

**FY2018 HUD COC PROGRAM COMPETITION  
RENEWAL PROJECT APPLICATION  
HOUSING PROJECTS**

<b>AGENCY PROFILE</b>	
Legal Name of Agency	EightCAP, Inc.
Project Name	Rapid Rehousing SH Ionia/Montcalm
Project Start Date	10/1/19
Contact Person	Christa Jerome
Title	Manager of Self-sufficiency Programs
Address	904 Oak Dr., Greenville, MI 48838
Email	christaj@8cap.org
Phone	616-754-9315 x 3364

Check one:

- Permanent Supportive Housing
- Rapid Re-Housing
- Joint Transitional Housing / Permanent Housing – Rapid Re-Housing

Renewal Application Option (check one):

- Standard Renewal (no change from FY17)
- Consolidation (must complete New Project Application in addition)
- Transition (must complete New Project Application in addition)
- Expansion (must complete New Project Application in addition)

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency's board of directors as of the date indicated.*

Name: <i>Rona A. Shane</i>	Title: <i>Chair, LPB</i>
Date of Board/Local Planning Body Authorization:	<i>July 26, 2018</i>
Date of Anticipated Board/Local Planning Body Authorization:	

*All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.*

### **GENERAL PROJECT INFORMATION**

1a. Provide a narrative describing how the project's performance met the plans and goals established in the current project's application, the project's performance in assisting program participants to achieve and maintain independent living, and record of success. (Include target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded.) If the renewing project has not yet started, provide a narrative of anticipated performance in these same areas based on experience with other related projects. (1000 word limit)

***This project will provide rapid rehousing supportive services in Ionia and Montcalm Counties through housing case management and rental assistance to households with children who are coming directly from the streets, emergency shelters or fleeing domestic violence situations. This program will follow the Housing First model and provide participants with case management which will include, but not limited to, financial literacy, employment search opportunities, community partner resources, inter-agency resources and tenant/landlord relationship building along with rental assistance for up to 24 months. This project will determine applicants' placement within the program by their Vulnerability Index- Family- Service Prioritization Decision Assessment Tool (VI-F-SPDAT) score. This tool will allow the project to serve those who present with the highest homeless acuity (most vulnerable). The Full-Service Prioritization Decision Assessment Tool (F-SDPAT) will be completed a within households first 30 day in the program and will guide case/care management and a housing stability plan that is created by the household and Housing Resource Specialist, with the household leading the plan.***

***The purpose and goal of the Rapid Rehousing Program is to make each household's experience of homelessness as brief as possible by moving them into permanent housing quickly (Ionia/Montcalm LPB defines "quickly" as 90 days or less) and to support the household in their efforts to live as independently as possible. This will be measured by success of linking households with mainstream resources offered through the Department of Health and Human Services, Community Mental Health and County Health Departments along with resources offered at the local Community Action Agencies.***

***Supportive Services will provide a minimum of 4 contacts per month (2 face-to-face and 2 phone contacts) by the Housing Resource Specialist who will work directly with households as their case manager; These multiple contacts allow for a trusting relationship to be built between client and case manager which provides an optimal situation to speak honestly about barriers that are in place regarding housing, employment and basic needs fulfillment.***

***In the past 9 months of the FY16 RRH Grant, the 6 households (28 individuals) have obtained housing and are gaining employment and/or housing vouchers to assist in retaining housing when financial support is completed. The Rapid Rehousing Program was included in the Pay for Performance Measures created by MSHDA; EightCAP is proud to say that the agency qualified for the bonus dollars. – See Attachment 6C3.***

1b. Use the last completed grant year APR for this and all other data/outcome measure questions. If the renewing project has not yet started, indicate the planned number of units per county.\*

**Renewing project has not yet started.**

County	Number of Units	Number of Stayers	Number of Leavers
Ionia County	2		Click here to enter text.
Montcalm County	2	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

\*Attach additional forms as needed to list all counties.

2. Has the project had any significant changes since the last funding approval?

No If "yes", complete the chart below to indicate the change.

Check change type		Previous	New
<input type="checkbox"/>	Decrease in the number of persons served		
<input type="checkbox"/>	Change in number of units		
<input type="checkbox"/>	Change in project site location		
<input type="checkbox"/>	Change in target population		
<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
<input type="checkbox"/>	Line item or cost category budget changes more than 10%		
<input type="checkbox"/>	Other: Click here to enter text.		

If change was made, include as many of the following that apply as attachments to your application:

Attached (check)	
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change

**SECTION I: Project Effectiveness**

3. Does the project serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated or prioritized for each population at turnover.

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chronically Homeless	Click here to enter text.	Click here to enter text.	Click here to enter text.
Families	4	Click here to enter text.	Click here to enter text.
Youth	Click here to enter text.	Click here to enter text.	Click here to enter text.
Domestic Violence	Click here to enter text.	Click here to enter text.	Click here to enter text.

#### 4. Low Barrier

To earn points as Low Barrier, the project must answer affirmatively to all the following questions.

Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:	
Having too little or not enough income	Yes
Active substance use or history of substance abuse	Yes
Having a criminal record (other than for state-mandated restrictions)	Yes
Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant)	Yes

#### 5. Housing First

In addition to the answers above, a project must also answer affirmatively to the following questions to qualify as Housing First.

Does the project work to ensure that participants are NOT terminated from the program due to the following:	
Failure to participate in supportive services	Yes
Failure to make progress on a service plan	Yes
Loss of income or failure to improve income	Yes
Being a victim of domestic violence	Yes
Any other activity not typically covered in a lease agreement but found in the project's geographic area.	Yes
Does the project quickly move participants into permanent housing?	Yes

6. All recipients of HUD CoC Program funding are required to participate in Coordinated Entry. Did the project take 100% of all referrals from Coordinated Entry in the past grant year or will it once the grant year begins? Yes

7. What is the prioritization process for households referred to this project? How is it determined who is most vulnerable and the best fit for any referrals to this project? Provide detail from policy established by the Local Planning Body. (500 word limit)

*All individuals referred to the HARA (applicant) are screened and placed on the Prioritization List. Households are prioritized by VI-SPADT score, which measures homeless acuity by the selecting the highest score when an opening occurs. This program does not serve households based on "best fit" it serves households who are objectively scored and identified as the most vulnerable. While on the "prioritization list" households are provided with light touch case management, offered shelter services, rental resources and basic needs resources. See Attachment 6C1 & 6C2 for detailed prioritization procedure.*

**Efficient Use of Funding** (If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)

8. What was the project's utilization rate? (Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units.)

**FY14** January - 50% utilization; April – 75% utilization; July – 125%; October – 125%. See Attachment 6C4 for explanation

**FY16 (current project)** January - 150% utilization; April – 150% utilization; July – not yet available; October – not yet available.

9. Expenditure of Funds: Use last completed HUD FY year.

a. Total amount authorized within eLOCCS	<b>FY14</b> \$58,816	<b>FY16</b> \$59,644
b. Remaining balance in eLOCCS	<b>FY14</b> \$19,904	<b>FY16</b> \$10,009 (as of 6/30)
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	<b>FY14</b> 33.8% - See Attachment 6C4 for explanation  <b>FY16</b> 0% will be recaptured (83% of funding has been spent with only being 75% through project year)	

10. Were drawdowns made to eLOCCS at least quarterly? (Demonstrated in eLOCCS attachment)

Yes

**HMIS Participation** (If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)

11. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (APR Q06):

Data Quality Element APR 6a.-6d.			
Number of elements with 5% or less null or missing values			
DQE 6a.	DQE 6b.	DQE 6c.	DQE 6d.
6	5	4	1
Total the numbers above, divide by 16, multiply by 100 for a percent: 100%			

**HUD Monitoring**

12. a. Does the recipient have any HUD monitoring findings in any of the agency's projects? Yes

If yes, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any.

***This project was transferred to EightCAP, Inc. from another agency (transfer approved by HUD). During the transfer from RAVE, a Domestic Violence Shelter, it was not indicated that the PSH Project was required to enroll only households that contained an individual with a diagnosed disability. During the HUD Monitoring Visit in July 2017, it was determined all but one household was misclassified under the wrong program component; a Non-Compliance was issued (See Attachment 5 - HUD Monitoring Report). The Corrective Action was to request, in writing, a change in a project category (See Attachment 6A -Organization's Response to Finding). This Finding (2017-1) was closed on August 28, 2017 (See Attachment 6B - HUD Monitoring Report – Final).***

b. Has your organization been monitored by HUD in the past three (3) years?  Yes

***If yes***, include as attachments: Monitoring report from HUD, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

***See Attachment 5 - HUD Monitoring Report; Attachment 6A -Organization's Response to Finding & Attachment 6B - HUD Monitoring Report – Final***

***If no***, provide most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

### **Impact on Homelessness**

13. Is this project the only CoC funded project with dedicated beds to a particular target population?  
*Answered by Project Evaluation based on all applications submitted for this NOFA.*

14. Funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available:

Would this project accept additional funds?  Yes  No

How would additional households be served with these funds?

***Additional dollars would be allocated directly to rental assistance to assist additional participants***

***Serving High Need Populations – PSH PROJECTS ONLY (If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)***

15. What percentage of the households served met "hard to serve" criteria defined as having zero income at start/entry? (APR 18. Value for Adults with No Income at Start divided by Total Adults):

N/A

16. What percentage of the households served met “hard to serve” criteria defined as having two (2) or more physical or mental health conditions known at start/entry (APR 13.a.2. add totals for two and three or more conditions, then divide by total):

N/A

17. What percentage of the households served were chronically homeless? (APR Q26a. divide total chronically homeless by total households):

N/A

## Section II. Project Performance

**Performance Data** (If the renewing project has not yet started, share information from the last completed year of another HUD funded project or similarly designed project through this agency)

### 18. Length of Stay

a. Permanent Supportive Housing: Calculate the percentage of leavers that remained in project more than 180 days (APR 22a.1)

Click here to enter text.

b. Rapid Re-Housing: Calculate the percentage of participants that took 30 days or less from project entry to lease up (CAPER 22C)

**FY14 33% - leased up in less than 30 days & 58% leased up in 61 to 180 days**

**FY16 50% - leased up in less than 30 days & 50% leased up in 61 to 180 days**

**Note - Ionia/Montcalm LPB defines “quickly” as 90 days or less; this was voted on and supported by the membership.**

### 19. Exits to Permanent Housing

a. Permanent Supportive Housing: Calculate the percentage of participants who remained in project, or exited to permanent housing destinations. (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b. + Stayers 5.a.8/ [Total Served 5.a.1. – Excluded Q23.a. + Q23.b.]

N/A

b. Rapid Re-Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

**FY14 100% - See Attachment 1 – COC APR FY14**

**FY16 100% - See Attachment 1A – COC APR FY16**

### 20. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income with in the project contract year? APR 19a.1

N/A



b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a.1*

N/A

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a.2*

***FY14 0% - There was only 1 household (1 HoH & 2 children) who left the project and was not due for an annual assessment during the time in program and at time of exit and was not willing to provide information.***

***FY16 33% See Attachment 1A – COC APR FY16***

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a.2*

***FY14 0% - There was only 1 household (1 HoH & 2 children) who left the project and was not due for an annual assessment during the time in program and at time of exit and was not willing to provide information.***

***FY16 67% See Attachment 1A – COC APR FY16***

**Financial Information**

**PROJECT BUDGET**

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition		%		
New Construction		%		
Rehabilitation		%		
Leasing		%		
Rental Assistance	\$40,296	69 %		
Supportive Services	\$13,824	24 %	\$15,500 In kind	\$29,324
Operating Costs		%		
HMIS		%		
Project Administration (limited to 7%)	\$4,000	7 %		
<b>Total Project Cost</b>	<b>\$58,120</b>	<b>100%</b>	<b>\$15,500</b>	<b>\$73,620</b>

**Attachment A**

Identify all match and leveraging funds. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

**Match must be at least 25% of total funding requested. Documentation of match must be provided with the application.**

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of HUD Project Award	Serves as CoC Program Match? (Y/N)
Community Services Block Grant (Wage/Fringe of Support Services)	In Kind	Planned/Pending	10/19	\$15,500	27%	Yes
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
<b>Total leveraged from other sources</b>				<b>\$15,500</b>	<b>27%</b>	

Attach additional forms as necessary

## Attachment B

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in disqualification of the application. *Please number all attachments in accordance with the list below.*

### **All projects must include:**

#1: Annual Progress Report (APR) for the project's most recent completed contract year, *or* the most recently completed contract year for another HUD-funded project or similar project if the renewing project has not yet started.

#2: Line of Credit Control System (LOCCS) report showing drawdowns and final balance

#3: Project Application submitted in *e-snaps*

#4: Documentation of all match

### **Each applicant must include one of the following two (#5):**

Monitoring report from US Department of Housing and Urban Development (HUD)

Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

### **If relevant include (#6):**

A: Organization's response to any findings

B: Documentation from HUD (or other entity) that finding or concern has been satisfied

C: Any other relevant documentation

D: Written communication to HUD requesting the significant change indicated in question 2.

E: HUD's written approval of the change requested in question 2.

## Attachment C

### HUD General Section Certificates

The agency certifies to the Balance of State Continuum of Care that it and its principals are in compliance with the following requirements as indicated by checking the box.

*Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.

*Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity*. See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section V.C.1.f. of the FY 2017 General Section.

*Debarment and Suspension*. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section V.B.3. of the FY 2017 General Section.

*Compliance with Fair Housing and Civil Rights*. See Section V.C.1.a. of the FY 2017 General Section.

*Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section V.C.1.d. of the FY 2017 General Section.

*Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section V.C.1.c. of the FY 2017 General Section.

*Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section V.C.15. of the FY 2017 General Section.

*Prohibition Against Lobbying Activities*. See Section V.C.15. of the FY 2017 General Section.

*HUD Habitability Standards inspections on all units, at a minimum*.

*Participation in HUD-Sponsored Program Evaluation*. See Section V.C.5. of the FY 2017 General Section.

*Environmental Requirements*. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.

*Drug-Free Workplace*. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section V.C.11 of the FY 2017 General Section.

*Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section V.C.13. of the FY 2017 General Section.

*Lead-Based Paint Requirements*. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

*Paint Hazard Reduction Act of 1992* (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at:  
[https://www.hud.gov/program\\_offices/spm/gmomgmt/grantsinfo/fundingopps](https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps) to ensure eligibility.

Agency: EightCAP, Inc.

Acknowledged By: Daniel Petersen

A handwritten signature in black ink that reads "Daniel Petersen". The signature is written in a cursive style and is positioned above a solid horizontal line.

Title: President

Date: 7/27/2018

**Attachment 1**

**CoC APR**

**FY14**

**Report Options**

Provider Type  Provider  Reporting Group

Provider \* MDHHS - EightCAP -  
Ionia/Montcalm Coc -  
Permanent Supportive  
Housing (11223)  
 This provider AND its subordinates  This provider ONLY

Program Date Range \* 10/01/2016 to 09/30/2017

Entry/Exit Types \*  Basic  Basic Center  HUD  PATH  Quick Call  RHY  Standard  Transitional Living Program Entry/Exit  VA  HPRP (Retired)

**CoC-APR Report Results**

**4a - Project Identifiers in HMIS**

Organization Name	EightCAP - Gratiot CoC
Organization ID	1310
Project Name	MDHHS - EightCAP - Ionia/Montcalm Coc - Permanent Supportive Housing
Project ID	11223
HMIS Project Type	PH - Rapid Re-Housing (HUD)
Method of Tracking ES	

**If HMIS Project ID = 6 (S Only)**

Is the Services Only (HMIS Project Type 6) affiliated with a residential project?

