
<b>Total Persons</b>

Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
65	65		130
			0
10			10
			0
75	65	0	140

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	65									
Persons ages 18-24										
Children under age 18	10									
<b>Total Persons</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	65									
Persons ages 18-24										
<b>Total Persons</b>	<b>65</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2024?** Yes

**2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition?** Unsheltered

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

**4. Select a grant term:** 3 Years

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

<b>Leased Structures</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6F. Supportive Services Budget

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE (+benefits)	\$84,275
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
18. (Rural Set Aside ONLY) Section 491 Eligible Activities		
<b>Total Annual Assistance Requested</b>		<b>\$84,275</b>
<b>Grant Term</b>		<b>3 Years</b>
<b>Total Request for Grant Term</b>		<b>\$252,825</b>

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

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$69,527
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$69,527

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Clark County Depa...	\$69,527

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Government

**3. Name of Source:** Clark County Department of Community Services  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$69,527



## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
2a. Leased Units	\$0	3 Years	\$0
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$84,275	3 Years	\$252,825
5. Operating	\$0	3 Years	\$0
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$252,825
8. Admin (Up to 10%)			\$25,282
9. Total Assistance Plus Admin Requested			\$278,107
10. Cash Match			\$69,527
11. In-Kind Match			\$0
12. Total Match			\$69,527
13. Total Budget			\$347,634

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **7D. 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 part 578 or 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.**

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.**

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 provide

**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:** Sunny Wonder

**Date:** 09/18/2022

**Title:** Deputy Director

**Applicant Organization:** Council for the Homeless

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

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

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

Page		Last Updated
1A. SF-424 Application Type		No Input Required
1B. SF-424 Legal Applicant		09/16/2022
1C. SF-424 Application Details		No Input Required
Unsheltered Homelessness Set Aside Project Application FY2022	Page 47	10/05/2022

<b>1D. SF-424 Congressional District(s)</b>	09/18/2022
<b>1E. SF-424 Compliance</b>	09/16/2022
<b>1F. SF-424 Declaration</b>	09/16/2022
<b>1G. HUD 2880</b>	09/18/2022
<b>1H. HUD 50070</b>	09/16/2022
<b>1I. Cert. Lobbying</b>	09/16/2022
<b>1J. SF-LLL</b>	09/16/2022
<b>IK. SF-424B</b>	09/16/2022
<b>1L. SF-424D</b>	09/16/2022
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/18/2022
<b>3A. Project Detail</b>	09/16/2022
<b>3B. Description</b>	09/18/2022
<b>4A. Services</b>	09/18/2022
<b>5A. Households</b>	09/18/2022
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/16/2022
<b>6F. Supp Srvcs Budget</b>	09/18/2022
<b>6I. Match</b>	09/18/2022
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	09/18/2022