

## **Before Starting the Project Application**

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 11/04/2021

**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Staircase Youth Services. Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 38-2709547

	<b>c. Organizational DUNS:</b>	940007255	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 920 E. Tinkham Ave

**Street 2:**

**City:** Ludington

**County:** Mason

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49431

### 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:** Amanda

**Middle Name:**

**Last Name:** Cantu

**Suffix:**

**Title:** Accounting Specialist

**Organizational Affiliation:** Staircase Youth Services. Inc.

**Telephone Number:** (231) 843-3200

**Applicant:** Staircase Youth Services, Inc.

940007255

**Project:** Rapid Rehousing for Youth

183933

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**Extension:**

**Fax Number:** (231) 845-9028

**Email:** [amandac@masoncountyuw.org](mailto:amandac@masoncountyuw.org)

## 1C. SF-424 Application Details

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

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-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 for Youth

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

**16a. Applicant:** MI-004, MI-002

**16b. Project:** MI-004, MI-002, MI-001  
**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 10/01/2022

**b. End Date:** 09/30/2023

**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?** a. Yes

**If "YES", enter the date this application was made available to the State for review:** 11/11/2022

**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: Mrs.

First Name: Kerry

Middle Name: Marie

Last Name: VanHouten

Suffix: LMSW

Title: Executive Director

Telephone Number: (231) 843-3200  
(Format: 123-456-7890)

Fax Number: (231) 843-2670  
(Format: 123-456-7890)

Email: ktterr@staircaseyouthservices.org

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

Date Signed: 11/04/2021



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** Staircase Youth Services. Inc.  
**Prefix:** Mrs.  
**First Name:** Kerry  
**Middle Name:** Marie  
**Last Name:** VanHouten  
**Suffix:** LMSW  
**Title:** Executive Director  
**Organizational Affiliation:** Staircase Youth Services. Inc.  
**Telephone Number:** (231) 843-3200  
**Extension:**  
**Email:** kterryn@staircaseyouthservices.org  
**City:** Ludington  
**County:** Mason  
**State:** Michigan  
**Country:** United States  
**Zip/Postal Code:** 49431

**2. Employer ID Number (EIN):** 38-2709547

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

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

**4a. Total Amount Requested for this project: \$148,826.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)?** 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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Kerry VanHouten, Executive Director

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

**Date Signed:** 11/04/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

### 2. Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying** X

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



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

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Kerry

**Middle Name:** Marie

**Last Name:** VanHouten

**Suffix:** LMSW

**Title:** Executive Director

**Telephone Number:** (231) 843-3200  
**(Format: 123-456-7890)**

**Fax Number:** (231) 843-2670  
**(Format: 123-456-7890)**

**Email:** kterryn@staircaseyouthservices.org

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

**Date Signed:** 11/04/2021

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

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

**Applicant's Organization:** Staircase Youth Services. Inc.

**Name / Title of Authorized Official:** Kerry VanHouten, Executive Director

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

**Date Signed:** 11/04/2021

# 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:** Staircase Youth Services. Inc.

**Street 1:** 920 E. Tinkham Ave

**Street 2:**

**City:** Ludington

**County:** Mason

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49431

**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.

X

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Kerry

**Middle Name:** Marie

**Last Name:** VanHouten

**Suffix:** LMSW

**Title:** Executive Director

**Telephone Number:** (231) 843-3200  
**(Format: 123-456-7890)**

**Fax Number:** (231) 843-2670  
**(Format: 123-456-7890)**

**Email:** kterryn@staircaseyouthservices.org

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

**Date Signed:** 11/04/2021



# IK. SF-424B

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

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

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

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

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

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

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

**Authorized Representative for:** Staircase Youth Services. Inc.

**Prefix:** Mrs.

**First Name:** Kerry

**Middle Name:** Marie

**Last Name:** VanHouten

**Suffix:** LMSW

**Title:** Executive Director

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

**Date Signed:** 11/04/2021

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$41,490**

Organization	Type	Sub-Award Amount
The Youth Attention Center	M. Nonprofit with 501C3 IRS Status	\$41,490

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Youth Attention Center

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 38-2416085

	<b>* d. Organizational DUNS:</b>	010432644	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 126 Maple St. Suite F