**If 2.4, Dependent A = 1**

Identify the Project ID's of the housing projects this project is affiliated with

**5a - Report Validations Table**

**Report Validations Table**

1. Total Number of Persons Served	24
2. Number of Adults (age 18 or over)	7
3. Number of Children (under age 18)	17
4. Number of Persons with Unknown Age	0
5. Number of Leavers	3
6. Number of Adult Leavers	1
7. Number of Adult and Head of Household Leavers	1
8. Number of Stayers	21
9. Number of Adult Stayers	6
10. Number of Veterans	0
11. Number of Chronically Homeless Persons	0
12. Number of Youth Under Age 25	1
13. Number of Parenting Youth Under Age 25 with Children	1
14. Number of Adult Heads of Household	6
15. Number of Child and Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0

**6a - Data Quality: Personally Identifiable Information**

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0%
SSN (3.2)	0	0	0	0%
Date of Birth (3.3)	0	0	0	0%
Race (3.4)	0	0	0	0%
Ethnicity (3.5)	0	0	0	0%
Gender (3.6)	0	0	0	0%
<b>Overall Score</b>				<b>0%</b>

**6b - Data Quality: Universal Data Elements**

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%

Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	0	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

**6c - Data Quality: Income and Housing Data Quality**

Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0%
Income and Sources (4.2) at Start	0	0%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	0	0%

**6d - Data Quality: Chronic Homelessness**

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	0			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	7	0	0	0	0	0	0%
<b>Total</b>	<b>7</b>						<b>0%</b>

**6e - Data Quality: Timeliness**

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	0	0
1 - 3 days	9	3
4 - 6 days	0	0
7 - 10 days	0	0
11+ days	15	0

**6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter**

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

**7a - Number of Persons Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	7	1	6	0	0
Children	17		17	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**7b - Point-in-Time Count of Persons on the Last Wednesday**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	3	1	2	0	0
April	6	1	5	0	0
July	21	1	20	0	0
October	0	0	0	0	0

**8a - Number of Households Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	6	1	5	0	0

**8b - Point-in-Time Count of Households on the Last Wednesday**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	2	1	1	0	0
April	3	1	2	0	0
July	5	1	4	0	0
October	0	0	0	0	0

**9a - Number of Persons Contacted**

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0



2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Contacted</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**9b - Number of Persons Engaged**

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rate of Engagement</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**10a - Gender of Adults**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	1	0	1	0
Female	6	1	5	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>

**10b - Gender of Children**

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	9	9	0	0
Female	8	8	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>17</b>	<b>17</b>	<b>0</b>	<b>0</b>

**10c - Gender of Persons Missing Age Information**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**11 - Age**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	4	0	4	0	0
5 - 12	9	0	9	0	0
13 - 17	4	0	4	0	0
18 - 24	1	0	1	0	0
25 - 34	3	1	2	0	0
35 - 44	3	0	3	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62 +	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**12a - Race**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	24	1	23	0	0
Black or African American	0	0	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple races	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**12b - Ethnicity**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	24	1	23	0	0
Hispanic/Latino	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**13a1 - Physical and Mental Health Conditions at Start**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	1	0	1	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	1	0	1	0	0

**13b1 - Physical and Mental Health Conditions at Exit**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	0	0	0	0	0

**13c1 - Physical and Mental Health Conditions of Stayers**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	1	0	1	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	1	0	1	0	0

**13a2 - Number of Conditions at Start**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	23	1	22	0	0
1 Condition	0	0	0	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**13b2 - Number of Conditions at Exit**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	3	0	3	0	0
1 Condition	0	0	0	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>

**13c2 - Number of Conditions for Stayers**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	20	1	19	0	0
1 Condition	0	0	0	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>21</b>	<b>1</b>	<b>20</b>	<b>0</b>	<b>0</b>

**14a - Domestic Violence History**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	4	1	3	0	0
No	3	0	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>

**14b - Persons Fleeing Domestic Violence**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	0	2	0	0
No	2	1	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>

**15 - Living Situation**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	2	0	2	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	5	1	4	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
<b>Subtotal</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0

Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>

**16 - Cash Income - Ranges**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	3	0	1
\$1 - 150	0	0	0
\$151 - \$250	0	0	0
\$251 - \$500	0	0	0
\$501 - \$1000	2	0	0
\$1001 - \$1500	1	0	0
\$1501 - \$2000	1	0	0
\$2001 +	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		6	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>7</b>	<b>6</b>	<b>1</b>

**17 - Cash Income - Sources**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	1	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	1	0	0
Social Security Disability Insurance (SSDI)	1	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	3	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	0

**18 - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status**

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	0	0	0
Adults with Only Other Income	3	0	0
Adults with Both Earned and Other Income	1	0	0
Adults with No Income	3	0	1
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		6	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>7</b>	<b>6</b>	<b>1</b>
1 or More Source of Income	4	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	0

**19a1 - Client Cash Income Change - Income Source - by Start and Latest Status**

Income Change by Income Category (Universe:	Had Income Category at Start and Did Not Have It at Annual	Retained Income Category But Had Less \$ at Annual	Retained Income Category and Same \$ at Annual	Retained Income Category and Increased \$ at Annual	Did Not Have the Income Category at Start and Gained the	Did Not Have the Income Category at Start or at Annual	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from	Performance Measure: Percent of Persons who Accomplished

Adult Stayers with Income Information at Start and Annual Assessment)	Assessment	Assessment Than at Start	Assessment as at Start	Assessment	Income Category at Annual Assessment	Assessment	Start to Annual Assessment, Average Gain	this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	0	0	0%
Average Change in Earned Income	0	0		0	0		0	
Number of Adults with Other Income	0	0	0	0	0	0	0	0%
Average Change in Other Income	0	0		0	0		0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0%
Average Change in Overall Income	0	0		0	0		0	

19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	1	1	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	1	1	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	1	1	0	0%
Average Change in Overall Income	0	0		0	0			0	

19a3 - Client Cash Income Change - Income Source - by Start and Latest Status/Exit

Income Change by Income Category (Universe: Adult Stayers/Leavers with Income Information at Start and Annual Assessment/Exit)	Had Income Category at Start and Did Not Have It at Annual Assessment/Exit	Retained Income Category But Had Less \$ at Annual Assessment/Exit Than at Start	Retained Income Category and Same \$ at Annual Assessment/Exit as at Start	Retained Income Category and Increased \$ at Annual Assessment/Exit	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment/Exit	Did Not Have the Income Category at Start or at Annual Assessment/Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment/Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	1	1	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	1	1	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	1	1	0	0%
Average Change in Overall Income	0	0		0	0			0	

20a - Type of Non-Cash Benefit Source

Benefit at Start	Benefit at Latest Annual Assessment for	Benefit at Exit for Leavers
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	Stayers		
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	6	0	1
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	1	0	1
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**20b - Number of Non-Cash Benefit Sources**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	1	0	0
1 + Source(s)	6	0	1
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	6	0
<b>Total</b>	<b>7</b>	<b>6</b>	<b>1</b>

**21 - Health Insurance**

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	18	0	3
MEDICARE	1	0	0
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	0	0	0
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	1	0	1
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	6	0	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of stayers not yet required to have an annual assessment		21	
1 Source of Health Insurance	16	0	2
More than 1 Source of Health Insurance	2	0	1

**22a1 - Length of Participation - CoC Projects**

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	0	0	0
61 to 90 days	10	1	9
91 to 180 days	9	0	9
181 to 365 days	5	2	3
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
<b>Total</b>	<b>24</b>	<b>3</b>	<b>21</b>

**22b - Average and Median Length of Participation in Days**

	Leavers	Stayers
Average Length	170	122
Median Length	212	123

**22c - RRH Length of Time between Project Start Date and Housing Move-in Date**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	1	0	1	0	0
8 to 14 days	7	0	7	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	14	0	14	0	0
181 to 365 days	1	1	0	0	0

366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Data not collected	1	0	1	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**23a - Exit Destination - More than 90 days**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	2	0	2	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	2	0	2	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%

**23b - Exit Destination - 90 Days or Less**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	0	1	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0

<b>Subtotal</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	1	0	1	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%

**25a - Number of Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	7	1	6	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>0</b>

**25b - Number of Veteran Households**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	6	1	5	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>

**25c - Gender - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	0	0	0	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25d - Age - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0



25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	0	0	0	0
55 - 61	0	0	0	0
62 +	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25e - Physical and Mental Health Conditions - Veterans**

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	0	0	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

**25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans**

Number of Veterans by Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	0	0	0
Veterans with Only Other Income	0	0	0
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	0	0	0
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of veterans not yet required to have an annual assessment		0	
Number of veterans without required annual assessment		0	
<b>Total Veterans</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25g - Type of Cash Income Sources - Veterans**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit		0	0

**25h - Type of Non-Cash Benefit Sources - Veterans**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	0	0	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**25i - Exit Destination - Veterans**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

**26a - Chronic Homeless Status - Number of Households w/at least one or more CH person**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	0	0	0	0	0
Not Chronically Homeless	6	1	5	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>

**26b - Number of Chronically Homeless Persons by Household**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	0	0	0	0	0
Not Chronically Homeless	24	1	23	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>24</b>	<b>1</b>	<b>23</b>	<b>0</b>	<b>0</b>

**26c - Gender of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26d - Age of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	0	0	0	0	0
35 - 44	0	0	0	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62 +	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26e - Physical and Mental Health Conditions - Chronically Homeless Persons**

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	0	0	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

**26f - Client Cash Income - Chronically Homeless Persons**

	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
<b>Number of Chronically Homeless Persons by Income Category</b>			
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	0	0	0
Chronically Homeless Persons with Only Other Income	0	0	0
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	0	0	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		0	
Number of Chronically Homeless Persons without required annual assessment		0	
<b>Total Chronically Homeless Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26g - Type of Cash Income Sources - Chronically Homeless Persons**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0

General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	0

**26h - Type of Non-Cash Income Sources - Chronically Homeless Persons**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	0	0	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**27a - Age of Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0	0	0	0	0
18 - 24	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

**27b - Parenting Youth**

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	1	2	3	1

**27c - Gender - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	1	0	1	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

**27d - Living Situation - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	1	0	1	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0

Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

**27e - Length of Participation - Youth**

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	1	1	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>

**27f - Exit Destination - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	0	1	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0

Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	1	0	1	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%

Attachment 1A

CoC APR

FY16 (current)

**Report Options**

Provider Type  Provider  Reporting Group

Provider\* MDHHS - EightCAP - Ionia/Montcalm Coc - Permanent Supportive Housing (11223)  
 This provider AND its subordinates  This provider ONLY

Program Date Range\* 10/01/2017 to 06/30/2018

Entry/Exit Types\*  Basic Center  Quick  Transitional Living  HPRP  
 Basic  Program Entry/Exit  HUD  PATH  Call  RHY  Standard  Program Entry/Exit  VA  (Retired)

**CoC-APR Report Results**

**4a - Project Identifiers in HMIS**

Organization Name	EightCAP - Gratiot CoC
Organization ID	1310
Project Name	MDHHS - EightCAP - Ionia/Montcalm Coc - Permanent Supportive Housing
Project ID	11223
HMIS Project Type	PH - Rapid Re-Housing (HUD)
Method of Tracking ES	
<b>If HMIS Project ID = 6 (S Only)</b>	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
<b>If 2.4, Dependent A = 1</b>	
Identify the Project ID's of the housing projects this project is affiliated with	

**5a - Report Validations Table**

Report Validations Table	
1. Total Number of Persons Served	28
2. Number of Adults (age 18 or over)	7
3. Number of Children (under age 18)	21
4. Number of Persons with Unknown Age	0
5. Number of Leavers	2
6. Number of Adult Leavers	1
7. Number of Adult and Head of Household Leavers	1
8. Number of Stayers	26
9. Number of Adult Stayers	6
10. Number of Veterans	0
11. Number of Chronically Homeless Persons	0
12. Number of Youth Under Age 25	0
13. Number of Parenting Youth Under Age 25 with Children	0
14. Number of Adult Heads of Household	6
15. Number of Child and Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	3

**6a - Data Quality: Personally Identifiable Information**

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0%
SSN (3.2)	0	0	0	0%
Date of Birth (3.3)	0	0	0	0%
Race (3.4)	0	0	0	0%
Ethnicity (3.5)	0	0	0	0%
Gender (3.6)	0	0	0	0%
<b>Overall Score</b>				<b>0%</b>

**6b - Data Quality: Universal Data Elements**

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%



Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	0	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

**6c - Data Quality: Income and Housing Data Quality**

Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0%
Income and Sources (4.2) at Start	0	0%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	0	0%

**6d - Data Quality: Chronic Homelessness**

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	0			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	7	0	0	0	0	0	0%
<b>Total</b>	<b>7</b>						<b>0%</b>

**6e - Data Quality: Timeliness**

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	4	0
1 - 3 days	0	0
4 - 6 days	0	0
7 - 10 days	0	0
11+ days	3	2

**6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter**

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

**7a - Number of Persons Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	7	0	7	0	0
Children	21	0	21	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**7b - Point-in-Time Count of Persons on the Last Wednesday**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	28	0	28	0	0
April	28	0	28	0	0
July	0	0	0	0	0
October	24	0	24	0	0

**8a - Number of Households Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	6	0	6	0	0

**8b - Point-in-Time Count of Households on the Last Wednesday**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	6	0	6	0	0
April	6	0	6	0	0
July	0	0	0	0	0
October	5	0	5	0	0

**9a - Number of Persons Contacted**

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0

2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Contacted</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**9b - Number of Persons Engaged**

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rate of Engagement</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**10a - Gender of Adults**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	1	0	1	0
Female	6	0	6	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>0</b>

**10b - Gender of Children**

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	11	11	0	0
Female	10	10	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>21</b>	<b>21</b>	<b>0</b>	<b>0</b>

**10c - Gender of Persons Missing Age Information**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**11 - Age**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	1	0	1	0	0
5 - 12	15	0	15	0	0
13 - 17	5	0	5	0	0
18 - 24	0	0	0	0	0
25 - 34	4	0	4	0	0
35 - 44	3	0	3	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62 +	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**12a - Race**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	28	0	28	0	0
Black or African American	0	0	0	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple races	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**12b - Ethnicity**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	28	0	28	0	0
Hispanic/Latino	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**13a1 - Physical and Mental Health Conditions at Start**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	1	0	1	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	2	0	2	0	0

**13b1 - Physical and Mental Health Conditions at Exit**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	0	0	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	0	0	0	0	0

**13c1 - Physical and Mental Health Conditions of Stayers**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	1	0	1	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	2	0	2	0	0

**13a2 - Number of Conditions at Start**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	26	0	26	0	0
1 Condition	1	0	1	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**13b2 - Number of Conditions at Exit**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	2	0	2	0	0
1 Condition	0	0	0	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>

**13c2 - Number of Conditions for Stayers**

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	24	0	24	0	0
1 Condition	1	0	1	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>26</b>	<b>0</b>	<b>26</b>	<b>0</b>	<b>0</b>

**14a - Domestic Violence History**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	4	0	4	0	0
No	3	0	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>

**14b - Persons Fleeing Domestic Violence**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	1	0	1	0	0
No	3	0	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>

**15 - Living Situation**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	2	0	2	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	5	0	5	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
<b>Subtotal</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0

Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>

**16 - Cash Income - Ranges**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	3	1	1
\$1 - 150	0	0	0
\$151 - \$250	0	0	0
\$251 - \$500	0	0	0
\$501 - \$1000	2	1	0
\$1001 - \$1500	1	1	0
\$1501 - \$2000	1	0	0
\$2001 +	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		3	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>7</b>	<b>6</b>	<b>1</b>

**17 - Cash Income - Sources**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	1	1	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	1	1	0
Social Security Disability Insurance (SSDI)	1	1	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	3	2	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		2	0

**18 - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status**

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	0	0	0
Adults with Only Other Income	3	1	0
Adults with Both Earned and Other Income	1	1	0
Adults with No Income	3	1	1
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		3	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>7</b>	<b>6</b>	<b>1</b>
1 or More Source of Income	4	2	0
Adults with Income Information at Start and Annual Assessment/Exit		2	0

**19a1 - Client Cash Income Change - Income Source - by Start and Latest Status**

Income Change by Income Category (Universe:	Had Income Category at Start and Did Not Have It at Annual	Retained Income Category But Had Less \$ at Annual	Retained Income Category and Same \$ at Annual	Retained Income Category and Increased \$ at Annual	Did Not Have the Income Category at Start and Gained the	Did Not Have the Income Category at Start or at Annual	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from	Performance Measure: Percent of Persons who Accomplished

Adult Stayers with Income Information at Start and Annual Assessment)	Assessment	Assessment Than at Start	Assessment as at Start	Assessment	Income Category at Annual Assessment	Assessment	Assessment	Start to Annual Assessment, Average Gain	this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	1	2	3	1	33%
Average Change in Earned Income	0	0		0	327			327	
Number of Adults with Other Income	0	0	0	2	0	1	3	2	67%
Average Change in Other Income	0	0		170	0			170	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	2	0	1	3	2	67%
Average Change in Overall Income	0	0		333.5	0			333.5	

19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	1	1	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	1	1	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	1	1	0	0%
Average Change in Overall Income	0	0		0	0			0	

