

## 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:** 09/16/2022

**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:** Share

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 91-1205119

**c. UEI:** R742XLULHUH7

### d. Address

**Street 1:** 2306 NE Andresen Rd

**Street 2:**

**City:** Vancouver

**County:** Clark

**State:** Washington

**Country:** United States

**Zip / Postal Code:** 98661

### 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:** Amy

**Middle Name:**

**Last Name:** Reynolds

**Suffix:**

**Title:** Deputy Director

**Organizational Affiliation:** Share

**Telephone Number:** (360) 952-8220

**Extension:**

**Fax Number:** (360) 448-2124

**Email:** areynolds@sharevancouver.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:** Outreach Access and Retention Services

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

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

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

**17. Proposed Project**

**a. Start Date:** 10/01/2023

**b. End Date:** 09/30/2026

**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:** Diane

**Middle Name:** S

**Last Name:** McWithey

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (360) 952-8216  
**(Format: 123-456-7890)**

**Fax Number:** (360) 448-2124  
**(Format: 123-456-7890)**

**Email:** dmcwithey@sharevancouver.org

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

**Date Signed:** 09/16/2022



# 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:** Share

**Prefix:** Ms.

**First Name:** Diane

**Middle Name:** S

**Last Name:** McWithey

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Share

**Telephone Number:** (360) 952-8216

**Extension:**

**Email:** dmcwithey@sharevancouver.org

**City:** Vancouver

**County:** Clark

**State:** Washington

**Country:** United States

**Zip/Postal Code:** 98661

**2. Employer ID Number (EIN):** 91-1205119

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

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

**4a. Total Amount Requested for this project: \$444,729.00**

(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
HUD	COC	\$120,881.00	Supportive services, rent, admin
HUD	COC	\$298,820.00	Supportive services, leasing, admin
HUD	COC	\$216,536.00	Supportive services, leasing, admin
HUD	COC	\$105,112.00	Supportive services, leasing, admin
HUD	COC	\$59,251.00	Supportive services, rent, admin

**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 (%)
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%

**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:** Diane McWithey, Executive Director

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

**Date Signed:** 09/16/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Share

**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:	
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.	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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

## 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
---

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:** Diane

**Middle Name:** S

**Last Name:** McWithey

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (360) 952-8216  
**(Format: 123-456-7890)**

**Fax Number:** (360) 448-2124  
**(Format: 123-456-7890)**

**Email:** dmcwithey@sharevancouver.org

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

**Date Signed:** 09/16/2022

## 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:

**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:** Share

**Name / Title of Authorized Official:** Diane McWithey, Executive Director

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

**Date Signed:** 09/16/2022

# 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:** Share  
**Street 1:** 2306 NE Andresen Rd  
**Street 2:**  
**City:** Vancouver  
**County:** Clark  
**State:** Washington  
**Country:** United States  
**Zip / Postal Code:** 98661

**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:** Diane

**Middle Name:** S

**Last Name:** McWithey

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (360) 952-8216  
**(Format: 123-456-7890)**

**Fax Number:** (360) 448-2124  
**(Format: 123-456-7890)**

**Email:** dmcwithey@sharevancouver.org

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

**Date Signed:** 09/16/2022

## 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:

- |           |   |
|-----------|---|
| <b>1.</b> | 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.   |
| <b>2.</b> | 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.   |
| <b>3.</b> | 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.  |
| <b>4.</b> | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| <b>5.</b> | 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).  |
| <b>6.</b> | 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. |
| <b>7.</b> | 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:** Share

**Prefix:** Ms.

**First Name:** Diane

**Middle Name:** S

**Last Name:** McWithey

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/16/2022

## 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:

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.

Share has 6 HUD grants, ESG grants, as well as HOME and CDBG funds. In addition our agency received millions of Treasury Rent Assistance Program dollars that we were able to utilize to effectively keep community members living in poverty from slipping into homelessness. Our agency has grown in our ability to be able to hire people even during COVID, we have an HR coordinator who spends dedicates time to recruitment. Our outreach team has experience and ensures that the team is trained in trauma informed care, harm reduction, motivational interviewing, diversity equity and inclusion. Our data and operations manager and our data and operations specialist collaborate to ensure that the team is train on HMIS and entering data in a timely manner. The team also pulls reports on data quality, equity, as well as overall program performance.

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

Share receives federal, state, local and private dollars. Our development team consists of a development director, events manager, responsible for 2 large in person events per year as well as small gatherings throughout the year, a grant writer responsible for renewals as well as seeking out new funding, a development coordinator, a volunteer director, a volunteer coordinator and a contracted media relations staff this team of 7 bring in about \$1 million in private funds in addition to the usual \$10 million in grant funding, though for the past few years there has been an additional \$10 million in eviction prevention.

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

Share has a finance director responsible for the overall functioning of the finance department, developing and implementing the budget, forecasting, and reporting to the board. Reporting to the finance director is an accounting manager who is responsible for the day-to-day finances, a senior accountant who provides support to each member of the team, a payroll and AR specialist, a grant administrator ensuring that costs are allowable and billed to the appropriate grant, a lead accounting clerk and an accounting clerk ensuring that our AP and CR are processed in a timely manner. Our agency receives an annual single audit, the most recent year audited was 2021 where there were no findings.

