

## **Before Starting the Project Listings for the CoC Priority Listing**

Collaborative Applicants must rank or reject all Project Applications –new projects created through reallocation, renewal projects, CoC planning projects, and UFA Costs projects - submitted through e-snaps from project applicants prior to submitting the CoC Project Listings.

Permanent Supportive Housing (PSH) Bonus projects must also be ranked on the New Project Listing using 999. Collaborative Applicants can only submit 1 PSH Bonus project.

Additional training resources are available online on the CoC Training page of the OneCPD Resource Exchange at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

### Things to Remember

- There are four separate forms in e-snaps that make up the Priority Listings, which lists the new projects created through reallocation, renewal, CoC planning, and UFA Costs project applications that the Collaborative Applicant intends to submit on behalf of the CoC. The Priority Listing ranks the projects in order of priority and identifies any project applications rejected by the CoC. All renewal and new projects created through reallocation, CoC planning, and UFA Costs project applications must be accepted and ranked or rejected by the Collaborative Applicant. Ranking numbers must be unique for each project application submitted.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY2014 CoC Ranking Tool located on the OneCPD Resource Exchange to ensure a ranking number is used only once. The FY 2014 CoC Ranking Tool will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must select the reason for rejection.
- Collaborative Applicants are required to notify all project applicants no later than 10 days before the application deadline regarding whether their project applications would be included as part of the CoC Consolidated Application submission.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must be sure to rank the amended project once it is returned to the Project Listing and verify that the rank number assigned has not been assigned to another project on a different Project Listing.
- Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.
- Only 1 UFA cost project can be ranked on the UFA Cost Project Listing.
  
- Only 1 PSH Bonus project can be ranked, using 999, on the New Project Listing.

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the One CPD Resource Exchange Ask A Question at <https://www.hudexchange.info/ask-a-question/>.

**Collaborative Applicant Name:** YWCA of Quincy

## 2. Reallocation

### Instructions:

FY 2014 CoC Priority Listing Detailed Instructions URL: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources> .

**2-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?** No

**2-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?** No

**2-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.  
(limit 1000 characters)**

NA

**2-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?** Not Applicable

### 3. Reallocation - Grant(s) Eliminated

**CoCs planning to reallocate into new permanent supportive housing projects for the chronically homeless or rapid re-housing for households with children may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects on this form.**

Amount Available for New Project: (Sum of All Eliminated Projects)				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
This list contains no items				

## 4. Reallocation - Grant(s) Reduced

**CoCs planning to reallocate into new permanent supportive housing projects for the chronically homeless or rapid re-housing for households with children may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing projects must identify those projects on this form.**

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

## 5. Reallocation - New Project(s)

**CoCs must identify the new project(s) it plans to create and provide the requested information for each project.**

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
This list contains no items				

## 6. Reallocation: Balance Summary

**6-1 Below is the summary of the information entered on the reallocated forms. The last field "Remaining Reallocation Balance" should equal '0'. If there is a positive balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects.**

### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$0
Amount requested for new project(s):	
Remaining Reallocation Balance:	\$0

## Continuum of Care (CoC) New Project Listing

### Instructions:

Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" which are available at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> .

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						



## Continuum of Care (CoC) Renewal Project Listing

**Instructions:**

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" which are available at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>.

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Permanent Support...	2014-10-25 14:46:...	1 Year	YWCA of Quincy	\$141,002	W1	PH
Permanent Support...	2014-10-25 14:49:...	1 Year	YWCA of Quincy	\$26,713	W4	PH
Permanent Support...	2014-10-25 14:42:...	1 Year	YWCA of Quincy	\$28,382	W3	PH
Permanent Support...	2014-10-25 14:47:...	1 Year	YWCA of Quincy	\$337,024	W2	PH
MCS Permanent Sup...	2014-10-27 16:18:...	1 Year	County of Morgan ...	\$20,486	W6	PH
MCS-2 Permanent S...	2014-10-27 16:20:...	1 Year	County of Morgan ...	\$71,018	W5	PH

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" which are available at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> .

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
IL-519 CoC Planni...	2014-10-28 14:12:...	--	YWCA of Quincy	\$7,967	1 Year	C7	CoC Planning Proj...

## Funding Summary

### Instructions

For additional information, carefully review the "CoC Priority Listing Instructions" and the "CoC Priority Listing" training guide, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, 1 UFA Cost project and only 1 CoC Planning project can be submitted and only the Collaborative Applicant is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$624,625
New Amount	
Reallocated Amount	
CoC Planning Amount	\$7,967
UFA Costs	
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$632,592</b>

**Maximum CoC project planning amount: \$7,967**

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	IL-519 Cert of Co...	10/27/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	IL-519 GIW 8 20 2014	10/22/2014
FY2014 Chronic Homeless Project Prioritization List	Yes	IL-519 Chronic Ho...	10/27/2014
FY2014 Rank (from Project Listing)	No		
Other	No		

## **Attachment Details**

**Document Description:** IL-519 Cert of Consistency Consolidated Plan

## **Attachment Details**

**Document Description:** IL-519 GIW 8 20 2014

## **Attachment Details**

**Document Description:** IL-519 Chronic Homeless Project Prioritization List

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	10/22/2014
<b>2. Reallocation</b>	10/22/2014
<b>3. Grant(s) Eliminated</b>	No Input Required
<b>4. Grant(s) Reduced</b>	No Input Required
<b>5. New Project(s)</b>	No Input Required
<b>6. Balance Summary</b>	No Input Required
<b>7A. CoC New Project Listing</b>	No Input Required
<b>7B. CoC Renewal Project Listing</b>	10/28/2014
<b>7D. CoC Planning Project Listing</b>	10/28/2014
<b>Attachments</b>	10/27/2014
<b>Submission Summary</b>	No Input Required

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: West Central Illinois Continuum of Care

Project Name: See attached list.