19a3 - Client Cash Income Change - Income Source - by Start and Latest Status/Exit

Income Change by Income Category (Universe: Adult Stayers/Leavers with Income Information at Start and Annual Assessment/Exit)	Had Income Category at Start and Did Not Have It at Annual Assessment/Exit	Retained Income Category But Had Less \$ at Annual Assessment/Exit Than at Start	Retained Income Category and Same \$ at Annual Assessment/Exit as at Start	Retained Income Category and Increased \$ at Annual Assessment/Exit	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment/Exit	Did Not Have the Income Category at Start or at Annual Assessment/Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment/Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	1	3	4	1	25%
Average Change in Earned Income	0	0		0	327			327	
Number of Adults with Other Income	0	0	0	2	0	2	4	2	50%
Average Change in Other Income	0	0		170	0			170	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	2	0	2	4	2	50%
Average Change in Overall Income	0	0		333.5	0			333.5	

20a - Type of Non-Cash Benefit Source

Benefit at Start	Benefit at Latest Annual Assessment for	Benefit at Exit for Leavers
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	Stayers		
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	6	3	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**20b - Number of Non-Cash Benefit Sources**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	1	0	1
1 + Source(s)	6	3	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	3	0
<b>Total</b>	<b>7</b>	<b>6</b>	<b>1</b>

**21 - Health Insurance**

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	21	8	2
MEDICARE	1	1	0
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	0	0	0
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	7	5	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of stayers not yet required to have an annual assessment		13	
1 Source of Health Insurance	20	7	2
More than 1 Source of Health Insurance	1	1	0

**22a1 - Length of Participation - CoC Projects**

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	16	0	16
366 to 730 Days (1-2 Yrs)	12	2	10
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
<b>Total</b>	<b>28</b>	<b>2</b>	<b>26</b>

**22b - Average and Median Length of Participation in Days**

	Leavers	Stayers
Average Length	462	345
Median Length	462	351

**22c - RRH Length of Time between Project Start Date and Housing Move-in Date**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	4	0	4	0	0
8 to 14 days	6	0	6	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	14	0	14	0	0
181 to 365 days	1	0	1	0	0

366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Data not collected	3	0	3	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**23a - Exit Destination - More than 90 days**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	2	0	2	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	2	0	2	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%

**23b - Exit Destination - 90 Days or Less**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0



<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

**25a - Number of Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	7	0	7	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>7</b>	<b>0</b>	<b>7</b>	<b>0</b>

**25b - Number of Veteran Households**

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	6	0	6	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>

**25c - Gender - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	0	0	0	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25d - Age - Veterans**

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0

25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	0	0	0	0
55 - 61	0	0	0	0
62 +	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25e - Physical and Mental Health Conditions - Veterans**

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	0	0	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

**25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans**

Number of Veterans by Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	0	0	0
Veterans with Only Other Income	0	0	0
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	0	0	0
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of veterans not yet required to have an annual assessment		0	
Number of veterans without required annual assessment		0	
<b>Total Veterans</b>	<b>0</b>	<b>0</b>	<b>0</b>

**25g - Type of Cash Income Sources - Veterans**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit		0	0

**25h - Type of Non-Cash Benefit Sources - Veterans**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	0	0	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**25i - Exit Destination - Veterans**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

**26a - Chronic Homeless Status - Number of Households w/at least one or more CH person**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	0	0	0	0	0
Not Chronically Homeless	6	0	6	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>

**26b - Number of Chronically Homeless Persons by Household**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	0	0	0	0	0
Not Chronically Homeless	28	0	28	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

**26c - Gender of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26d - Age of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
25 - 34	0	0	0	0	0
35 - 44	0	0	0	0	0
45 - 54	0	0	0	0	0
55 - 61	0	0	0	0	0
62 +	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26e - Physical and Mental Health Conditions - Chronically Homeless Persons**

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	0	0	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

**26f - Client Cash Income - Chronically Homeless Persons**

Number of Chronically Homeless Persons by Income Category	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	0	0	0
Chronically Homeless Persons with Only Other Income	0	0	0
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	0	0	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		0	0
Number of Chronically Homeless Persons without required annual assessment		0	0
<b>Total Chronically Homeless Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26g - Type of Cash Income Sources - Chronically Homeless Persons**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0

General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	0

**26h - Type of Non-Cash Income Sources - Chronically Homeless Persons**

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	0	0	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

**27a - Age of Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0	0	0	0	0
18 - 24	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27b - Parenting Youth**

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	0	0	0	0

**27c - Gender - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27d - Living Situation - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0

Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27e - Length of Participation - Youth**

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

**27f - Exit Destination - Youth**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0

Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

# Attachment 2

HUD eLOCCS

*Budget and Drawdown  
Reports*



**FY14**



# EIGHTCAP, INC. Grant Information

## Grant: MI0435L5F001400 (SNAP) Special Needs Assistance



Contractual Organization	DUNS Organization	Contract Dates	HUD Funding
<b>Tax ID:</b> 38-6111652	<b>DUNS:</b> 020892659	<b>LOCCS Created:</b> 06-29-2016	<b>Obligated:</b> 58,816.00
<b>EIGHTCAP, INC.</b>	<b>Renewal Date:</b> 02-09-2019	<b>Effective Date:</b> 03-21-2016	<b>Contracted:</b> 58,816.00
<b>POST OFFICE BOX 368</b>	<b>Tax ID:</b> 38-6111652 ✓ Matches contractual org.	<b>Expiration Date:</b> 09-30-2017	<b>LOCCS Authorized</b>
<b>GREENVILLE, MI 48838-0000</b>	<b>EIGHTCAP, INC.</b>	<b>Term (months):</b> 12	<b>Authorized:</b> 58,816.00
<b>Payee Organization:</b>	<b>904 OAK DR</b>	<b>Operating Start:</b> 10-01-2016	<b>Disbursed:</b> 38,911.42
<b>- same as contractual-</b>	<b>GREENVILLE, MI 48838-8230</b>		<b>In process:</b> 0.00
<b>Region:</b> 05 - MID WEST	<b>Office:</b> 28 - MICHIGAN STATE OFC.		<b>Balance:</b> 19,904.58

### Contract Status:

Project manually suspended on 01-19-2018 by MARGARET MOMON.  
Grant expired 09/30/2017. Remaining balance \$19,904.58 will be recaptured.



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## Grant: MI0435L5F001400 (SNAP) Special Needs Assistance

[General](#) [Budget](#) [Vouchers](#)

Status	Line Item	Name	Authorized	Disbursed	Payments in Process	Balance
	1040	Rental Assistance	40,476.00	21,604.70	0.00	18,871.30
	1050	Supportive Services	15,840.00	15,572.17	0.00	267.83
	1060	Administrative	2,500.00	1,734.55	0.00	765.45
		<b>Totals</b>	<b>58,816.00</b>	<b>38,911.42</b>	<b>0.00</b>	<b>19,904.58</b>



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**Grant: MI0435L5F001400 (SNAP) Special Needs Assistance**
[General](#) [Budget](#) [Vouchers](#)

✓ Paid		Voucher No	Entered	Source	Amount	Schedule No	Est Deposit Date
1)	✓	<a href="#">501-00342950</a>	10-11-2017	SUSAN WILLEMSTEIN	8,418.15	LH6087	10-16-2017
2)	✓	<a href="#">501-00334927</a>	09-06-2017	SUSAN WILLEMSTEIN	5,221.78	LH5995	09-08-2017
3)	✓	<a href="#">501-00328984</a>	08-09-2017	SUSAN WILLEMSTEIN	3,819.05	LH5920	08-11-2017
4)	✓	<a href="#">501-00321919</a>	07-11-2017	SUSAN WILLEMSTEIN	4,960.55	LH5838	07-13-2017
5)	✓	<a href="#">501-00314391</a>	06-08-2017	SUSAN WILLEMSTEIN	2,725.22	LH5756	06-12-2017
6)	✓	<a href="#">501-00307528</a>	05-09-2017	SUSAN WILLEMSTEIN	3,102.26	LH5676	05-11-2017
7)	✓	<a href="#">501-00300861</a>	04-11-2017	SUSAN WILLEMSTEIN	1,738.30	LH5599	04-13-2017
8)	✓	<a href="#">501-00293368</a>	03-09-2017	SUSAN WILLEMSTEIN	1,544.59	LH5515	03-13-2017
9)	✓	<a href="#">501-00286688</a>	02-09-2017	SUSAN WILLEMSTEIN	2,766.94	LH5439	02-13-2017
10)	✓	<a href="#">501-00280005</a>	01-11-2017	SUSAN WILLEMSTEIN	1,240.14	LH5360	01-13-2017
11)	✓	<a href="#">501-00272764</a>	12-08-2016	SUSAN WILLEMSTEIN	3,241.29	LH5275	12-12-2016
12)	✓	<a href="#">501-00266843</a>	11-14-2016	SUSAN WILLEMSTEIN	133.15	LH5205	11-16-2016



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**FY16**



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# EIGHTCAP, INC. Grant Information

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## Grant: MI0435L5F001602 (SNAP) Special Needs Assistance

[General](#) [Budget](#) [Vouchers](#)

Contractual Organization	DUNS Organization	Renewal Date:	Contract Dates	HUD Funding
Tax ID: 38-6111652 EIGHTCAP, INC. POST OFFICE BOX 368 GREENVILLE, MI 48838-0000	DUNS: 020892659 Tax ID: 38-6111652 EIGHTCAP, INC. 904 OAK DR GREENVILLE, MI 48838-8230	02-09-2019 Matches contractual org.	LOCCS Created: 04-20-2017 Effective Date: 08-22-2017 Expiration Date: 09-30-2018 Term (months): 12 Operating Start: 10-01-2017	Obligated: 59,644.00 Contracted: 59,644.00 LOCCS Authorized Authorized: 59,644.00 Disbursed: 49,635.16 In process: 0.00 Balance: 10,008.84
Payee Organization: - same as contractual-	Region: 05 - MID WEST Office: 28 - MICHIGAN STATE OFC.			



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# EIGHTCAP, INC.

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### Grant: MI0435L5F001602 (SNAP) Special Needs Assistance

[General](#) [Budget](#) [Vouchers](#)

Status	Line Item	Name	Authorized	Disbursed	Payments in Process	Balance
	1040	Rental Assistance	41,820.00	36,954.06	0.00	4,865.94
	1050	Supportive Services	14,565.00	9,927.63	0.00	4,637.37
	1051	HMIS Costs	759.00	253.47	0.00	505.53
	1060	Administrative	2,500.00	2,500.00	0.00	0.00
		<b>Totals</b>	<b>59,644.00</b>	<b>49,635.16</b>	<b>0.00</b>	<b>10,008.84</b>



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# EIGHTCAP, INC.

## Grant Information

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### Grant: MI0435L5F001602 (SNAP) Special Needs Assistance

[General](#) [Budget](#) [Vouchers](#)

✓ Paid		Voucher No	Entered	Source	Amount	Schedule No	Est Deposit Date
1)	✓	<a href="#">501-00405628</a>	07-11-2018	SUSAN WILLEMSTEIN	5,568.53	LH6789	07-13-2018
2)	✓	<a href="#">501-00398509</a>	06-08-2018	SUSAN WILLEMSTEIN	3,794.30	LH6708	06-12-2018
3)	✓	<a href="#">501-00391865</a>	05-10-2018	SUSAN WILLEMSTEIN	4,781.00	LH6631	05-14-2018
4)	✓	<a href="#">501-00384805</a>	04-10-2018	SUSAN WILLEMSTEIN	4,892.63	LH6548	04-12-2018
5)	✓	<a href="#">501-00377364</a>	03-08-2018	SUSAN WILLEMSTEIN	6,069.39	LH6465	03-12-2018
6)	✓	<a href="#">501-00371084</a>	02-08-2018	SUSAN WILLEMSTEIN	6,327.15	LH6394	02-12-2018
7)	✓	<a href="#">501-00364089</a>	01-11-2018	SUSAN WILLEMSTEIN	7,976.14	LH6321	01-16-2018
8)	✓	<a href="#">501-00356559</a>	12-08-2017	SUSAN WILLEMSTEIN	5,090.70	LH6238	12-12-2017
9)	✓	<a href="#">501-00350231</a>	11-13-2017	SUSAN WILLEMSTEIN	5,135.32	LH6168	11-15-2017



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# Attachment 3

## HUD e-snaps Project Application

Applicant: EightCAP, Inc. (38-6111652)

christiaj

Front Office Portal

Profile

My Account  
Change Password

Workspace

Applicants  
Funding Opportunity  
Registrations  
Projects  
**Submissions**

Contact Us

**Submissions**

[Hide Filters] [Clear Filters]

Applicant Project Name:

Date Submitted:    
 Project Status:

Submission Version:

Associate Type:

Actions	Project Name Project Number	Funding Opportunity Name Step Name	Start Date	End Date	Associate Type	Version	Date Submitted
	Permanent Supportive Housing - Ionia/Montcalm 2015 MI0435LSF001400	New Project Application FY2014 C1.9a New Application Technical Submission	Sep 16, 2014	Dec 31, 2017	Primary Applicant	1	Oct 24, 2014 10:36:01 AM
	Permanent Supportive Housing - Ionia/Montcalm 2015 MI0435LSF001400	Renewal Project Application FY2017 Renewal Project Application FY2017	Sep 16, 2014	Feb 28, 2018	Primary Applicant	1	Sep 11, 2017 7:46:16 PM
	Rapid Rehousing SH Ionia/Montcalm FY2017 MI0435LSF001703	Renewal Project Application FY2018 Renewal Project Application FY2018	Sep 16, 2014	Nov 19, 2018	Primary Applicant	1	Jul 26, 2018 7:40:29 PM
	Rapid Rehousing SH Ionia/Montcalm FY2018 164571	Renewal Project Application FY2015 Renewal Project Application FY2015	Sep 16, 2014	Nov 19, 2015	Primary Applicant	1	Nov 13, 2015 9:42:50 AM
	Supportive Housing Ionia/Montcalm MI0435LSF001501	Renewal Project Application FY2015 C1.9a Renewal Application Issues and Conditions	Sep 16, 2014	Nov 30, 2018	Primary Applicant	1	Nov 18, 2015 1:25:12 PM
	Supportive Housing Ionia/Montcalm MI0435LSF001501	Renewal Project Application FY2015 Renewal Project Application FY2015	Sep 16, 2014	Nov 19, 2015	Primary Applicant	2	Jun 16, 2017 6:02:22 PM
	Supportive Housing Ionia/Montcalm Renewal FY2016 MI0435LSF001602	Renewal Project Application FY2016 C1.9a Renewal Application Issues and Conditions	Feb 10, 2017	Nov 30, 2019	Primary Applicant	1	Sep 12, 2016 12:45:53 PM
	Supportive Housing Ionia/Montcalm Renewal FY2016 MI0435LSF001602	Renewal Project Application FY2016 Renewal Project Application FY2016	Feb 10, 2017	Aug 31, 2018	Primary Applicant	1	
	Supportive Housing-RRR Ionia/Montcalm FY2017 158726	Renewal Project Application FY2017 Renewal Project Application FY2017	Sep 16, 2014	Feb 28, 2018	Primary Applicant	1	

proof of submission

## 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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

1. **Type of Submission:** Application

2. **Type of Application:** Renewal Project Application

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

If "Other", specify:

3. **Date Received:** 07/26/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** MI0435

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. **Date Received by State:**

7. **State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** EightCAP, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 38-6111652

	<b>c. Organizational DUNS:</b>	020892659	PLUS 4	
--	--------------------------------	-----------	--------	--

### d. Address

**Street 1:** 904 Oak Drive

**Street 2:**

**City:** Greenville

**County:** Montcalm

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 48838-8230

### 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:** Christa

**Middle Name:**

**Last Name:** Jerome

**Suffix:**

**Title:** Manager of Self-Sufficiency Programs

**Organizational Affiliation:** EightCAP, Inc.

**Telephone Number:** (616) 754-9315

**Extension:** 3364  
**Fax Number:** (616) 754-9310  
**Email:** christaj@8cap.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-6200-N-25  
**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):** Michigan  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Rapid Rehousing SH Ionia/Montcalm FY2018

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

**a. Applicant:** MI-004, MI-003  
(for multiple selections hold CTRL key)

**b. Project:** MI-004, MI-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 10/01/2019

**b. End Date:** 09/30/2020

**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:** Mr.

**First Name:** Daniel

**Middle Name:**

**Last Name:** Petersen

**Suffix:**

**Title:** President

**Telephone Number:** (616) 754-9315  
(Format: 123-456-7890)

**Fax Number:** (616) 754-9310  
(Format: 123-456-7890)

**Email:** danielp@8cap.org

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

**Date Signed:** 07/26/2018

## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

### Applicant/Recipient Information

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

**Agency Legal Name:** EightCAP, Inc.

**Prefix:** Mr.

**First Name:** Daniel

**Middle Name:**

**Last Name:** Petersen

**Suffix:**

**Title:** President

**Organizational Affiliation:** EightCAP, Inc.

**Telephone Number:** (616) 754-9315

**Extension:** 3336

**Email:** danielp@8cap.org

**City:** Greenville

**County:** Montcalm

**State:** Michigan

**Country:** United States

**Zip/Postal Code:** 48838-8230

**2. Employer ID Number (EIN):** 38-6111652

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

**4. Amount of HUD Assistance Requested/Received:** \$58,120.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Rapid Rehousing SH Ionia/Montcalm FY2018  
904 Oak Drive Greenville Michigan

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)?** No  
For further information, see 24 CFR Sec. 4.9.