**4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** Yes

**4a. Describe the unresolved monitoring or audit findings.**

Corrective actions were supplied to HUD in March of 2022 we have not received formal resolution at this time. Our HUD contact says they have been very busy and hope to follow up shortly.

### 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:** Outreach Access and Retention Services

**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.**

Share’s Outreach Team serves those who are hardest to reach by going into the community and bringing services to them. Many of our clients struggle in accessing services due to mobility, physical and mental health concerns, or difficulty in being around large groups of people. Our Outreach Team works to bridge that gap so that everyone experiencing homelessness in Clark County has access to a variety of services that can better their situation.

In order to provide a higher level of support to our clients as they work to transition more unsheltered individuals into housing and offer the highest quality intervention, we are proposing the hiring of two new employees to work with those who are chronically homeless or are struggling with a disability while being unsheltered. This will allow our Outreach team to dedicate time to these individuals, addressing their housing barriers, and working towards gaining permanent housing and helping them achieve other long-term goals. In order to achieve this, we would hire two full-time employees with an emphasis on people with lived experience of unsheltered homelessness to join Share’s Outreach Team.

The first new role would be a specialist in SOAR. The SOAR Specialist will work with individuals with disabilities on applying for Aged, Blind, and Disabled benefits and Social Security Income. This position will work closely with healthcare organizations, including behavioral health agencies, to secure the necessary documentation for SOAR applications and improve health outcomes. By having a person dedicated to doing this work the person could work on multiple applications at a time and form more relationships with our local social security office making them better situated to move people through the system faster.

The second new role would be a Housing Navigator. The Housing Navigator will work with individuals on applying for housing assistance programs and will develop relationships with housing agencies, local landlords and property management companies. The staff will support the client in being able to discuss their criminal history, rental history and credit history with a potential landlord.

The proposed program will work to move unsheltered homeless individuals into housing by working with specialists to address their unique barriers to housing. We aim to work with 100 individuals over the course of the 3 year term of this grant.

**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?**

This program is consistent with our COC's plan in a myriad of ways. Firstly, Share will utilize the Housing Navigator, funded through this project to develop and enhance relationships with landlords. Share will use the Pathways HealthConnect model to support clients in their physical and behavioral health needs as well as follow up to ensure that those needs were met. This system will also be used to refer to other healthcare services as appropriate. Relationships formed from previous follow up efforts will help to make this process smoother each time. Finally, the project will use Coordinated Entry and the HART team (our local social service, city and police collaboration) to help ensure that the most vulnerable are prioritized for shelter and that our team could follow our clients through this process.

**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	80			
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 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 checked="" 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.**

Share participates in our local Chronically Homeless By Name List strategy meetings with the goal of housing the people who have the highest services needs. Members of Share's Outreach team and specifically the staff from the Outreach Access and Retention Services team would both attend these meetings and be trained in conducting VATs (Vulnerability Assessment Tool). The VAT has been shown by a study conducted by the University of Washington to have strong properties of both reliability and validity in identifying people who are most likely to be victimized or harmed on the streets. It rates a person's functioning level, physical and behavioral health, ability to meet their basic needs and much more. The plan is to serve those who score the highest on this VAT first.

**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?**

Share's Outreach Team serves those who are hardest to reach by going into the community and bringing services to them. Many of our clients struggle in accessing services due to mobility, physical and mental health concerns, or difficulty in being around large groups of people. Our Outreach Team works to bridge that gap so that everyone experiencing homelessness in Clark County has access to a variety of services that can better their situation.

In order to provide a higher level of support to our clients as they work to transition more unsheltered individuals into housing and offer the highest quality intervention, we are proposing the hiring of two new employees to work with those who are chronically homeless or are struggling with a disability while being unsheltered. This will allow our Outreach team to dedicate time to these individuals, addressing their housing barriers, and working towards gaining permanent housing and helping them achieve other long-term goals. In order to achieve this, we would hire two full-time employees with an emphasis on people with lived experience of unsheltered homelessness to join Share's Outreach Team.

The first new role would be a specialist in SOAR. The SOAR Specialist will work with individuals with disabilities on applying for Aged, Blind, and Disabled benefits and Social Security Income. This position will work closely with healthcare organizations, including behavioral health agencies, to secure the necessary documentation for SOAR applications and improve health outcomes. By having a person dedicated to doing this work the person could work on multiple applications at a time and form more relationships with our local social security office making them better situated to move people through the system faster.

The second new role would be a Housing Navigator. The Housing Navigator will work with individuals on applying for housing assistance programs and will develop relationships with housing agencies, local landlords and property management companies. The staff will support the client in being able to discuss their criminal history, rental history and credit history with a potential landlord.

The proposed program will work to move unsheltered homeless individuals into housing by working with specialists to address their unique barriers to housing. We aim to work with 200 individuals through the terms of this grant.