**Street 2:**

**City:** Big Rapids

**State:** Michigan

**Zip Code:** 49307

**f. Congressional District(s):** MI-004, MI-002  
**(for multiple selections hold CTRL key)**

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

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

**i. Expected Sub-Award Amount:** \$41,490

### j. Contact Person

**Prefix:** Mrs.

**First Name:** Amy

**Middle Name:**

**Last Name:** Eddinger

**Suffix:**

**Title:** Executive Director

**E-mail Address:** amy.eddinger@bryac.org

**Confirm E-mail Address:** amy.eddinger@bryac.org

**Phone Number:** 231-592-0219

**Extension:**

**Fax Number:**

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

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

Staircase Youth Services has successfully utilized both HUD federal funding and the Family Youth Services Bureau (FYSB) funding. The agency successfully implemented a SHP-Transitional Living Program (HUD) from 2003-2016. They

also managed a collaborative Basic Center grant through FYSB with the Youth Attention Center from 2008-2015.

Staircase Youth Services has had experience completing federal applications and renewals in e-snaps(COC funding) as well as experience in electronic application and renewal through grants.gov(Basic Center funding). Both of these projects required tracking expenditures and providing reports on federal funds received. Administration of both of these projects required frequent communication with federal officers. Staircase had regular communication with our local HUD representative while providing the SHP-Transitional Living Program. The agency received a two day in-person audit in 2007 with no major findings. Staircase has also had regular communication with federal officers from the Family Youth Services Bureau. We received a two-day audit from this agency as well with no findings. The organization also initiated the Rapid Rehousing Program for Youth in October of 2019 and have worked closely with the Balance of State Coordinator and our local HUD representative to refine our programming. It is with their recommendation that we are applying as a new project to assure we are expending our funds and providing the best possible service to the targeted population.

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

The two organizations involved in this project have had extensive experience in leveraging federal, state, local, and private sector funds. This project will be using both agencies current HYR-MDHHS grants as match and leveraging funds to make this project a success. They have held these contracts for 40 years. MDHHS benefits dollars are also accessed and leveraged for this project. Each of the case managers are approved MDHHS Navigators allowing them to enter the system and assist clients in obtaining Medicaid, food stamps and cash assistance. Local Community Mental Health and District #10 Health Department funding is also leveraged to provide qualifying participants with mental health and physical health needs. Each organization has also been successful in obtaining local United Way and Community Foundation funding to supports their programming.

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

New Project Application FY2021	Page 24	11/15/2021
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**management structure.**

Staircase Youth Services and their sub-grantee, The Youth Attention Center, are structured as private, Nonprofit Corporations with 501(c)(3) status with the IRS. The administrative office of Staircase Youth Services is located in Ludington Michigan. Kerry VanHouten, the Executive Director of Staircase, is responsible for the oversight of both the budgetary and service delivery aspects of all grants. Staircase Youth Services is governed by a 6 county volunteer board. The Board of Directors receives and reviews fiscal reports for each of the contracts that Staircase administers at each of their board meetings. The Board Treasurer is a Certified Public Accountant. Staircase Youth Services employs an Accounting Specialist who is responsible for the day-to-day fiscal operations of the agency. It is this person's responsibility to follow the financial policies and procedures developed by the Board of Directors and Executive Director. The accounting system is maintained on an accrual basis, recording expenses incurred and revenues earned. Effective internal control systems and detailed Board approved policies and procedures adequately safeguard the agency assets, funds and property. The complete set of books is maintained electronically through QuickBooks accounting software which includes: general ledger, subsidiary ledger, general journal, cash flow statements, financial reporting by program, funding source and department, trial balance, income statements, and balance sheet. All expenses incurred are identified and classed by program by the staff person, and then approved by the Executive Director. After approval the Accounting Specialist enters the classed expense into the QuickBooks and issues payment. The Accounting Specialist will run monthly program expense reports for verification by the Executive Director, and quarterly program expense reports will be run to be used by the Executive Director for entry into the eLOCCS system. Staircase is audited by the independent auditing firm of Gabridge & Co. located in Traverse City Michigan. The past 21 years of audits have found Staircase to be in compliance with all fiscal and accounting regulations. Since Staircase will be the fiduciary agent for sub-contracted services, the billings from the Youth Attention Center will be submitted monthly to the Contract Administrator (Executive Director, Kerry VanHouten) who will review and approve the expenditures.