### 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 this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Daniel Petersen, President

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

**Date Signed:** 07/26/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** EightCAP, Inc.

**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;	

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

X

**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)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Daniel

**Middle Name**

**Last Name:** Petersen

**Suffix:**

**Title:** President

**Telephone Number:** (616) 754-9315  
**(Format: 123-456-7890)**

**Fax Number:** (616) 754-9310  
**(Format: 123-456-7890)**

**Email:** danielp@8cap.org

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

**Date Signed:** 07/26/2018

## **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:** EightCAP, Inc.

**Name / Title of Authorized Official:** Daniel Petersen, President

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

**Date Signed:** 07/26/2018



## 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: EightCAP, Inc.

Street 1: 904 Oak Drive

Street 2:

City: Greenville

County: Montcalm

State: Michigan

Country: United States

Zip / Postal Code: 48838-8230

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:** Mr.

**First Name:** Daniel

**Middle Name:**

**Last Name:** Petersen

**Suffix:**

**Title:** President

**Telephone Number:** (616) 754-9315  
**(Format: 123-456-7890)**

**Fax Number:** (616) 754-9310  
**(Format: 123-456-7890)**

**Email:** danielp@8cap.org

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

**Date Signed:** 07/26/2018

## Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**

Funds were recaptured due to the extended amount of time it took EightCAP to get access to eLOCCS. EightCAP took over MI0008L5F001306 from Relief After Violent Encounters (RAVE) on December 17, 2014 but it took EightCAP until June 20, 2016 to be granted access to eLOCCS and then significant time to have access to eSNAPS to enter data and receive approval to use funds. The delay in accessing the needed systems caused EightCAP to be unable to initiate start up processes (hiring of staff and identifying/enrolling clients) and spend funds (rental assistance). It is The Agency's Policy that no funds will be "spent" prior to having full agreements in place and access to draw down funds.



## Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No  
If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	Type	Sub-Award Amount
This list contains no items			

### 3A. Project Detail

**1. Project Identification Number (PIN) of  
expiring grant:** MI0435

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** MI-500 - Michigan Balance of State CoC

**2b. CoC Collaborative Applicant Name:** Michigan State Housing Development Authority

**3. Project Name:** Rapid Rehousing SH Ionia/Montcalm FY2018

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Does the PH project provide PSH or RRH?** RRH

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

**7. Will this renewal project be part of a new  
application for a Renewal Expansion Grant?** No

### 3B. Project Description

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

EightCAP, Inc. (A Community Action Agency) will provide Supportive Housing - Rapid Rehousing Rental Assistance, Case Management Services, Transportation and Food Assistance to eligible participants. Client will be enrolled into the program based on the results of the Vulnerability Index Service Prioritization Decision Assistance Tool (VISPDAT). The project will focus on households whose minimum score is 10 on the VISPDAT/VIFSPDAT and are a household with children. The program will provide rental assistance for a minimum of 4 units with a minimum of 17 beds. Program participants will sign the lease with the landlord/management company for the unit.

EightCAP, Inc. (the HARA) can effectively and efficiently identify eligible clients for the program through its "triage" process, and enroll clients in a program that best suits their situations and increased the chances they will be able to maintain housing with diminished support from outside resources. The HARA will accept referrals or direct calls from households seeking assistance. The HARA will complete the VIFSPDAT on all literally homeless households. Once the VIFSPDAT is scored the HARA will determine the eligibility, rental requirements, and will assist the client in locating housing. Once the lease is signed, continual supportive services, including case management will begin. The HARA will provide case management to each program participant on a regular basis. The Housing Resource Specialist will provide housing location, life skills budgeting employment searches, and other supports as needed to maintain permanent housing. The HARA will assess the client's compliance and make adjustments where needed, allowing for the best opportunity for housing success with the ultimate outcome being self-sufficiency. The program will be based on the Housing First Model, the updated Opening Doors Plan along with strength-based case management.

**2. Does your project have a specific population focus? Yes**

**2a. Please identify the specific population focus. (Select ALL that apply)**

Chronic Homeless	<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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>



Other (Click 'Save' to update)	<input type="text"/>
-----------------------------------	----------------------

Other:

### 3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

## 4A. Supportive Services for Participants

1. For all supportive services available to 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	Monthly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Monthly
Child Care		
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	Bi-monthly
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

## 4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 4

Total Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	4	17

## **4B. Housing Type and Location Detail**

**1. Housing Type:** Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

**a. Units:** 4

**b. Beds:** 17

### **3. Address**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 904 Oak Dr.

**Street 2:**

**City:** Greenville

**State:** Michigan

**ZIP Code:** 48838

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

269067 Ionia County, 269117 Montcalm County

## 5A. Project Participants - Households

**This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.**

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	4	0	0	4

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	6	0		6
Adults ages 18-24	0	0		0
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	17	0	0	17

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	0	0	0	0	0	0	6
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	11
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	17

Click Save to automatically calculate totals

### Persons in Households without Children

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

### Persons in Households with Only Children

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

**Describe the unlisted subpopulations referred to above:**

Families with children.

## 5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
25%	Directly from emergency shelters.
0%	Directly from safe havens.
25%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages



## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$40,296	
Total Units:		4	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Ionia County, MI (2606799999)	2	\$20,556
TRA	MI - Montcalm County, MI HUD Metro FM...	2	\$19,740

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MI - Ionia County, MI (2606799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO		x \$413	\$413	x	= \$0
0 Bedroom		x \$551	\$551	x	= \$0
1 Bedroom		x \$555	\$555	x	= \$0
2 Bedrooms	1	x \$737	\$737	x	= \$8,844
3 Bedrooms	1	x \$976	\$976	x	= \$11,712
4 Bedrooms		x \$1,110	\$1,110	x	= \$0
5 Bedrooms		x \$1,277	\$1,277	x	= \$0
6 Bedrooms		x \$1,443	\$1,443	x	= \$0
7 Bedrooms		x \$1,610	\$1,610	x	= \$0
8 Bedrooms		x \$1,776	\$1,776	x	= \$0
9 Bedrooms		x \$1,943	\$1,943	x	= \$0
<b>Total Units and Annual Assistance Requested</b>	2				\$20,556
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$20,556

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MI - Montcalm County, MI HUD Metro FMR Area (2611799999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$348	\$348	x	\$0
0 Bedroom	x	\$464	\$464	x	\$0
1 Bedroom	x	\$537	\$537	x	\$0
2 Bedrooms	1 x	\$681	\$681	x	\$8,172
3 Bedrooms	1 x	\$964	\$964	x	\$11,568
4 Bedrooms	x	\$1,132	\$1,132	x	\$0
5 Bedrooms	x	\$1,302	\$1,302	x	\$0
6 Bedrooms	x	\$1,472	\$1,472	x	\$0
7 Bedrooms	x	\$1,641	\$1,641	x	\$0
8 Bedrooms	x	\$1,811	\$1,811	x	\$0
9 Bedrooms	x	\$1,981	\$1,981	x	\$0
<b>Total Units and Annual Assistance Requested</b>	2				\$19,740
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$19,740

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

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$15,500
Total Value of All Commitments:	\$15,500

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	EightCAP, Inc.	07/26/2018	\$15,500

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** EightCAP, Inc.  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/26/2018
- 6. Value of Written Commitment:** \$15,500

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$40,296
3. Supportive Services	\$13,824
4. Operating	\$0
5. HMIS	\$0
<b>6. Sub-total Costs Requested</b>	<b>\$54,120</b>
7. Admin (Up to 10%)	\$4,000
<b>8. Total Assistance plus Admin Requested</b>	<b>\$58,120</b>
9. Cash Match	\$0
10. In-Kind Match	\$15,500
<b>11. Total Match</b>	<b>\$15,500</b>
<b>12. Total Budget</b>	<b>\$73,620</b>

### 7A. Attachment(s)

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



## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## Attachment Details

### Document Description:

## 7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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** Daniel Petersen

**Date:** 07/26/2018

**Title:** President

**Applicant Organization:** EightCAP, Inc.

**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).**

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

3B. Services provided to clients will be changed to state "supportive housing - rapid rehousing rental assistance" from "permanent housing - rapid rehousing rental assistance"

5C. changed from 100% coming from place not meant for emergency habitation, to 50% from place not meant for human habitation, 25% from emergency shelter & 25% from domestic violence shelter.

Part 6. - no changes made

**The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**



## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/26/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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<b>1D. SF-424 Congressional District(s)</b>	07/26/2018
<b>1E. SF-424 Compliance</b>	07/26/2018
<b>1F. SF-424 Declaration</b>	07/26/2018
<b>1G. HUD-2880</b>	07/26/2018
<b>1H. HUD-50070</b>	07/26/2018
<b>1I. Cert. Lobbying</b>	07/26/2018
<b>1J. SF-LLL</b>	07/26/2018
<b>Recipient Performance</b>	07/26/2018
<b>Renewal Grant Consolidation</b>	07/26/2018
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	07/26/2018
<b>3B. Description</b>	07/26/2018
<b>4A. Services</b>	07/26/2018
<b>4B. Housing Type</b>	07/26/2018
<b>5A. Households</b>	07/26/2018
<b>5B. Subpopulations</b>	07/26/2018
<b>5C. Outreach</b>	07/26/2018
<b>6A. Funding Request</b>	07/26/2018
<b>6C. Rental Assistance</b>	07/26/2018
<b>6D. Match</b>	07/26/2018
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind Match MOU Attachment</b>	No Input Required
<b>7B. Certification</b>	07/26/2018
<b>Submission Without Changes</b>	07/26/2018

# Attachment 4

Documentation of Match



904 Oak Drive  
 Greenville, MI  
 48838-8230  
 P: 616-754-9315  
 TTY: 711  
 F: 616-754-9310  
 www.eightcap.org

**FY2018 HUD COC Program Competition  
 Renewal Project Application**

Positions	#hrs contributed	Average Hrs/PP	wage per hr	Total Match Contribution
Manager of Self-Sufficiency Programs	182	7	29.72	\$5,409
Housing Programs Specialist	208	8	25.38	\$5,279
Data Entry - Clerical	208	8	12.34	\$2,567
Housing Hotline - Clerical	182	7	12.34	\$2,246
			<b>Total Match</b>	<b>\$15,501</b>

EightCAP, Inc. will generate the required 25% match (\$14,530) by paying staff wages from the Community Services Block Grant Funds  
 Staff wages/fringes are for Supervisory Staff and Data Entry Support for HMIS.

Signature: Ch Jerome

Date: 7/26/18

Daniel Petersen - President

# Attachment 5

## HUD Monitoring Report



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT  
Detroit Field Office  
477 Michigan Avenue, 16<sup>th</sup> Floor, Detroit, MI 48226  
Tele: 313/226-7900

August 2, 2017

Mr. Daniel Peterson  
President & CEO  
EightCap, Inc.  
904 Oak Drive  
Greenville, MI 48838

**SUBJECT:** On-Site Monitoring: Continuum of Care (CoC) Program  
Grant Number: M0435L5F001400

Dear Mr. Peterson:

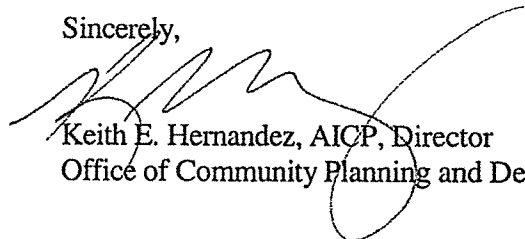
From July 17-21, 2017, this Office conducted an on-site monitoring of your Continuum of Care (CoC) program, in order to assess your organization's performance and compliance with applicable Federal program regulations and requirements. Program performance was assessed through a review of operations, file documentation, interviews, inspections, and observations.

This letter transmits the results of the monitoring review and contains 1 Finding and 0 Concerns. A *Finding* is defined as a deficiency in program performance, based on a statutory, regulatory or program requirement(s) for which required corrective actions are authorized. A written response to all Findings is required within 30 days from the date of this letter. Also, our review highlights any exemplary practices, which are defined as a noteworthy practice or activity being carried out by the Recipient and may possibly be duplicated by another Recipient.

I would like to thank you and your staff for your professionalism and cooperation during the review. EightCap, Inc. is supporting a valuable program that successfully aims to end homelessness across the country. HUD looks forward to continuing to work with you to carry out this mission.

Margaret A. Momon, Senior Financial Analyst and Ellen Chung, CPD Program Manager are available to discuss the results of this monitoring report with you. Your assigned HUD Representative, Kathleen "Casey" Hines, CPD Rep. is available to provide technical assistance, if requested, and can be reached at 313/ 234-7342 or [Kathleen.j.hines@hud.gov](mailto:Kathleen.j.hines@hud.gov) to discuss in detail.

Sincerely,



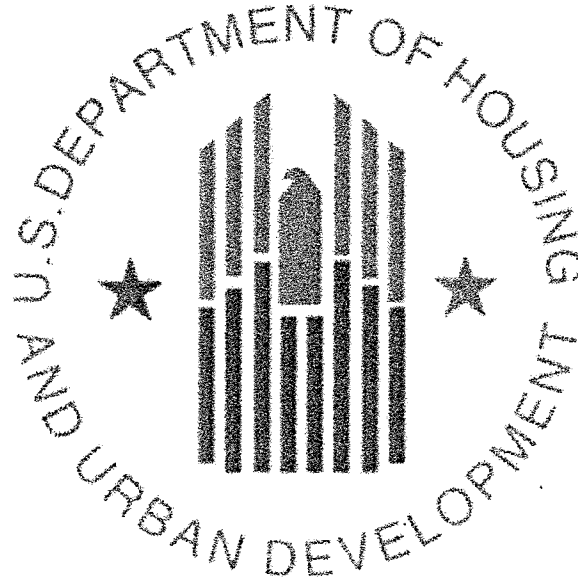
Keith E. Hernandez, AICP, Director  
Office of Community Planning and Development

**Attachment:** CoC Monitoring Report

Cc: Christa Jerome, Manager, Self-Sufficiency Programs, EightCap, Inc.

**CPD MONITORING REPORT**

**U.S. Department of Housing & Urban Development**  
*Detroit, MI*



**Monitoring Report**  
**EightCap, Inc.**

**Continuum of Care (CoC) Program**

**Grant Awards Reviewed:**

- ◆ FY 2014: Grant #MI0435L5F001400 - \$58,816.00

**Monitoring Dates:** July 17-21, 2017

## OVERVIEW

Monitoring is the principal means by which HUD ensures that programs and technical areas are carried out efficiently, effectively, and that the programs comply with applicable laws and regulations. It assists Recipients in improving their performance, developing or increasing capacity and augmenting their management and technical skills. Also, it provides a method for staying abreast of the efficacy of CPD-administered programs and technical areas within the communities HUD programs serve. Monitoring is not limited to a one-time review, but is meant to be an ongoing process that assesses the quality of a Recipient's performance over a period of time involving continuous communication and evaluation. In determining which Recipients will be monitored, the Department uses a risk-based approach to rate Recipients, programs and functions, including assessing the Department's exposure to fraud, waste and mismanagement. This process not only assists the Department in determining which Recipients to monitor, but also identifies which programs and functions will be reviewed. Areas reviewed may result in the identification of findings, concerns or exemplary practices.