Location of the Project: Scattered sites in: Adams, Brown, Cass, Hancock, Henderson,  
McDonough, Morgan, Pike, Schuyler, Scott, and Warren Counties

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of  
Certifying Jurisdiction: State of Illinois

Certifying Official  
of the Jurisdiction  
Name: Mary R. Kenney

Title: Executive Director, Illinois Housing Development Authority

Signature: 

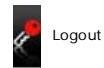
Date: 10-27-14

West Central Illinois Continuum of Care Project Application List for Certification of Consistency with the  
Consolidated Plan for the State of Illinois

Project Application					
Project Name	Location	Geography Served (ie city, county(ies))	HUD CoC Program Component (PH, TH, SSO, SH, HMIS, CoC Planning)	New/ Renewal	
MCS Permanent Supportive Housing Program	Jacksonville	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	PH	Renewal	
MCS-2 Permanent Supportive Housing Program	Jacksonville	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	PH	Renewal	
Permanent Supportive Housing A	Quincy	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	PH	Renewal	
Permanent Supportive Housing B	Quincy	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	PH	Renewal	
Permanent Supportive Housing C	Quincy	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	PH	Renewal	
Permanent Supportive Housing D	Quincy	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	PH	Renewal	
IL-519 CoC Planning Application 2014	Quincy	Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott and Warren Counties	Coc Planning	New	







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**Applicant Name:**  
West Central Illinois CoC  
**Applicant Number:**  
IL-519  
**Project Name:**  
IL-519 CoC Registration  
FY2014  
**Project Number:**  
COC\_REG\_2014\_105249

CoC Registration and  
Application FY2014

FY2014 Project Priority  
Listing Detailed  
Instructions

Project Priority List  
FY2014

Before Starting  
1A. Identification  
2. Reallocation  
3. Grant(s) Eliminated  
4. Grant(s) Reduced  
5. New Project(s)  
6. Balance Summary  
7A. CoC New Project  
Listing  
7B. CoC Renewal Project  
Listing  
7D. CoC Planning Project  
Listing  
Funding Summary  
Attachments  
**Submission Summary**

### Submission Summary

Page	Last Updated
Before Starting	No Input Required
1A. Identification	10/22/2014
2. Reallocation	10/22/2014
3. Grant(s) Eliminated	No Input Required
4. Grant(s) Reduced	No Input Required
5. New Project(s)	No Input Required
6. Balance Summary	No Input Required
7A. CoC New Project Listing	No Input Required
7B. CoC Renewal Project Listing	10/28/2014
7D. CoC Planning Project Listing	10/28/2014
Attachments	10/27/2014
Submission Summary	No Input Required

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Next

Export to PDF

Get PDF Viewer

Submit

This e.Form has been submitted

View Applicant Profile

Export to PDF  
Get PDF Viewer

Back to Submissions List

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2014 CoC Program grant competition.
- 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 the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2014 Funding Notice, the FY 2013 – FY 2014 CoC Program NOFA, and the FY 2013 General Section NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in both the FY 2014 Funding Notice and the FY 2013 – FY 2014 CoC Program NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

### 1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. Legal Applicant

**Instructions:**

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**8. Applicant**

**a. Legal Name:** YWCA of Quincy of Ill

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 37-0673569

	<b>c. Organizational DUNS:</b>	013777318	PL US 4	
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**d. Address**

**Street 1:** 639 York St.

**Street 2:** Ste. 202

**City:** Quincy

**County:** Adams

**State:** Illinois

**Country:** United States

**Zip / Postal Code:** 62301

**e. Organizational Unit (optional)**

**Department Name:**

**Division Name:**

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

**Prefix:** Mrs.  
**First Name:** Mary  
**Middle Name:**  
**Last Name:** Muehlenfeld  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** YWCA of Quincy of Ill  
**Telephone Number:** (217) 221-9922  
**Extension:** 192  
**Fax Number:** (217) 221-9926  
**Email:** marymuehlenfeld@ywcaquincy.org

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, exit this application, click on the "Applicants" list on the left menu, click on , place the Project Applicant Profile in "edit" mode by clicking on the "Edit" button on the 6. Submission Summary formlet, and correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode by clicking on the "Complete" button on the 6. Submission Summary formlet. Click "Back to Applicants List" on the left menu, then re-open the project application. The updated information in the Applicant Profile will appear in the project application.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