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

### 3A. Project Detail

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

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

**3. Project Name:** Rapid Rehousing for Youth

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Select the type of PH project:** RRH

**6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

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

### 3B. Project Description

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

The HUD Youth Rapid Rehousing project will be part of a Staircase Youth Services homeless response system that houses young people 18-24 years old who are experiencing homelessness throughout a nine county rural area. Staircase Youth Services and the Youth Attention Center will be providing rental assistance that will include security and utility deposits, and monthly rental assistance per participant up to a maximum of 24 months while they are enrolled into the program. The project will provide rental assistance and supports to 14 scattered site housing units across the nine counties to assure safe and stable housing for the youth and young adults in our service area. This project will be a much needed addition to our current state funded Transitional Living Program. Our Transitional Living Program currently houses homeless youth using a host home model. This model works well with youth 17-19 but is clearly not the preferred housing choice for older youth and young adults. Case managers will assist the participant in finding housing and act as an intermediary regarding landlord/tenant concerns and other community supports. The case manager will work with the youth from day one on developing a permanent housing plan for the end of rental assistance. Several months prior to transitioning out of the Rapid Rehousing program for Youth, the housing based case manager and the youth will begin developing their formal Exit Plan. Staircase Youth Services and Youth Attention Center’s Homeless Prevention case managers will provide supports in order to keep youth housed. Youth identified goals and needs related to housing will be documented and measured through the Youth SDPAT assessment, Individualized Service Plans (developed at program entry) and Self-Sufficiency Matrixes. The assessment will be completed in partnership with the youth every 60 days following moving into housing and annually after the first year. Some of the areas case management staff are able to address with youth include: increasing income, gaining access to benefits, creating linkage to the education system (college, high school, GED programs), improving physical and mental well-being, increasing community connections, creating linkages to job training, and assisting with job placement programs. The following local agencies are partnering to link youth to programs: Michigan Works!; local DHHS; local schools McKinney-Vento Liaisons; and local CMH’s.

Proposed outcomes of the project include: increased exits from the homelessness system into permanent housing, reduced returns to homelessness, increased income and employment rates, educational attainment, permanent connections made among service providers and community members, and improved physical and social/emotional well-being. These outcomes will be the focus of the goals case management staff and young people will be addressing through their work together.

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

New Project Application FY2021	Page 27	11/15/2021
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Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity	90			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

**(Select ALL that apply)**

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

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

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

Having too little or little income	
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	<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"/>

**5c. Will the project prevent program participant termination 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"/>

**5d. Will the project follow a "Housing First" approach?** Yes  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

## **3C. Project Expansion Information**

**1. Is this a “Project Expansion” of an eligible renewal project?** No

## 4A. Supportive Services for Participants

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

Case managers will work alongside of youth in locating appropriate housing, meeting with landlords and assisting when concerns arise. Case managers utilize a holistic approach to assisting youth and will incorporate the 6 C's of Positive Youth Development (National recognized best practice) along with Trauma Informed Care techniques. They will focus on building a trusting and healthy relationship with youth, and will promote the physical and emotional safety of participants. The homeless case manager's goal is to provide supports in order to keep youth housed. We will partner with Michigan Works! to provide participants access to employment services and GED/education services. Assistance with educational goals will be provided through established working relationships with area schools and McKinney Vento Liaisons. When youth become employed, progressive engagement will be implemented where youth pay a portion of their rent based on youth's goals and progress.

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

Coordination with eligible mainstream services is seen as essential. This coordination is already occurring in our host home program. All of the case managers have been trained and are Navigators for benefits through MDHHS. They are able to assist youth in applying for benefits, can make request for changes in benefits, and monitor status of applications with and for the youth. Strong collaboration with the Michigan Works employment agency are also in place with both of our agencies being housed in the same building. Mental health and physical health needs are coordinated through our local CMHs and District 10 Health Department which covers our area. A strong presence by our outreach workers has also established excellent coordination with the schools. In rural Northern Michigan many of the case managers are on a first name basis with community providers which assists in accessing and coordinating services.