Specifics relating to this review are as follows:

Date(s) Monitoring Conducted:	July 17-21, 2017
Type of Monitoring:	On-site CoC Monitoring Visit: Program & Financial
HUD Reviewer(s):	Margaret A. Momon, Senior Financial Analyst (Lead) Ellen Chung, CPD Program Manager
Recipients' Staff:	Christa Jerome, Manager, Self-Sufficiency Programs Shannon Collins, Supervisor, Housing Programs Jane Russell, Vice President of Finance Amanda Ruehl, Housing Resource Specialist Rhonda Pagel, Housing Resource Specialist
<b>Entrance Conference:</b>	
Date:	July 17, 2017
Representatives:	Margaret A. Momon, Senior Financial Analyst, HUD Ellen Chung, CPD Program Manager, HUD Dan Peterson, President & CEO, EightCap, Inc. Christa Jerome, Manager, Self-Sufficiency Programs Jane Russell, Vice President of Finance, EightCap, Inc.
<b>Exit Conference:</b>	
Date:	July 21, 2017
Representatives:	Margaret A. Momon, Senior CPD Financial Analyst, HUD Ellen Chung, CPD Program Manager, HUD Dan Peterson, President & CEO, EightCap, Inc. Christa Jerome, Manager, Self-Sufficiency Programs Heather Betts, Fiscal Compliance Controller, EightCap, Inc



## SUMMARY OF RESULTS AND CONCLUSIONS

This report details the results of the on-site monitoring review of EightCap, Inc., held during the period July 17-21, 2017, which produced 1 finding and 0 concerns. It also describes any exemplary practices being initiated and/or carried out through the CoC program that the Recipient administers.

To be clear, a *Finding* is defined as a deficiency in program performance based on a statutory, regulatory or program requirement(s) for which sanctions or other corrective actions are authorized. This report describes any Findings and the required corrective action(s) that must be responded to by the Recipient. Findings must be responded to within 60 days of the date of this report. A *Concern* is a deficiency in program performance that is not based on a statutory, regulatory or other program requirement(s), but is brought to the Recipient's attention as a way to thwart future non-compliance issues. Concerns are identified in this letter and the recommended actions are outlined to correct what may lead to non-compliance of federal regulations or program rules. Although you are not required to respond to a *Concern*, a response to any actions you are taking to absolve the *Concern* would be most appreciated. An *Exemplary Practice* also known as *Best Practices* is defined as a noteworthy practice or activity being carried out by the Recipient and may possibly be duplicated by another Recipient.

The following Exhibits reviewed four areas (grant management, financial management, cash match, and facilities management) during this CoC monitoring visit:

- Exhibit 29-1** – Homeless & At Risk Determination / Recordkeeping Requirements
- Exhibit 29-3** – Overall Grants Management
- Exhibit 29-7** – Permanent Supportive Housing Requirements
- Exhibit 29-11** – Cash Match Requirements
- Exhibit 29-12** – Financial Management & Cost Allowability

It should be noted that this review did not complete *Exhibit 29-4: Review of Sub-Recipient Management*, as the Recipient does not have any Sub-Recipients contracted for this program.

Exhibits used to guide the review from the *Community Planning and Development Monitoring Handbook 6509.2* are available for your viewing at: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/hudclips/handbooks/cpd/6509.2](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2).

Margaret A. Momon, Senior Financial Analyst (Lead) and Ellen Chung, Program Manager are available to discuss the results of this monitoring report with you. Your HUD representative, Kathleen "Casey" Hines, CPD Representative is available to provide technical assistance, if requested, and can be reached at 313-234-7342 or [Kathleen.j.hines@hud.gov](mailto:Kathleen.j.hines@hud.gov).

If you disagree with any of HUD's determinations or conclusions in this monitoring report, please address these issues in writing to this Department within 30 days of this report. Your written communication should explain your reasons why you disagree along with supporting evidence and documentation. All communication should be sent to: U.S. Department of Housing & Urban Development, ATTN: Keith E. Hernandez, AICP, CPD Director, Office of Community Planning & Development, 477 Michigan Avenue, 16<sup>th</sup> Floor, Detroit, MI 48226-2592.

## SCOPE OF REVIEW

### Background of Recipient:

According to their website, EightCap, Inc., a private non-profit corporation, was established as a Community Action Agency in 1966, and serves the adjoining, tri-counties of Gratiot, Ionia, Isabella, and Montcalm. The contiguous counties are located in mid-Michigan across several rural, farming communities. As a community-based agency, EightCap has extensive program and administrative experience and collectively, EightCap collaborates all of its programs to meet community and individual needs.

This grant (MI0435L5F001400) is being monitored, because its lack of progress indicated there was a problem. In early 2014, this grant was transferred from R.A.V.E. (Relief After Violent Encounter - Ionia and Montcalm, Inc., a domestic violence shelter) to EightCap. Over the course of the past eighteen months, progress has been extremely slow.

EightCap got off to a slow start -- via slow spending -- for the FY 2014 award. In the FY 2015 cycle, a renewal grant was awarded, but was de-obligated for non-spending. Over the past several months, the HUD-Detroit Field Office staff worked with the EightCap staff, whereby extensive communications to intervene and assist, eventually, led HUD to reset the FY 2014 expiration date to 09/30/2017. At this time, EightCap is awaiting the execution of another renewal award from the FY 2016 cycle in the amount of \$59,644 to begin on 10/1/2017.

EightCap, Inc. is being monitored as a medium-risk Recipient under the Continuum of Care (CoC) program. EightCap obtained an incomplete risk analysis score of 38 out of 62. At the time of our Risk Analysis, our review showed the Recipient got off to an extremely slow start, which required this first grant to be extended until 2018, then, was subsequently revise to expire on 09/30/2017. According to LOCCS, the FY 2014 grant award is \$58,816, and, at the time of our visit, they had drawn down a mere \$16,491.89, leaving an unobligated balance of \$42,324.11 available in the letter of credit.

As mentioned above, the Risk Analysis score was incomplete. EightCap scored high in the areas of Grants Management (17/37) and Financial Management (20/25). However, in the areas of Physical Assets and Leasing/Rental Assistance they were not scored, as HUD staff were unable to score those areas due to a lack of knowledge. Together, we concentrated our monitoring efforts on these four program areas. As a result, it was determined that HUD needed boots on the ground as EightCap was new as a direct Recipient of HUD funds, and, an on-site monitoring would be best to better assess and assist the Grantee with the program moving forward.

In light of our monitoring visit, HUD found EightCap's client files were documented, detailed and orderly; financial files were also well-documented. Financial statements and reports were detailed and easy to read. Internal controls were reviewed and found to be in compliance. Facilities and placement of clients were as good as can be expected -- with 50% still waiting to be placed in housing, but nonetheless, on a waiting list for housing.

Program Description(s):

The Continuum of Care (CoC) program is authorized by Subtitle C of Title IV of the McKinney-Veto Homeless Assistance Act (42 USC 11381-11389). The program is designed to: (b) (1) Promote a community-wide commitment to the goal of ending homelessness, and (2) provide funding for efforts by nonprofit providers, and, state and local governments to quickly rehouse homeless individuals (to include unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and (3) promote access to and effective utilization of mainstream programs by homeless individuals and families, and (4) optimize self-sufficiency among individuals and families experiencing homelessness 24 CFR 578.1(a)(b).

The grant awarded to EightCap, Inc., in FY 2014 includes the following eligible program component as shown in 24 CFR 578.37, as follows:

- **Permanent Housing (PH):** Permanent Housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services. PH Housing includes: (i) Permanent Supportive Housing for persons with Disabilities and (ii) Rapid Rehousing.
  - (i) *Permanent supportive housing for persons with disabilities (PSH).* PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.
  - (ii) *Rapid rehousing.* Continuum of Care funds may provide supportive services, as set forth in §578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in §578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. When providing short-term and/or medium-term rental assistance to program participants, the rental assistance is subject to §578.51(a)(1), but not §578.51(a)(1)(i) and (ii); (a)(2); (c) and (f) through (i); and (l)(1).

These projects: (a). Must follow the written policies and procedures established by the Continuum of Care for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay. (b) May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or sub-recipient may also require program participants to share in the costs of rent. For the purposes of calculating rent for rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located. (c) Limit rental assistance to no more than 24 months to a household. (d) May provide supportive services for no longer than 6-months after

rental assistance stops. (e) Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or sub-recipient may require each program participant receiving assistance to notify the recipient or sub-recipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or sub-recipient must reevaluate the program participant's eligibility and the amount and types of assistance that the program participant needs. (F) Require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.

### **PROGRAM AREA'S REVIEWED & THE RESULTS**

Overall, this monitoring visit concluded that EightCap has a well-run program and is basically compliant with federal rules and regulations covering the CoC program, with one exception. The Agency's staff is knowledgeable, experienced, and progressive in how best to invest in their community to be a conduit in the fight to end homelessness. Our review cited one (1) finding, and 0 concerns, as described below:

- **Exhibit 29-1: Review of At-Risk Homelessness & Recordkeeping Requirements**

This exhibit was used to determine whether the appropriate documentation has been maintained by the Recipient and is designed to determine whether a program participant's eligibility has been adequately documented in terms of their homeless or at-risk of being homelessness status upon entry into the program. Based on this monitoring review, it was confirmed that the Recipient is adequately documenting the status of the program participants' homeless status upon entry into the program. The intake-forms captured your HMIS data; all client files detailed homeless classification and income eligibility. Case management notes were in the file and were thorough. Together these elements meet the CoC eligibility and recordkeeping requirements at 24 CFR 578.103(a)(b). **No findings or concerns were cited.**

- **Exhibit 29-3: Review of CoC Overall Grants Management**

This exhibit was used to assess the overall administration of the Recipients' CoC program and was divided into 23 sections. However, this review only covered 16 sections, as the other 7 sections were not applicable to this program. We reviewed the areas of: Overall Grants Management & Oversight, HMIS, Financial and Internal Controls, Match, Limitations on Use of Funds, Termination Assistance, FHEO, EEO, Drug-free Workplace, Lobbying Restrictions, Program Oversight and Operations, Recordkeeping, Supportive Services, Conflicts of Interest, and Expenditure Caps. **No findings or concerns were cited.**

- **Exhibit 29-7: Review of Permanent Supportive Housing Requirements**

This exhibit assessed the Recipients' compliance with the Permanent Supportive Housing (PSH) component of the Continuum of Care (CoC) program. The exhibit is broken into four areas: (a) Homeless Status & Eligibility Determination; (b) Component-specific Requirements; (c) Eligible Costs; and (d) Restrictions on Combining Funds. **There is one (1) finding in this area.**

**Finding 1: Noncompliance with program regulations and definition of program component.**

**Condition:** Prior to the scheduled client interviews and site inspections, a review of the case management files was completed and detected that the clients in the program did not meet the disability requirement for eligibility to the PSH component of this program. The project name of the CoC program is PSH. However, a review of the six (6) program participants' case files reveal that only one person is verified as having a disability in their client population by a 3<sup>rd</sup> party provider.

**Criteria:** Per 24 CFR 578.37(a), Permanent Supportive Housing or PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.

**Cause:** The staff were uninformed and unaware that the PSH component had a disability per the definition of PSH for the CoC program. As a new Recipient of HUD funding to a newly transferred grant, previously held by RAVE, EightCap did not seek to change or revise the prior Application or Grant Agreement originally submitted.

**Effect:** Non-compliance with program regulations and definition of program component. Their clients, all but one, were misclassified under the wrong program component.

**Required Corrective Action:** EightCap will need to request individual Amendments for their current grant agreements – one for the FY 2014 agreement and one for the FY 2016 Grant Agreements to change the PH component from PSH to RRH (Rapid Rehousing). This request will be a one-time only approval to change the program structure. A justification in why this situation occurred must be documented and mailed to the HUD-Detroit Field Office within 30-days from the date of this monitoring letter/report to correct this deficiency.

- **Exhibit 29-11: Review of the CoC Cash Match Requirement**

This Exhibit is designed to assess a Recipient adherence to the Continuum of Care (CoC) program's Match requirements and the eligibility of the program's match expenditures. **No findings or concerns were cited.**

- **Exhibit 29-12: Review of Financial Management & Cost Allowability**

This Exhibit reviewed the Recipient's compliance with financial management systems, as well as the eligibility of the programs expenditures as required at 24 CFR part 84 for

nonprofits and 2 CFR part 225 (OMB Circular 87) as was in effect prior to 12/26/2014.

The Exhibit reviewed 12 areas to include Financial Management; Internal Controls; Bonds; Payment and Financial Reporting; Improper Payments; Cost Sharing or Matching; Program Income; Revision of Budget and Program Plans; Conflict of Interest, Period of Performance; Record Retention and Access; and Audit Requirements.

To begin this review, HUD randomly-selected and assessed four (4) financial vouchers with source documentation for compliance with federal regulations drawn on the 2014 CDBG grant which totaled \$58,816 under Grant #MI0435L5F001400, as shown below:

Voucher #	Date	Amount
501-00272764	12/08/2016	\$3,241.29
501-002913368	03/09/2017	\$1,544.59
501-33300861	04/11/2017	\$1,738.30
501-00314391	06/08/2017	\$2,725.22
		<u>\$9,249.40</u>

HUD's review found financial source documentation is well-documented with internal approvals atop invoices and a copy of the cancelled check attached as payment. Expenditures follow cost principles of allowable, reasonable and allocable. Internal control policies are updated and include Part 200.

In our sampling, there were no improper or disallowed payments discovered. A review of the chart of accounts and revenue/expense reports were reviewed/retained and found to be complete and follow GAAP. The programs' 5-year retention of records and the federal access to records policies were followed. Conflict of interest clauses are in place and followed. Lastly, our review looked at the Single Audit Reports for FY 2014 and FY 2015. There were no findings or concerns in either of the reports. **There were no findings or concerns cited in this area.**

###



STATE OF MICHIGAN

RICK SNYDER  
GOVERNOR

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
LANSING

EARL J. POLESKI  
EXECUTIVE DIRECTOR

May 24, 2017

SENT VIA EMAIL  
HARD COPY TO FOLLOW VIA STANDARD MAIL

Dan Petersen  
EightCAP, Inc.  
904 Oak Drive  
Greenville, MI 48838-8230

RE: Monitoring of Emergency Solutions Grants

Dear Mr. Petersen,

On Thursday, March 23, 2017, Randy Horstman, representative of the Michigan State Housing Development Authority, Rental Assistance & Homeless Solutions division initiated a desk monitoring of EightCAP, Inc. Emergency Solutions Grant (ESG) to determine whether they were/are in compliance with the ESG programs' rules and regulations. In addition, MSHDA's monitoring was focused on a review of client files and also on the overall approved budget. The following grants were monitored:

- **HML-2017-45-02** **FSR #3**

RE: Monitoring of Emergency Solutions Grants: HML-2017-45-02

MSHDA has awarded \$134,701 to Eight CAP, Inc., as the fiduciary agency for the Ionia and Montcalm CoC: serving homeless and at risk of becoming homeless populations in Montcalm and Ionia counties from 10/1/2016 through 9/30/2017. In accordance with the grant application and documents accepted/filed with the fiduciary - along with the MOU, the fiduciary will administer/monitor grant funds awarded to Eight CAP: \$ 8,030 for administrative costs; \$ 67,749 for rapid re-housing; \$ 35,506 for homeless prevention assistance; \$ 3,441 for HMIS; for sub-grantee Have Mercy: \$17,977 for rapid re-housing; \$600 for HMIS; \$1,398 for administrative costs.

A monitoring of your client files and a review of your overall approved budget was conducted and the following are the comments and/or findings:

GENERAL COMMENTS

The monitoring has been completed and the results disclosed no matters involving internal control, instances of noncompliance or other matters that are required to be reported under Emergency Solutions Grants (ESG) Program Rules. **No action or response is required.**

SPECIFIC COMMENTS AND/OR FINDINGS

\*\*\*Client: HMIS # 691959  
No findings were found.

\*\*\*Client: HMIS # 577314  
No findings were found.

\*\*\*Client: HMIS # 1149432  
No findings were found.

EightCAP, Inc.  
May 24, 2017  
Page 2 of 2

\*\*\*Client: HMIS # 1280194  
No findings were found.

\*\*\*Client: HMIS # 14516503  
No findings were found.

\*\*\*Client: HMIS # 1283908  
No findings were found.

The cooperation extended during the monitoring was very much appreciated!