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

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

Share works to ensure that clients we will work with through the program can work through the circumstances that led to chronic homelessness to ensure successful retention in the program or securing permanent housing. Share will utilize Coordinated Entry to seek out housing programs, keep the clients connected through Pathways HealthConnect to aid them in their stability and follow up and other supports developed to ensure that those relationships continue even after the client is housed.

Many of our unsheltered clients require social security benefits. This is a long process that the clients do not have the resources to go through alone. The SOAR advocate will support people through the cumbersome process of applying for social security benefits. This person would be an ally to assist in making appointments, navigating forms and obtaining all the necessary documentation. At the current time, we have current members of our Outreach team assisting clients through this process. As they have other responsibilities, they are only able to do so much. By hiring a specialist, our program would be more efficient in helping our clients obtain these benefits. When our clients can access their social security benefits, this is a large step in achieving their goals of permanent housing or their other long-term goals.

### **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.**



Through the work of Share's Outreach team, we understand that our clients require services and programs to assist with obtaining benefits they need to have a successful transition into housing. We will coordinate and integrate with other mainstream services and will be utilizing Pathways HealthConnect to do so. The Pathways HealthConnect includes an assessment to help clients identify health concerns, both physical and behavioral, housing issues, transportation, food, education, childcare or parenting information and more. Staff will use this database to help focus on where the client would like to see change, then the staff would support the client by helping to meet the need, as well as referring to other agencies and then following up on those referrals both with the provider and the client to see how they went. Share has long partnered with other health, employment and social services in Clark County to provide our clients with the services they require. We will also ask individuals and families to sign releases of information (ROI) for any other programs they are or will be participating in so we can communicate with these agencies on their behalf. We will ensure that program participants will be assisted in obtaining all benefits they may be eligible for by completing a program entry intake assessment. This will allow us to access what barriers they may have and what benefits they may be eligible for. We will then add these as goals to their case plan, set follow-up dates, and have releases signed to ensure service delivery. As needed, we will transport households to agencies and support them through the process of applying for and obtaining benefits.

**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	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	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**

<b>Number of Households</b>
-----------------------------

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
0	100	0	100

Characteristics
<b>Persons over age 24</b>
<b>Persons ages 18-24</b>
<b>Accompanied Children under age 18</b>
<b>Unaccompanied Children under age 18</b>
<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
0	100		100
0	0		0
0		0	0
		0	0
0	100	0	100

**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										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### 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	100									
Persons ages 18-24										
<b>Total Persons</b>	100	0	0	0	0	0	0	0	0	0

**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>	0				0	0	0	0	0	0

## 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?** Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

### 3a. Complete the indirect cost rate table below

Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Share	12%	\$11,205,499	Approved Rate

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

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

<b>Leased Structures</b>	
<b>Supportive Services</b>	X
<b>HMIS</b>	



## 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	2 FTE @ \$54,080 each plus fringe benefits of \$14,060	\$122,221
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	groceries as needed for up to 100 clients for 3 years	\$5,000
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	staff milage and bus passes for up to 100 clients for 3 years	\$8,000
16. Utility Deposits		
17. Operating Costs		
18. (Rural Set Aside ONLY) Section 491 Eligible Activities		
<b>Total Annual Assistance Requested</b>		<b>\$135,221</b>
<b>Grant Term</b>		<b>3 Years</b>
<b>Total Request for Grant Term</b>		<b>\$405,663</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:	\$111,182
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$111,182

**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 Comm...	\$111,182

## Sources of Match Detail

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

**2. Source:** Government

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

**4. Amount of Written Commitment:** \$111,182



## 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	\$135,221	3 Years	\$405,663
5. Operating	\$0	3 Years	\$0
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$405,663
8. Admin (Up to 10%)			\$39,066
9. Total Assistance Plus Admin Requested			\$444,729
10. Cash Match			\$111,182
11. In-Kind Match			\$0
12. Total Match			\$111,182
13. Total Budget			\$555,911

**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	Proof of indirect...	09/16/2022
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** Proof of indirect cost rate approval

## 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:** Diane McWithey

**Date:** 09/16/2022

**Title:** Executive Director

**Applicant Organization:** Share

**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		09/14/2022
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>	09/14/2022
<b>1E. SF-424 Compliance</b>	09/14/2022
<b>1F. SF-424 Declaration</b>	09/14/2022
<b>1G. HUD 2880</b>	09/14/2022
<b>1H. HUD 50070</b>	09/14/2022
<b>1I. Cert. Lobbying</b>	09/14/2022
<b>1J. SF-LLL</b>	09/14/2022
<b>IK. SF-424B</b>	09/14/2022
<b>1L. SF-424D</b>	09/14/2022
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/14/2022
<b>3A. Project Detail</b>	09/16/2022
<b>3B. Description</b>	09/16/2022
<b>4A. Services</b>	09/16/2022
<b>5A. Households</b>	09/16/2022
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/16/2022
<b>6F. Supp Srvcs Budget</b>	09/16/2022
<b>6I. Match</b>	09/16/2022
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/16/2022
<b>7D. Certification</b>	09/16/2022