### 3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

**Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Non-Partner	As needed

Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Non-Partner	As needed
Applicant	As needed
Applicant	As needed
Partner	As needed
Applicant	As needed
Non-Partner	As needed
Applicant	Bi-weekly
Partner	As needed
Partner	As needed
Applicant	Weekly
Partner	As needed
Applicant	As needed
Applicant	As needed

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

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



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

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

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



## 4B. Housing Type and Location

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

**Total Units: 14**

**Total Beds: 17**

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	14	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 program participants at the selected housing site.**

2a. **Units:** 14

2b. **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:** 920 E. Tinkham Ave

**Street 2:**

**City:** Ludington

**State:** Michigan

**ZIP Code:** 49431

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

269101 Manistee County, 269107 Mecosta County, 269127 Oceana County, 269123 Newaygo County, 269113 Missaukee County, 269085 Lake County, 269133 Osceola County, 269165 Wexford County, 269105 Mason County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	11	0	14
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
Persons over age 24	0	0	0	0
Persons ages 18-24	3	11	0	14
Accompanied Children under age 18	3	0	0	3
Unaccompanied Children under age 18	0	0	0	0
<b>Total Persons</b>	<b>6</b>	<b>11</b>	<b>0</b>	<b>17</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	1	0	1	1	0	0	0
Children under age 18	0			0	0	0	1	0	0	2
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	1	0	0	1	0	1	2	0	0	6
<b>Total Persons</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

**Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:**

The subpopulation served by this project is youth, which is not a subpopulation listed above. Our COC prioritizes homeless youth based on their vulnerability due to their age. Homeless youth are at a higher risk of being victimized, especially LGBTQ+ youth who tend to be over-represented in homeless populations.

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

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

4. Select a grant term: 1 Year

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

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

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

## 6E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>			\$106,896
<b>Total Units:</b>			14
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Lake County, MI (2608599999)	1	\$8,808
TRA	MI - Manistee County, MI (2610199999)	2	\$14,400
TRA	MI - Mason County, MI (2610599999)	3	\$24,276
TRA	MI - Mecosta County, MI (2610799999)	2	\$14,808
TRA	MI - Missaukee County, MI (2611399999)	1	\$7,560
TRA	MI - Newaygo County, MI (2612399999)	1	\$7,284
TRA	MI - Oceana County, MI (2612799999)	1	\$6,684
TRA	MI - Osceola County, MI (2613399999)	1	\$6,828
TRA	MI - Wexford County, MI (2616599999)	2	\$16,248

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** MI - Lake County, MI (2608599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$377	x	12	=	\$0
0 Bedroom		x	\$503	x	12	=	\$0
1 Bedroom		x	\$557	x	12	=	\$0



2 Bedrooms	1	x	\$734	x	12	=	\$8,808
3 Bedrooms		x	\$913	x	12	=	\$0
4 Bedrooms		x	\$995	x	12	=	\$0
5 Bedrooms		x	\$1,144	x	12	=	\$0
6 Bedrooms		x	\$1,294	x	12	=	\$0
7 Bedrooms		x	\$1,443	x	12	=	\$0
8 Bedrooms		x	\$1,592	x	12	=	\$0
9 Bedrooms		x	\$1,741	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$8,808
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$8,808

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

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# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

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12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual

assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** MI - Manistee County, MI (2610199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$407	x	12	=	\$0
0 Bedroom		x	\$542	x	12	=	\$0
1 Bedroom	2	x	\$600	x	12	=	\$14,400
2 Bedrooms		x	\$791	x	12	=	\$0
3 Bedrooms		x	\$1,029	x	12	=	\$0
4 Bedrooms		x	\$1,073	x	12	=	\$0
5 Bedrooms		x	\$1,234	x	12	=	\$0
6 Bedrooms		x	\$1,395	x	12	=	\$0
7 Bedrooms		x	\$1,556	x	12	=	\$0
8 Bedrooms		x	\$1,717	x	12	=	\$0
9 Bedrooms		x	\$1,878	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	2						\$14,400
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$14,400