If you or your staff have any questions, please contact me, Randy Horstman, at (517) 335-1288 or [horstmanr@michigan.gov](mailto:horstmanr@michigan.gov).

Sincerely,



Randy Horstman  
Data & Monitoring Specialist  
Rental Assistance & Homeless Solutions

Cc: Stephanie Oles, MSHDA HA Specialist  
Christa Jerome, EightCAP, Inc.



Attachment 5A

MSHDA ESG

Monitoring

Report



STATE OF MICHIGAN

RICK SNYDER  
GOVERNOR

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
LANSING

EARL J. POLESKI  
EXECUTIVE DIRECTOR

May 24, 2017

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HARD COPY TO FOLLOW VIA STANDARD MAIL

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EightCAP, Inc.  
904 Oak Drive  
Greenville, MI 48838-8230

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EightCAP, Inc.  
May 24, 2017  
Page 2 of 2

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Sincerely,



Randy Horstman  
Data & Monitoring Specialist  
Rental Assistance & Homeless Solutions

Cc: Stephanie Oles, MSHDA HA Specialist  
Christa Jerome, EightCAP, Inc.

# Attachment 6A

## Organization's Response to Finding



904 Oak Drive  
Greenville, MI  
48838  
P: 616.754.9315  
TTY: 711  
F: 616.754.9310  
www.eightcap.org

August 11, 2017

U.S. Department of Housing and Urban Development  
Atten: Keith Hernandez, AICP, CPD Director  
Office of Community Planning and Development  
Detroit Field Office  
477 Michigan Ave, 16<sup>th</sup> Floor  
Detroit, MI 48226

RE: On-Site Monitoring: Continuum of Care (CoC) Program  
Grant Number: MI0435L5F001400

**PROGRAM COMPONENT AMENDMENT REQUESTED – EIGHTCAP, INC**

Dear Mr. Hernandez:

During the recent HUD Monitoring Visit, which took place from July 17 – 21, 2017, EightCAP was issued a Noncompliance with program regulations and definition of program component. During the transfer of this grant, previously held by RAVE, EightCAP staff were uniformed and unaware that a required component for the PSH program was that an individual had a disability per the definition of PSH for the CoC Program. This program was defined, during the transfer, by RAVE as follows, *“The ‘HOUSE’ program provides for one year of supportive services, case management, and graduated leasing dollars for individuals and their families who are experiencing homelessness and have been affected by domestic violence. The intent of this program is to move individuals from homelessness to self-sufficiency and permanent housing.”* This definition undoubtedly identifies with 24 CFR 578.37(a)(1)(ii) Rapid rehousing, not 24 CFR 578.37(a)(1)(i) Permanent supportive housing. As the Monitoring Report states, EightCAP did not seek to change or revise the prior Application or Grant Agreement originally submitted, therefore the Program Component was misstated within the MI0435L5F001400 Grant Application as PSH. For this reason, EightCAP is requesting an Amendment to the current grant agreement (MI0435L5F001400) to change the PH Component from PSH to RRH (Rapid Rehousing).

Thank you for your time and consideration regarding the requested Amendment. EightCAP, Inc. staff is also taking this opportunity to thoroughly re-review HUD 24 CFR Part 578 to ensure compliance with all rules and regulations regarding the Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program. If you have any questions regarding this request, please feel free to contact me at (616)754-9315, x 3336.

Sincerely,

Daniel Petersen, President  
EightCAP, Inc.

Cc: Margaret A. Momon, Senior Financial Analyst  
Ellen Chung, CPD Program Manager

# Attachment 6B

HUD Monitoring Report -  
Final



**U.S. Department of Housing and Urban Development**

Detroit Field Office  
Office of Community Planning and Development  
Patrick V. McNamara Federal Building  
477 Michigan Avenue, Room 1710  
Detroit, MI 48226-2592  
Tel. (313) 226-7900 FAX (313) 226-6689

August 28, 2017

Mr. Daniel Petersen  
President  
EightCAP, Inc.  
904 Oak Drive  
Greenville, MI 48838

**Subject:** Final Management Decision on 2017-1 Monitoring Finding  
EightCAP, Inc., CoC Program, PY 2014  
Grant No: MI0435L5F001400  
On-Site Monitoring Visit conducted July 17-21, 2017

Dear Mr. Petersen:

The Detroit Field Office of the U.S. Department of Housing & Urban Development recently received your mailed responses dated August 11, 2017 in an effort to close the monitoring finding issued as a result of our on-site monitoring visit. As such, we have reviewed the additional supporting documentation that was submitted, and, our determination for the finding is as follows:

▪ **Exhibit 29-7: Review of Permanent Supportive Housing Requirements**

This exhibit assessed the Recipients' compliance with the Permanent Supportive Housing (PSH) component of the Continuum of Care (CoC) program. The exhibit is broken into four areas: (a) Homeless Status & Eligibility Determination; (b) Component-specific Requirements; (c) Eligible Costs; and (d) Restrictions on Combining Funds. **There is one (1) finding in this area.**

**Finding 1: Noncompliance with program regulations and definition of program component.**

**Condition:** Prior to the scheduled client interviews and site inspections, a review of the case management files was completed and detected that the clients in the program did not meet the disability requirement for eligibility to the PSH component of this program. The project name of the CoC program is PSH. However, a review of the six (6) program participants' case files reveal that only one person is verified as having a disability in their client population by a 3<sup>rd</sup> party provider.

**Criteria:** Per 24 CFR 578.37(a), Permanent Supportive Housing or PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability.

**Cause:** The staff were uninformed and unaware that the PSH component had a disability per the definition of PSH for the CoC program. As a new Recipient of HUD funding to a newly transferred grant, previously held by RAVE, EightCAP did not seek to change or revise the prior Application or Grant Agreement originally submitted.

AUG 31 2017

**Effect:** Non-compliance with program regulations and definition of program component. Their clients, all but one, were misclassified under the wrong program component.

**Required Corrective Action:** EightCAP will need to request individual Amendments for their current grant agreements – one for the FY 2014 agreement and one for the FY 2016 Grant Agreements to change the PH component from PSH to RRH (Rapid Rehousing). This request will be a one-time only approval to change the program structure. A justification in why this situation occurred must be documented and mailed to the HUD-Detroit Field Office within 30-days from the date of this monitoring letter/report to correct this deficiency.

**Grantee's Response dated 08/11/2017:** In two independent letters both dated August 11, 2017, EightCAP, Inc., requested an Amendment to the current grant agreement to change the PH Component from PSH (Permanent Supportive Housing) to RRH (Rapid Rehousing). This change will affect Grant #MI0435L5F001400 and the renewal grant agreement (MI0435L5F001602) The letters provided the justification needed, as directed by HUD staff.

**HUD's Final Determination:** On July 24, 2017, the Field Office contacted our SNAPs Desk Officer to outline the EightCAP situation and to convey recommendations to amend the project as noted above. SNAPs approved the project component change and following the monitoring letter and report being written, she guided the Field Office in implementing and correcting the award through the correct channels to include the FY 2017 Application process. Our next steps will include the following:

- Make a notation in the EightCap file that the project should operate as a PH-RRH project with rental assistance and that the PH-PSH notation in the previous project application is an error, but cannot be corrected in *e-snaps* due to system limitations.
- Issue the FY 2016 grant agreement as is, since there is no designation for the subcomponent of RRH; therefore, no amendment will be necessary afterwards.
- EightCap will complete their FY 2017 project application as PH-PSH with the rental assistance budget line item.

Since this [change] is a subcomponent and the main component is still PH, this does not fall under the language of the July 15, 2014 memo from Ann Oliva. A notation in SNAP records will detail that approval was given to change the subcomponent from PSH to RRH in order to ensure the project is in compliance and will review the FY 2017 renewal project as PH-RRH.

Currently, the Field Office is processing the FY 2016 award, and we hope this amended program component change is made permanent over the course of the next year.

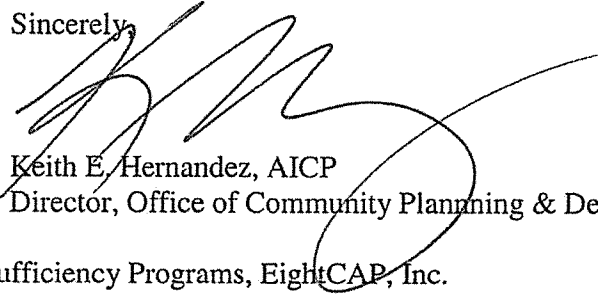
As a result of the amendment process being approved and guided by the SNAPs Office, the request letters from the Recipient being received in a timely manner -- these processes helped to expedite and bring the program into compliance. As such, **this finding is closed.**

In closing, please keep a copy of this letter for your files, as it is the final determination regarding the closeout of the original finding(s) that you will receive from our office. As such, Findings 2017-1 is closed, as corrective actions have been implemented and accepted by this office.



HUD looks forward to a continued relationship as we seek to end homelessness across all Michigan communities. Should you have any further questions related to this monitoring visit and/or our final determination herein related to this finding, please feel free to contact Margaret A. Momon, Senior CPD Financial Analyst at 313.234.7331 or [Margaret.a.momon@hud.gov](mailto:Margaret.a.momon@hud.gov).

Sincerely,



Keith E. Hernandez, AICP  
Director, Office of Community Planning & Development

cc: Christa Jerome, Manager, Self-sufficiency Programs, EightCAP, Inc.

# Attachment 6C<sub>1</sub>

## Other Relevant Documentation

Coordinated Entry Procedure –  
Section 3 Prioritization

# Procedures for Coordinated Entry

Prepared by the Ionia/Montcalm Local Planning Body

US Department of Housing and Urban Development Grantee: EightCAP

Sub-Grantee: Have Mercy

Created: 8/22/2017

Last Edited: 1/16/2018

**Disclaimer:** The following tools, policies, and procedures have been developed by the local planning body known as the Ionia/Montcalm Continuum of Care (heretofore referred local planning body) in response to a national movement towards standardization of coordinated entry, processing, and referral of homeless individuals and families and in keeping with recommendations by the US Department of Housing and Urban Development. Adjustment of the Coordinated Entry process is ongoing as the local planning body seeks to continually improve, streamline, and respond to locally-based feedback from assessors, funders, partners, providers, and clients in order to better serve all parties involved.

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## Section 3: Prioritization

1. **VI-SPDAT Use for Category 1 Homeless** – Following completion of the Prescreen Questionnaire clients qualifying for Homeless and Housing Programs as Category 1 Homeless submit to additional assessment in the form of the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool) or VI-F-SPDAT (Vulnerability Index – Family – Service Prioritization Decision Assistance Tool) in order to make an objective determination of prioritization status. Each client or household’s level of need is determined on a point basis, which results in a circumstance- and history-based prioritization score. Any client remaining on the prioritization list for a period longer than six months will have the VI-SPDAT or VI-F-SPDAT recalculated every six months in order to ensure accurately represented circumstances.
  - a. Families/Household – Families and households undergoing prioritization are subject to a specialized VI-SPDAT altered to accommodate them as joint clients.
    - i. VI-F-SPDAT American Version 2(See Appendix 1, Document C)
    - ii. Prioritization criteria include:
      - A. Head of household age
      - B. Single parent status
      - C. Pregnancy
      - D. Number of children
      - E. Age of children
      - F. History of housing
      - G. Duration of homelessness
      - H. Risk factors including recent:
        - Emergency room use
        - Ambulance use
        - Inpatient care
        - Use of crisis services including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines
        - Police interaction including being witness to, victim of, or alleged perpetrator of a crime, or being told by the police that they must move along

- Stayed one or more nights in a holding cell, jail, or prison regardless of duration
- I. History of assault or injury while homeless
- J. Recent threatened, attempted, or successful self-injury by any family member
- K. Recent threatened, attempted, or successful injury of someone else by a family member
- L. Ongoing legal entanglements resulting in incarceration, payment of fines, and/or financial limitation
- M. Risk of exploitation including but not limited to
  - Sexual acts
  - Illegal acts
  - Violent acts
  - Drug use
- N. Debts owed (official or perceived)
- O. Presence of income
- P. Engagement in meaningful (non-survival) activities
- Q. Homelessness caused by
  - Relationship breakdown
  - Abusive or unhealthy relationships
  - Displacement
- R. Housing displacement caused by physical health issues
- S. Presence of chronic health issues
- T. Interest in HIV/AIDS specific programming
- U. Presence of physical disability affecting housing options
- V. Avoidance of medical assistance
- W. History and/or anticipated future of disruptive drinking or drug use
- X. History of disruption in housing as a result of
  - Mental health issue
  - Past head injury

- Learning, developmental, or other disability
  - Y. Anticipated difficulty in maintaining independent housing as a result of a mental health issue, head injury, or disability
  - Z. Presence of a single family member affected by a medical condition, mental health concerns and substance abuse.
  - AA. Failure or inability to take or access prescribed medication
  - BB. Misuse, sale, or failure to use prescribed medication as directed.
  - CC. Housing displacement caused by emotional, physical, psychological, sexual, or other trauma.
  - DD. Children recently removed from the family by a child protection service.
  - EE. Ongoing or anticipated legal issues that would alter the makeup of the household
  - FF. Children recently lived in with family or friends outside of the household as a result of housing challenges
  - GG. Children recently experienced abuse or trauma
  - HH. School-aged children regularly attend school
  - II. Recent change in household makeup as a result of divorce, return of children to the household, military service, incarceration, relative(s) moving in, or other causes
  - JJ. Anticipated household growth in the next six months
  - KK. Presence of regular, planned leisure activities in the family schedule
  - LL. Length of time children regularly spend without adult supervision
  - MM. Responsibility of older children in watching younger children
- b. Individuals – Single Adults undergoing prioritization are subject to the VI-SPDAT
- i. VI-SPDAT American Version 2.0 (See Appendix 1, Document D)
  - ii. Prioritization criteria include:
    - A. Age
    - B. Current Housing
    - C. Duration of homelessness

- D. Frequency of past homelessness
- E. Risk factors including recent:
  - Emergency room use
  - Ambulance use
  - Inpatient care
  - Use of crisis services including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines
  - Police interaction including being witness to, victim of, or alleged perpetrator of a crime, or being told by the police that they must move along
  - Stayed one or more nights in a holding cell, jail, or prison regardless of duration
- F. History of assault or injury while homeless
- G. Recent threatened, attempted, or successful self-injury or injury to others
- H. Ongoing legal entanglements resulting in incarceration, payment of fines, and/or financial limitation
- I. Risk of exploitation including but not limited to
  - Sexual acts
  - Illegal acts
  - Violent acts
  - Drug use
- J. Debts owed (official or perceived)
- K. Presence of income
- L. Engagement in meaningful (non-survival) activities
- M. Ability to maintain personal hygiene
- N. Ability to access food and clean water
- O. Homelessness caused by
  - Relationship breakdown
  - Abusive or unhealthy relationships
  - Displacement by family or friends



- P. Housing displacement caused by physical health issues
  - Q. Presence of chronic health issues
  - R. Interest in HIV/AIDS specific programming
  - S. Presence of physical disability affecting housing options
  - T. Avoidance of medical assistance
  - U. Pregnancy
  - V. History and/or anticipated future of disruptive drinking or drug use
  - W. History of disruption in housing as a result of
    - Mental health issue
    - Past head injury
    - Learning, developmental, or other disability
  - X. Anticipated difficulty in maintaining independent housing as a result of a mental health issue, head injury, or disability
  - Y. Presence of a medical condition, mental health concern and substance abuse.
  - Z. Failure or inability to take or access prescribed medication
  - AA. Misuse, sale, or failure to use prescribed medication as directed.
  - BB. Housing displacement caused by emotional, physical, psychological, sexual, or other trauma.
- c. Training for VI-SPDAT and VI-F-SPDAT users
- i. As an abbreviation of the full SPDAT and a self-reporting survey, no special training is required on the part of VI-SPDAT and VI-F-SPDAT users
- d. All VI-SPDAT and VI-F-SPDAT use and criteria are made publicly available through the MCAH Website (See Appendix 2, Resource G).
2. **VI-SPDAT Score Use** – If the client score meets the VI-SPDAT/VI-F-SPDAT Threshold (a score of 4 or above resulting in a recommendation for rapid re-housing, permanent supportive housing, or other exigent intervention) a referral will be created by the assessing agency to the Housing Prioritization List within the Homeless Management Information System ClientPoint system.
- a. All participants referred to the Housing Prioritization List, regardless of VI-SPDAT/VI-F-SPDAT score are contacted with resources by a Housing Resource

Specialist at the time of screening. At point of contact they will be offered a Residential Resource Directory in order to start the search for housing, even if an intake has not yet taken place. This process allows the participant to “get a jump on” the housing search even before a face-to-face meeting is completed.