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The

selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan MI - Mason County, MI (2610599999)  
 fair market rent area:**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$437	x	12	=	\$0
0 Bedroom		x	\$583	x	12	=	\$0
1 Bedroom	2	x	\$610	x	12	=	\$14,640
2 Bedrooms	1	x	\$803	x	12	=	\$9,636
3 Bedrooms		x	\$1,005	x	12	=	\$0
4 Bedrooms		x	\$1,089	x	12	=	\$0
5 Bedrooms		x	\$1,252	x	12	=	\$0
6 Bedrooms		x	\$1,416	x	12	=	\$0
7 Bedrooms		x	\$1,579	x	12	=	\$0
8 Bedrooms		x	\$1,742	x	12	=	\$0
9 Bedrooms		x	\$1,906	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	3						\$24,276
<b>Grant Term</b>							1 Year

Total Request for Grant Term
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\$24,276
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Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** MI - Mecosta County, MI (2610799999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO		x \$460	x 12	= \$0
0 Bedroom		x \$613	x 12	= \$0
1 Bedroom	2	x \$617	x 12	= \$14,808
2 Bedrooms		x \$734	x 12	= \$0
3 Bedrooms		x \$932	x 12	= \$0
4 Bedrooms		x \$1,001	x 12	= \$0
5 Bedrooms		x \$1,151	x 12	= \$0
6 Bedrooms		x \$1,301	x 12	= \$0
7 Bedrooms		x \$1,451	x 12	= \$0
8 Bedrooms		x \$1,602	x 12	= \$0
9 Bedrooms		x \$1,752	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	2			\$14,808
<b>Grant Term</b>				1 Year
<b>Total Request for Grant Term</b>				\$14,808

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** MI - Missaukee County, MI (2611399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$427	x 12	= \$0
0 Bedroom	x	\$569	x 12	= \$0
1 Bedroom	1 x	\$630	x 12	= \$7,560
2 Bedrooms	x	\$830	x 12	= \$0
3 Bedrooms	x	\$1,032	x 12	= \$0
4 Bedrooms	x	\$1,126	x 12	= \$0
5 Bedrooms	x	\$1,295	x 12	= \$0
6 Bedrooms	x	\$1,464	x 12	= \$0
7 Bedrooms	x	\$1,633	x 12	= \$0
8 Bedrooms	x	\$1,802	x 12	= \$0
9 Bedrooms	x	\$1,971	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	1			\$7,560
<b>Grant Term</b>				1 Year
<b>Total Request for Grant Term</b>				\$7,560

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

**Instructions:**

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** MI - Newaygo County, MI (2612399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$396	x 12	= \$0
0 Bedroom	x	\$528	x 12	= \$0
1 Bedroom	1 x	\$607	x 12	= \$7,284
2 Bedrooms	x	\$800	x 12	= \$0
3 Bedrooms	x	\$1,016	x 12	= \$0
4 Bedrooms	x	\$1,085	x 12	= \$0
5 Bedrooms	x	\$1,248	x 12	= \$0

<b>6 Bedrooms</b>		x	\$1,411	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,573	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$1,736	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$1,899	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$7,284
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$7,284

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

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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



**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: MI - Oceana County, MI (2612799999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$377	x	12	=	\$0
0 Bedroom		x	\$503	x	12	=	\$0
1 Bedroom	1	x	\$557	x	12	=	\$6,684
2 Bedrooms		x	\$734	x	12	=	\$0
3 Bedrooms		x	\$1,004	x	12	=	\$0
4 Bedrooms		x	\$1,008	x	12	=	\$0
5 Bedrooms		x	\$1,159	x	12	=	\$0
6 Bedrooms		x	\$1,310	x	12	=	\$0
7 Bedrooms		x	\$1,462	x	12	=	\$0
8 Bedrooms		x	\$1,613	x	12	=	\$0
9 Bedrooms		x	\$1,764	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$6,684
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$6,684

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: MI - Osceola County, MI (2613399999)**