- b. For those who do not meet the qualifiers to be referred to the Housing Prioritization List, no matter income, situation, or ability, will receive light-touch case management services by the HARA. Light-touch case management includes, but not limited to, a copy of the Residential Resource Directory and Community Resource Directory, if literally homeless, entry onto the HCV waiting list (w/ Homeless Preference), soft-referral to DV shelter (if applicable), referral to appropriate disability network for those who are disabled, and any other need that is identified at point of contact.

3. **Interagency Services Team Consultation and Client Selection** – Clients will be selected from the Housing Prioritization List during bi-weekly Interagency Services Team meetings during which both EightCAP and Have Mercy will indicate their availability to take on new clients to meet appropriate caseloads.

- a. Clients will be selected from the Housing Prioritization List based on the following criteria in order of priority:
  - i. US Department of Housing and Urban Development Homeless Category
  - ii. VI-SPDAT/VI-F-SPDAT Score
  - iii. Point-In-Time Count Sub-Populations
  - iv. Date of Prescreen Questionnaire Completion
- b. Point-In-Time Count Sub-Populations may be considered as viable prioritization data acting as a basis for community standards.
  - i. Sub-Populations include:
    - A. Disabled/Handicapped
    - B. Alcohol Abuse
    - C. Substance Abuse
    - D. HIV/AIDS
    - E. Mental Illness
    - F. Use of Supplemental Security Income/Social Security Disability
    - G. Veteran Status (National Guard/Reserves)
    - H. Veteran Status (Armed Forces)
    - I. Domestic Violence
    - J. Unemployed

- ii. Upon identifying applicable sub-populations for any households of similar priority status, the household with the highest number of applicable sub-populations will receive the highest priority of service.
  - b. EightCAP and/or Have Mercy will be assigned the highest priority client(s) according to caseload availability.
    - ii. According to current organizational capacity EightCAP and Have Mercy engage to maintain caseloads of households actively searching for housing as follows:
      - A. Have Mercy: 6-7 Households
      - B. EightCAP: 12-15 Households
    - iii. Additional caseload capacity for households seeking Prevention and/or Follow-Up Services will vary per agency according to volume and complexity of existing caseload.
  - c. Clients move forward to intake and assignment of a Case Manager or Housing Program Specialist to determine appropriate program placement and/or referral.
  - d. The assigned organization will update the client's Homeless Management Information System Client Profile to reflect the most current information, including assignment of a Case Manager, updated case goals and/or plan, and any placement in a Homeless and Housing Program (See Section 4: Referral).
- 2. **Client Notification of Prioritization** - Upon Interagency Services Team client selection, the client is added to the Prioritization List Pull Information Sheet (See Appendix 1, Document R) which tracks contact attempts, current housing status, denial of services offered, and intake scheduled for all clients selected during a single Interagency Services Team meeting. Client must be notified of their selection, an appointment scheduled to begin the Intake Process, and the client informed of necessary documentation to be presented at the intake appointment.
  - a. Contact attempts – Every client pulled will be contacted by mail, phone, e-mail, text, or message contacts. All clients will have a selection letter mailed to the address listed on the Prescreen Questionnaire. A minimum of 3 verbal/electronic contact attempts will also be made within two weeks of the client's selection by the Interagency Services Team. All attempted and/or successful contact will be documented on the Prioritization Pull Information Sheet.
  - b. Post-selection Timeline
    - i. Within 2 business days of client selection, a selection letter will be mailed to the client as written notification. A copy of this letter will be forwarded to Have Mercy if EightCAP undertakes notification responsibility, and vice versa.

- ii. Within 1 business day of client selection, verbal/electronic contact will be initiated with consistent attempts made over the following two weeks if unsuccessful.
  - c. Documentation of the notification period will include but is not limited to:
    - i. Prioritization List Pull Information Sheet (See Appendix 1, Document R)
    - ii. Prioritization List Pull Notification Letter (copy)
    - iii. Anecdotal Notes
- 3. **Removal from Housing Prioritization List** - A client will be removed from the prioritization list if the household refuses all services (as distinguished from rejecting or being rejected by a particular program which will not result in removal), is receiving similar or duplicate services from another source, cannot be contacted, no longer qualifies as Category 1 Homeless, or has resolved their housing emergency. The client status in the Housing Prioritization List will be changed to “canceled” or “declined” thus removing them from any future pull reports.
  - a. Clients screening information is updated every 6 months to verify Category 1 Homelessness should the client remain on the list for such a duration. The Clerical department will attempt to contact any client whose status requires verification. If the client cannot be contacted within 1 month, or if their status has changed they will be removed from the Housing Prioritization List.
  - b. If the client becomes homeless again after having been canceled or declined from the Housing Prioritization List, they may be re-prioritized by reentering the Coordinated Entry System from the beginning. If a client reenters the system less than 6 months after their last appearance in the system, their previous VI-SPDAT or VI-F-SPDAT may be used where appropriate, however all other documentation must be updated.
- 4. **Emergency and After Hours Prioritization** – No prioritization is available on an emergency basis after 9:00PM (See Section 1: Access). Emergency calls after 9:00PM are directed either to Central Dispatch (911) within Ionia and Montcalm counties for assistance and temporary placement in the nearest motel using a one-night motel voucher. Local law enforcement then contacts the Emergency Relief Case Manager to relay client name and contact information for contact during business hours at which point a Prescreen Questionnaire, and, if applicable, VI-SPDAT/VI-F-SPDAT and Screening Interview are administered. While the date and circumstances of emergency contact (including domestic violence, injury, or mental health concern) may heighten client priority, the act of accessing the Coordinated Entry Process beyond business hours does not.
- 5. **Discrimination Complaint Procedure** – If a client or applicant feels they have been discriminated against in such a way as to affect either their prioritization status or their receipt and use of services, they may levy a complaint against the local planning body through the agency most directly involved with any alleged act of discrimination.

- a. Filing a complaint against EightCAP
  - i. Within 20 days of any partial or complete denial of services resulting from, but not limited to, alleged discrimination during the access, assessment, prioritization, or referral portions of the Coordinated Entry Process, the affected party will receive written notice of:
    - A. Information or criteria on which the denial was based
    - B. The option to appeal by submitting an Appeal Request Form (See Appendix A, Document E)
  - ii. Within 10 days of receipt of the written denial of services, the affected party must submit a completed Appeal Request Form to EightCAP.
  - iii. Within 10 days of receipt of the completed Appeal Request Form, an administrative review of the facts and circumstances surrounding the denial shall be conducted and completed by the President of EightCAP or their designee, or shall result in the appointment of an Appeals Committee if necessary.
    - A. Within 30 days of receipt of the Appeal Request Form, the Appeals Committee must meet and make a determination on the merit of the claim.
    - B. The Appeals Committee must provide the affected party with written notice of the time, date, and location of the meeting, as well as the affected party's right to appeal in person or through a designated representative.
    - C. The Appeals Committee must keep a written record of the meeting including assertions, relevant facts, and decision rendered.
    - D. The decision rendered by the Appeals Committee will be final on an agency level.
    - E. Within 30 days of the decision having been rendered, the affected party will be provided with written notice of the decision, and of their right thereafter to file a further appeal with the Bureau of Community Action and Economic Opportunity within the following 10 days.
- b. Filing a complaint against Have Mercy
  - i. Pursuant to any decision of non-eligibility for service the affected party may.

- A. Submit a written request for an appointment with the Executive Director of Have Mercy with specific mention of the complaint involved via email or mail.
  - By email to [info@havemercymi.org](mailto:info@havemercymi.org)
  - By mail to Have Mercy, 703 S. Greenville West Dr., Ste 7-221, Greenville, MI 48838, Attn: Executive Director
- B. A meeting to resolve the complaint will be held at the earliest available time between the affected party, the Case Manager or Program Coordinator, and the Executive Director.
- C. If the complaint cannot be resolved at the above meeting, the complaint will be referred to the Have Mercy Board Chair for further review. The Board Chair may either:
  - Call a meeting between the affected party, Case Manager/Program Coordinator, Executive Director, and/or the Board Chair for resolution of the complaint.
  - Offer further advice to the involved parties to resolve the issue without further effort.

#### **8. Effect of Rejected Referrals on Prioritization Status**

- a. A client may at any time reject a suggested referral for any reason with the understanding that this may limit their ability to be successfully housed or provided with optimal resources.
  - i. Should a client be selected for prioritization, subsequently referred to either Have Mercy or EightCAP, and choose to reject such a referral, the client will be
    - A. Referred to the non-rejected agency should the agency have available space in their caseload.
    - B. Returned to the Housing Prioritization List until such time as the non-rejected agency developed an available space in their caseload.
  - ii. Should the client reject referral to both Have Mercy and EightCAP, or to all Emergency Solutions Grant programming, they will be removed from the Housing Priority List.

# Attachment 6C<sub>2</sub>

## Other Relevant Documentation

EightCAP, Inc.

Housing Programs

Prioritization Process

**EightCAP, Inc.**  
**Housing Programs Prioritization Process**  
**All Housing Programs**

Households who are in need of housing assistance will be prioritized in a manner that allows those with the highest acuity to be served first. This will be done by using the Housing Hotline to initially screen for homeless.

EightCAP, Inc.'s Housing Programs prioritize homeless households in the following manner:

1. HUD Homeless Category
2. VISPDAT Score
3. PIT Count Sub-Populations

FURTHER DETAILS

All callers will be identified as either Category 1, 2, 3 or 4 according to HUD's Definition of Homelessness. Those who are literally homeless (Category 1) will be the focus of services through EightCAP's Housing Programs.

Once a household is identified as Category 1, a VISPDAT will be completed to determine the household's vulnerability/acuity. Those with the highest VISPDAT score will be the focus of services through EightCAP's Housing Programs.

Once the VISPDAT score of a household is established, the following Point-In-Time Count subpopulation characteristics will be identified; the characteristics are as follows (listed in no particular order):

Disabled/Handicapped  
Alcohol Abuse  
Substance Abuse  
HIV/AIDS  
Mental Illness  
SSI/SSD  
Veteran (National Guard/Reserves)  
Domestic Violence  
Veteran (Armed Forces)  
Unemployed

Upon identifying applicable PIT Count sub-populations, the household with the highest number of applicable sub-populations will be the focus of services through EightCAP's Housing Programs.

NOTE: The local planning Continuum of Care's have voted on, and approved the above Prioritization Process for Housing Programs.



# Attachment 6C<sub>3</sub>

## Other Relevant Documentation

FY18 MSHDA ESG

Pay for Performance Report

## Master Key of Measures

Measure	Target	Location
Measure 1 (M1): Total RRH that Entered from Streets/Shelter	80%	MSHDA CoC Outcome Report - Client Count Tab
Measure 2 (M2): Total Vets Exiting Homeless Services into housing (temporary or permanent)	85%	MSHDA CoC Outcome Report - Outcome Measures Tab
Measure 3 (M3): % HP Clients Exiting to Positive (Permanent) Housing	85%	MSHDA CoC Outcome Report - Outcome Measures Tab
Measure 4 (M4): % RRH Clients Exiting to Positive (Permanent) Housing	85%	MSHDA CoC Outcome Report - Outcome Measures Tab
Measure 5 (M5): % RRH HH with VI-SPDAT	85%	MSHDA CoC Outcome Report - RRH VI Summary Tab
Measure 6 (M6): % ES HH with VI-SPDAT	85%	MSHDA CoC Outcome Report - ES VI Summary Tab

\*\*\* Query Name: Query 1 \*\*\*

EDA Provider -Default Provider-  
 Provider Group: R4 Ionia/Montcalm CoC 2017  
 (MCAH) (3526); R4 Ionia/Montcalm CoC 2018 (MCAH) (4159)  
 Provider(s): (Optional)  
 Start Date: 10/1/2017 12:00:00 AM  
 End Date + 1: 6/1/2018 12:00:00 AM

Report Logic/Definitions	
Project Types Included in Report	Street Outreach (SO), Emergency Shelter (ES), Transitional Housing (TH), Rapid Rehousing (RRH) and Homeless Prevention (HP) Projects using an Entry/Exit workflow
Project Stayers/Leavers	Project Stayers = Still active in the project on the last day of the report date range. Project Leavers = Persons who received services during the reporting period but are no longer enrolled in the project as of the last day of the reporting period.
Category 1 (CAT.1) Homeless & Category 2 (CAT.2) Homeless	Category 1 Homeless = Literally Homeless entering from streets or shelter. Category 2 Homeless = Clients at Imminent Risk of Becoming Homeless includes those with a documented eviction (from own unit or family/friends) with no resources or place to go.
Total Clients	Clients with a Category 1 or 2 Housing Status
Total Households (HHs)	Count of Entry/Exit Household ID or Entry/Exit Client ID (for singles). VI-SPDAT HH counts rely heavily on Relationship to HoH' assessment question.
Total Vets	Clients with a Category 1 or 2 Housing Status and Veteran Status = "Yes"
"*" Housed	Project Leavers who are exiting to positive (Permanent) housing including HOPWA PH, Own Home, Rental by Client or Staying with Family/Friends Permanent Tenure.
<b>Outcome Measure Logic</b>	
M1): % RRH HHs that entered from Streets/Shelter	Percent of RRH households that entered from the streets, a shelter, Safe Haven or transitional housing project as measured by the "Prior Living Situation" for HoH.
M2): % CAT.1 Vets Exiting to Housing (Temp. or Permanent)	Percent of Literally Homeless Veteran Leavers exiting to Permanent Housing -OR- Temporarily Staying with Family/Friends. Permanent Housing includes HOPWA PH, Own Home, Rental by Client and Staying with Family/Friends Permanent Tenure
M3): % HP Clients Exiting to + Housing	Percent of HP leavers exiting to permanent housing including HOPWA PH, Own Home, Rental by Client or Staying with Family/Friends Permanent Tenure
M4): % RRH Clients Exiting to "*" Housing	Percent of RRH leavers exiting to permanent housing including HOPWA PH, Own Home, Rental by Client or Staying with Family/Friends Permanent Tenure
M5): % of RRH HH with VI-SPDAT	Percent of RRH Households with a completed VI-SPDAT (Version2). Filter applied to exclude active RRH clients with a project start date prior to 10/1/2016. Only includes projects using a HUD entry/exit. Entry/Exit type filter is meant to exclude RHY and SSVF providers from pull.
M6): % ES HH with VI-SPDAT	Percent of ES Households with a Project Stay >14 days that have a completed VI-SPDAT (Version2). Only includes projects using a HUD entry/exit. Filter is meant to exclude RHY and SSVF providers from pull.
<b>Quality Improvement</b>	
Service Area	Providers with missing or incorrect Area will not pull into the report correctly. Review Provider Count tab to identify providers with issues. Correct on HMIS Provider Page (Provider Profile - Location Information).
Project Type Code	Projects with missing or incorrect project type codes will not pull into the report correctly. Review Provider Count tab to identify providers with issues. Correct on HUD Standards section of Provider Page.
Relationship to Head of Household Assessment Question	Several sections of this report rely heavily on the Relationship to Head of Household assessment question. Null/inaccurate responses will impact outcome performance. Review the Client Audit tab on the MSHDA CoC Outcomes Report (with Client Detail) to find/fix missing or incorrect information.
Average LOT to Housing (Housing Move-In Date)	The Housing Move-In Date field must be completed for ALL heads of household (HoH) who move into a permanent unit while enrolled in an RRH Project. Move-In Date = First night in the unit. Do not complete this field if the client is still homeless and looking for housing. Review the Client Audit Tab of the MSHDA CoC Outcomes Report (with Client Detail) to find/fix missing or incorrect information. HoH is identified by answering 'Self' to the Relationship to Head of Household assessment question.
% of RRH and ES Literally Homeless HH with VI-SPDAT (V2)	incorrect information.
Returns to Rapid Rehousing	Review RRH Readmits Tab for list of rapid rehousing clients that returned/were readmitted to care. Case Managers should evaluate these cases.