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$377	x 12	= \$0
0 Bedroom	x	\$503	x 12	= \$0
1 Bedroom	1 x	\$569	x 12	= \$6,828
2 Bedrooms	x	\$734	x 12	= \$0
3 Bedrooms	x	\$913	x 12	= \$0
4 Bedrooms	x	\$999	x 12	= \$0
5 Bedrooms	x	\$1,149	x 12	= \$0
6 Bedrooms	x	\$1,299	x 12	= \$0
7 Bedrooms	x	\$1,449	x 12	= \$0
8 Bedrooms	x	\$1,598	x 12	= \$0
9 Bedrooms	x	\$1,748	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	1			\$6,828
<b>Grant Term</b>				1 Year
<b>Total Request for Grant Term</b>				\$6,828

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

## Rental Assistance Budget Detail

**Instructions:**

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** MI - Wexford County, MI (2616599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$396	x	12	=	\$0

<b>0 Bedroom</b>		x	\$528	x	12	=	\$0
<b>1 Bedroom</b>	1	x	\$584	x	12	=	\$7,008
<b>2 Bedrooms</b>	1	x	\$770	x	12	=	\$9,240
<b>3 Bedrooms</b>		x	\$962	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$1,078	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,240	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,401	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,563	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$1,725	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$1,887	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	2						\$16,248
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$16,248

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

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>	Staff time spent on coordinated entry and assuring appropriate level of care. .05FTE	\$2,530
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	Cost of providing case management services to 14 housed youth 0.37 FTE	\$16,328
<b>4. Child Care</b>		
<b>5. Education Services</b>	Staff time assessing, developing and supporting educational plan for 14 youth 0.01FTE	\$820
<b>6. Employment Assistance</b>	Staff time assessing, developing and supporting employment with referrals to community resources 0.03 FTE	\$1,093
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>	Staff time to locate, obtain and sustain suitable housing for 14 clients 0.09 FTE	\$4,100
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	Staff costs for providing life skill instruction to 14 youth 0.06 FTE	\$2,459
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Staff cost to provide case management to 14 youth 3,738 mi. x .535 per mile	\$2,000
<b>16. Utility Deposits</b>	\$60 for 10 youth -utility deposits	\$600
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$29,930
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$29,930

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

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$37,207
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$37,207

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Michigan Departme...	\$37,207

## Sources of Match Detail

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

**2. Source:** Government

**3. Name of Source:** Michigan Department of Health and Human Services-Homeless and Runaway Contract  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$37,207

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$106,896	1 Year	\$106,896
4. Supportive Services	\$29,930	1 Year	\$29,930
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$136,826
8. Admin (Up to 10%)			\$12,000
9. Total Assistance Plus Admin Requested			\$148,826
10. Cash Match			\$37,207
11. In-Kind Match			\$0
12. Total Match			\$37,207
13. Total Budget			\$186,033

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



## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **7D. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Kerry VanHouten

**Date:** 11/04/2021

**Title:** Executive Director

**Applicant Organization:** Staircase Youth Services. 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**

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

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

## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2021	Page 62 11/15/2021

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/20/2021
<b>1E. SF-424 Compliance</b>	09/20/2021
<b>1F. SF-424 Declaration</b>	09/09/2021
<b>1G. HUD 2880</b>	09/10/2021
<b>1H. HUD 50070</b>	09/10/2021
<b>1I. Cert. Lobbying</b>	09/10/2021
<b>1J. SF-LLL</b>	09/10/2021
<b>IK. SF-424B</b>	09/10/2021
<b>1L. SF-424D</b>	09/10/2021
<b>2A. Subrecipients</b>	09/17/2021
<b>2B. Experience</b>	09/20/2021
<b>3A. Project Detail</b>	09/15/2021
<b>3B. Description</b>	09/17/2021
<b>3C. Expansion</b>	09/15/2021
<b>4A. Services</b>	11/04/2021
<b>4B. Housing Type</b>	09/17/2021
<b>5A. Households</b>	09/17/2021
<b>5B. Subpopulations</b>	11/04/2021
<b>6A. Funding Request</b>	09/15/2021
<b>6E. Rental Assistance</b>	09/17/2021
<b>6F. Supp Srvcs Budget</b>	11/04/2021
<b>6I. Match</b>	09/17/2021
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	09/17/2021