**All Clients Served (Stayers and Leavers)**

Service Area	Total Clients Served	Total HHs Served	Total CAT.1 Homeless Served	Total CAT.1 Homeless HHs Served	Total Vets Served	Total CAT.1 Homeless Vets Served	Total HP Clients Served	Total SO Clients Served	Total ES Clients Served	Total TH Clients Served	Total RRH Clients Served	Total RRH HHs Served (HoH Count)	M1: Tot RRH HHs that entered from Streets/Shell er	Total RRH HHs that Obtained a Unit
Ionia/Montcalm	477	239	410	217	18	16	62	0	302	0	182	69	69	56
			<b>85.95%</b>		<b>3.77%</b>								<b>100.00%</b>	<b>81.16%</b>
<b>Unduplicated Total:</b>	<b>477</b>	<b>239</b>	<b>410</b>	<b>217</b>	<b>18</b>	<b>16</b>	<b>62</b>	<b>0</b>	<b>302</b>	<b>0</b>	<b>182</b>	<b>69</b>	<b>69</b>	<b>56</b>
Duplicated Sum:	477	239	410	217	18	16	62	0	302	0	182	69	69	56

### Discharged Clients (Project Leavers) Only

Service Area	Total Clients Exiting	Total Clients Exiting + Housed	Total CAT.1 Clients Exiting	Total CAT.1 Clients Exiting + Housed	Total Vets Exiting	Total CAT.1 Vets Exiting	M2: Total CAT.1 Vets Exiting to Housing (Temp. or Permanent)	Total HP Clients Exiting	M3: Total HP Clients Exiting to + Housing	Total RRR Clients Exiting	M4: Total RRR Clients Exiting to "+ Housing"
Ionia/Montcalm	416	184	366	139	16	13	11	51	44	122	104
<i>Performance Percentile</i>		<b>44.23%</b>		<b>37.98%</b>			<b>84.62%</b>		<b>86.27%</b>		<b>85.25%</b>
<b>Unduplicated Total:</b>	<b>416</b>	<b>184</b>	<b>366</b>	<b>139</b>	<b>16</b>	<b>13</b>	<b>11</b>	<b>51</b>	<b>44</b>	<b>122</b>	<b>104</b>
Duplicated Sum:	416	184	366	139	16	13	11	51	44	122	104

Service Area	Total RRH Households	Total RRH HH w/ Completed VI	M5: % of of RRH HH VI-SPDAT (SSVF and RHY Excluded)	Avg. Family VI Score	Avg. Single VI Score
Ionia/Montcalm	55	53	96.36%	16	13
	55	53	96.36%	16	13

Service Area	Total ES Households	Total ES HH w/ Completed VI	M6: % of ES HH VI-SPDAT (SSVF and RHY Excluded)	Avg. Family VI Score	Avg. Single VI Score
Ionia/Montcalm	51	47	92.16%	14	13
	51	47	92.16%	14	13

Service Area	Entry Exit Provider Id	Total RRH Households	Total RRH Households	M5: % of RRH HH VI-SPDAT (SSVF and RHY Excluded)	Avg. Family Score	Avg. Single Score
Ionia/Montcalm	EightCAP - Ionia - HARA ESG - Rapid Rehousing(9835)	15	15	100.00%	16	11
	EightCAP - Montcalm - HARA ESG - Rapid Rehousing(9838)	22	22	100.00%	12	13
	MDHHS - EightCAP - Ionia/Montcalm Coc - Family Re-Housing(10816)	7	7	100.00%	14	5
	MDHHS - EightCAP - Ionia/Montcalm Coc - Permanent Supportive Housing(11223)	6	5	83.33%	11	9
	MDHHS - EightCAP - Ionia/Montcalm Coc - Rapid Re-Housing(11171)	10	9	90.00%	16	10
	<b>Ionia/Montcalm</b>				<b>96.36%</b>	

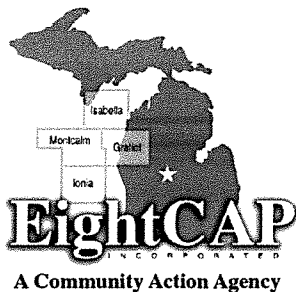


Service Area	Entry Exit Provider Id	Total ES Households	Total ES HH w/ Completed VI	M6: % of ES HH VI-SPDAT (SSVF and RHY Excluded)	Avg. Family Score	Avg. Single Score
Ionia/Montcalm	MDHHS - EightCAP - Ionia/Montcalm CoC - Ionia - Motel (DHS) ESP(9894)	1	1	100.00%		7
Ionia/Montcalm	MDHHS - Have Mercy - Ionia/Montcalm CoC - Emergency Shelter (DHS ESP)(11406)	50	46	92.00%	14	13
				<b>92.16%</b>		

# Attachment 6C<sub>4</sub>

## Other Relevant Documentation

Information regarding recapture of funding



904 Oak Drive  
Greenville, MI  
48838-8230  
P: 616-754-9315  
TTY: 711  
F: 616-754-9310  
www.eightcap.org

July 27, 2018

To Whom It May Concern:

I wanted to take the opportunity and explain the issues EightCAP, Inc. had with start-up and implementation of the FY14 Rapid Rehousing HUD Project and some background information on why the project performance in some areas is below threshold.

The Permanent Support Housing Project (aka HOUSE) was transferred to EightCAP, Inc. from RAVE back in 2014 during the FY13 project cycle (Request Transfer Letter attached). From the time this request was submitted (10/24/14) it took over a year and a quarter (22 months to be exact) to officially complete the transfer and for EightCAP, Inc. to access these funds (Communication with HUD attached). The Agency finally was able to access these funds officially in August 2016, at which time planning and staffing search began (with EightCAP understanding that the project term did not start until October 1; Agency's fiscal year). In September 2016 a Housing Resource Specialist position was posted and officially filled in October and staff training/development began.

Since EightCAP had not received HUD funds in the past for homeless services, review of 24CFR478 was of the highest importance, so the first client was not enrolled in the program until November 30, 2016, with the first rental assistance payment being made to a landlord in January 2017, which contributed significantly to the inability to spend out the project and resulted in a recapture of 33.8% of the FY14 funds. Over the FY14 (10/1/16 – 9/30/17) staff worked diligently at outreach to identify households who fell within the PSH range on the VI-F-SPDAT and obtained a utilization rate of 125%. I explain these details to you because the chain of events that occurred with the transfer, start up, recruitment, spend down, the project was in a lose-lose situation from the beginning during the FY14 Project. In the following paragraphs I have provided information on additional attachments included in this packet in hopes that an understanding can be gained while ranking/scoring the FY18 Renewal Application for the communities we serve.

*Referencing Renewal Application Question 8* - During the beginning few months of the FY14 project, the utilization was below 100%, so the FY16 COC APR has been included in this packet (Attachment 1A COC APR FY16) as documentation that the current project has maintained a utilization rate of 150% since the project began on 10/1/17.

*Referencing Renewal Application Question 9* - Since there were recaptured funds above the 7% allowed, further project reports have been attached. The FY16 eLOCCs report has been included in this packet (Attachment 2: FY16) to support a spending trend that will allow the project to be fully expended by the close of the project year (September 30, 2018); there is only 17% of funds remaining.

*Referencing Renewal Application Question 18b* - The Local Planning Body for Ionia/Montcalm County voted and supports that lease up in 90 days or less from date of entry is considered "quickly". Due to the very rural service area and the low housing stock, it is very unlikely a household is going to find a "move-in" ready unit, have a HQS inspection completed and sign a lease within 30 days, unless the household has located permanent

Daniel Petersen - President

housing prior to completing intake. Also take note, that this project only has 4 units, for each household who exceeds the 30 days to lease up it reduces this question significantly in points at a quicker rate than much larger programs with more participants.

*Referencing Renewal Application Question 20c & 20d* – Given that the FY14 enrolled its first participant partially through the project year and there has only been one “leaver” who would not provide the Agency with income documentation/information at exit, the reported percent for this question was 0% during the FY14. The FY16 COC APR has been included in this packet (Attachment 1A COC APR FY16) as documentation that the current project has leavers with new or increased earned income at a rate of 33% and other (non-employment) income at a rate of 67%.

The hope is that the Project Evaluation Committee will take a look not only at the reports from a project year where situations beyond the Agency’s control took place, but look at the current data and understand that the project is being successful in Ionia and Montcalm Counties and it would be a detriment to the communities to lose these funds and this program for circumstances neither the participants or the recipient had control of.

Thank you for your time and if you have any questions, or would like further detail, don’t hesitate to contact me.

Cordially,

A handwritten signature in black ink, appearing to read "Christa Jerome". The signature is fluid and cursive, with the first name being more prominent.

Christa Jerome  
Manager of Self-Sufficiency Programs  
EightCAP, Inc.

# REQUEST TRANSFER LETTER



Relief After Violent Encounter  
Ionia/Montcalm, Inc.

Serving Ionia & Montcalm Counties for over 25 years  
24-hour crisis line: 800-720-SAFE (7233)

Keith E. Hernández, AICP  
Director  
Office of Community Planning and Development  
U.S. Dept. of Housing and Urban Development  
Patrick V. McNamara Federal Building  
477 Michigan Ave.  
Detroit, MI 48226

*Oct. 24, 2014*

Dear Mr. Hernandez and Ms. White,

Relief After Violent Encounter-Ionia/Montcalm, Inc. (RAVE) has successfully provided many housing focused programs over the past years. Through the Supportive Housing Program (SHP) we have had the honor of being an integral role in the lives of families working toward sustainable housing. It has been a pleasure to be in this role. At this time, RAVE is moving toward a more keen focus on our vision of "creating a violence free community" while our community partner, EightCAP, has created a firm infrastructure for housing programs.

Over the past 5 years our Continuum of Care has worked to establish a community response to homelessness and housing. We have found that the services are best delivered when the Housing Assessment Resource Agency (HARA) serves as a "one stop shop". RAVE supports the work and infrastructure created by EightCAP as the HARA to address the homeless and housing issues in Ionia and Montcalm counties. We believe the SHP grant funds will be bolstered by the diverse programs at EightCAP. As a community partner of EightCAP, RAVE will continue to supply support and information during the transfer of this grant to ensure a cohesive shift.

RAVE's Board of Directors support an amendment to transfer of the HUD contract to EightCAP, effective immediately upon HUD approval.

If you have any questions, please do not hesitate to contact me at 616-527-3351 x230 or [erinr@raveim.org](mailto:erinr@raveim.org).

Sincerely,

Erin Roberts, MSW  
Executive Director  
Relief After Violent Encounter-Ionia/Montcalm, Inc.

Administrative Office  
P.O. Box 93  
Ionia, MI 48846  
Phone: 616-527-3351  
Fax: 616-527-4350



Ionia Safehouse Office  
P.O. Box 93  
Ionia, MI 48846  
Phone: 616-527-7170



Montcalm Office  
Greenville, MI 48838  
Phone: 616-225-1995  
Fax: 616-225-2118

[www.raveim.org](http://www.raveim.org)

It is our vision to end violence in our homes and in our communities. Make it your vision.

# Communication with HUD

**Christa Jerome**

---

**From:** Momon, Margaret A <Margaret.A.Dunton@hud.gov>  
**Sent:** Thursday, June 23, 2016 11:38 AM  
**To:** Christa Jerome  
**Cc:** Daniel Petersen  
**Subject:** REQUEST: Change Recipient in e-Snaps to EightCap, Inc. (MI0435L5F001400)  
**Attachments:** AAQ Inquiry - Change Recipient in e-Snaps to EightCap, Inc. (MI0435L5F001400)\_6-23-2016.docx

**Importance:** High

June 23, 2016

Good morning, Christa:

I've been working diligently on your problem for the past week and I think we've detected where the problem with your grant may be. In both e-Snaps and in LOCCS, the award is still listed under RAVE, this needs to be changed to EightCap, Inc. Please know that e-Snaps is the feeder system to LOCCS (our federal financial management system) for the official list of obligations approved by Congress and the Snaps Office. The only way to change the Recipient in LOCCS to allow drawdowns is to change the Recipient in e-Snaps from RAVE to EightCap, Inc.

So, as directed by Sherri Boyd, our Snaps Desk Officer, the project (EightCap) will need to submit an email AAQ inquiry - [aaq@onecpd.info](mailto:aaq@onecpd.info) - to the e-snaps Help Desk and they will assign the AAQ to our e-snaps contractor so they can make the (name) change in the e-Snap system.

You will need to (1) include a description of the steps we've taken thus far (see attached); (2) use my subject heading on your subject line; and (3) let AAQ know that "the Detroit Field Office and our Snaps Desk Officer is aware of this change in project applicant and recipient information and approves." You can forward/include this email communication with your inquiry as it contains both the Snaps Desk Officer and Field Office staff comments/approvals to move and resolve this issue.

I am working from home today and available only via email. Should you have any questions, please reach out to me.

Best,

Margaret

**Margaret A. Momon, MPA, Senior CPD Financial Analyst**  
Office of Community Planning & Development  
U.S. Department of Housing & Urban Development  
477 Michigan Avenue, 16<sup>th</sup> Floor, Detroit, MI 48226-2592  
T: 313.234.7331 F: 313.226.6689  
E: [margaret.a.momon@hud.gov](mailto:margaret.a.momon@hud.gov)

---

**From:** Boyd, Sherri L  
**Sent:** Tuesday, June 21, 2016 11:55 AM  
**To:** Momon, Margaret A <Margaret.A.Dunton@hud.gov>; Mallad, Darrick T <Darrick.T.Mallad@hud.gov>; Chung, Ellen <ellen.chung@hud.gov>; Hines, Kathleen J <Kathleen.J.Hines@hud.gov>; McGoy, Portia D <Portia.D.McGoy@hud.gov>  
**Cc:** Mathis, Cheryl Y <cheryl.y.mathis@hud.gov>; Hernandez, Keith E <Keith.E.Hernandez@hud.gov>

**Subject:** RE: REQUEST: HELP!! Is there a process/procedure to change name of CoC Recipient in eSNAPs (Grant #MI0435L5F001400)

Hi Margaret,

In order to change this in *e-snaps* the project will need to submit an AAQ to the *e-snaps* help desk and include the following information:

1. Include the information below
2. Include that the Detroit Field Office and SNAPS Desk Officer is aware of this change in project applicant and recipient information and approves. A note from the field office attached to the AAQ will help too.

The help desk will assign the AAQ to our *e-snaps* contractor so they can make the change in the system.

I hope this helps.

Sincerely,  
Sherri

---

**From:** Momon, Margaret A

**Sent:** Monday, June 20, 2016 2:20 PM

**To:** Mallad, Darrick T <[Darrick.T.Mallad@hud.gov](mailto:Darrick.T.Mallad@hud.gov)>; Chung, Ellen <[ellen.chung@hud.gov](mailto:ellen.chung@hud.gov)>; Hines, Kathleen J <[Kathleen.J.Hines@hud.gov](mailto:Kathleen.J.Hines@hud.gov)>; McGoy, Portia D <[Portia.D.McGoy@hud.gov](mailto:Portia.D.McGoy@hud.gov)>

**Cc:** Mathis, Cheryl Y <[cheryl.y.mathis@hud.gov](mailto:cheryl.y.mathis@hud.gov)>; Hernandez, Keith E <[Keith.E.Hernandez@hud.gov](mailto:Keith.E.Hernandez@hud.gov)>; Boyd, Sherri L <[Sherri.L.Boyd@hud.gov](mailto:Sherri.L.Boyd@hud.gov)>

**Subject:** REQUEST: HELP!! Is there a process/procedure to change name of CoC Recipient in eSNAPs (Grant #MI0435L5F001400)

**Importance:** High

June 20, 2016

Hi there:

I am writing on behalf of Cheryl (Mathis) on a problem we are experiencing in the "CoC World." LOL. We have a unusual situation and we are reaching out to you for any assistance or guidance you may provide us.

Do you know the process of changing a Recipient and TIN in eSNAPs. Cheryl and I are at our wits end trying to release these funds to the Recipient. The executed grant agreement has been submitted to Ft Worth, but they won't process it because the Recipient is showing as RAVE. I'm not sure if RAVE went out of business or what, but this is where were at. I don't think there is a eSnaps Help Desk, correct? Any thoughts, suggestions, comments/guidance you could provide would be most appreciated. Thanks!

Best,

Margaret

**Margaret A. Momon, MPA, Senior CPD Financial Analyst**  
Office of Community Planning & Development  
U.S. Department of Housing & Urban Development  
477 Michigan Avenue, 16<sup>th</sup> Floor, Detroit, MI 48226-2592  
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E: [margaret.a.momon@hud.gov](mailto:margaret.a.momon@hud.gov)