**If "Other" please specify:**

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5800-N-30

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

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

**Proposed Project Start and End Dates:** In this required field, , indicate the estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

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

**14. Area(s) affected by the project (state(s) only):** Illinois  
(for multiple selections hold CTRL+Key)

**15. Descriptive Title of Applicant's Project:** IL-519 CoC Planning Application 2014

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

a. **Applicant:** IL-017

b. **Project:** IL-017, IL-018

(for multiple selections hold CTRL+Key)

**17. Proposed Project**

a. **Start Date:** 06/01/2014

b. **End Date:** 05/31/2015



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

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

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

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

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

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

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

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

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

If "YES," provide an explanation:

## 1F. Declaration

### Instructions:

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

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

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

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

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

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Mrs.  
**First Name:** Mary  
**Middle Name:** Justine  
**Last Name:** Muehlenfeld  
**Suffix:**  
**Title:** Executive Director  
**Telephone Number:** (217) 221-9922  
**(Format: 123-456-7890)**  
**Fax Number:** (217) 221-9926  
**(Format: 123-456-7890)**

**Email:** marymuehlenfeld@ywcaquincy.org

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

**Date Signed:** 10/28/2014

## 2A. Project Detail

### Instructions:

**CoC Number and Name:** Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

**CoC Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC Planning grant. In most cases, there will only be one name from which to choose. Make sure to select the correct applicant name.

**Project Name:** This is pre-populated from the "Project" form and cannot be edited.

**Component Type:** This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

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

**1a. CoC Number and Name:** IL-519 - West Central Illinois CoC

**1b. Collaborative Applicant Name:** YWCA of Quincy

**2. Project Name:** IL-519 CoC Planning Application 2014

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

### Instructions:

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

4. How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

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

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

Continuum of Care IL-519 will use this funding to comply with provisions in 24 CFR 578.7. We will concentrate funding on two high priority activities- Evaluation/Monitoring and Coordinated Assessment.

**Evaluation/Monitoring:** In Section 7 of 24 CFR 578.7 it states that CoC's should: Evaluate outcomes of projects funded under the Emergency Solutions Grant and the CoC programs, and report to HUD. This funding will allow us to enhance our current evaluation plan and provide us time to create new funding streams for this activity. Our CoC currently utilizes the services of Illinois Institute for Rural Affairs as an objective, third-party, Support Entity to assist our CoC's Research and Evaluation committee to develop a meaningful evaluation process. Due to our CoC's geographic jurisdiction it will continue to be a time-consuming effort. Our CoC covers 11 rural counties in West Central Illinois.

**Coordinated Assessment:** In Section 8 of 24 CFR 578.7 it states that a CoC will: In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoC IL-519 will use these funds to complete the coordinated assessment implementation. Due to our CoC's 11-county rural composition, our CoC decided that a Regional Lead approach based on population centers with the greatest service providers would be the most beneficial to persons experiencing homelessness. Three regions have been identified and the largest population region will begin stage 1 of our Coordinated Assessment implementation in January 2015. However, more time and resources will be needed to implement Coordinated Assessment in the remaining two Regional Leads. Our CoC utilizes the Illinois Institute for Rural Affairs to provide HMIS technical assistance in regard to our Coordinated Assessment.

With the Planning Grant from the 2012 competition our CoC has been able to: Hold meetings of the full COC membership; invite new members to the CoC; adopt and follow a written process to select a board to act on behalf of the Coc; recruit and train board members that represent the entire CoC; and identify an appropriate Coordinated Assessment process and obtain the necessary training to have our Coordinated Assessment become part of our current HMIS. With the funding from this application our CoC will be able to continue these efforts, implement Coordinated Assessment in the entire CoC, establish and follow written standards for providing CoC assistance, and develop an evaluation process.

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

The IL-519 CoC assigned work groups in partnership with the Illinois Institute for Rural Affairs and under the governance of our CoC Council will oversee this project. Activities tied to Evaluation/Monitoring and Coordinated Assessment will be reviewed for progress on a monthly basis. The above-mentioned activities will start immediately upon the receipt of funding. The CoC will develop a timeline for implementation of Evaluation/Monitoring and Coordinated Assessment that reflects full implementation by December 2015. The evidence of progress related to these activities should be clear within one month of funding availability and sustained throughout the funding year.

**3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Our CoC will have additional time and resources needed to implement all stages of our above plan. Since we have to break the CoC down into Regions to implement Coordinated Assessment, it will need to be developed three times and go through three evaluation processes. Then our entire CoC can be evaluated as a whole. Our first planning grant allowed us to participate in the training necessary to choose the appropriate process for coordinated assessment and to implement it in one of the three regions. Each region will need to be evaluated on how it is making progress on diverting its homeless population, reducing the length of stay in homeless shelters, prioritizing chronic homeless for placement in permanent supportive housing (PSH), and placing individuals and families in PSH.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

Our CoC already contracts with the Illinois Institute for Rural Affairs to work with our CoC governing body's Research and Evaluation Committee. However, this process has turned out to be a time consuming effort to implement. Once implemented it will require little time to continue but start up costs are an activity that our current funding model cannot support without assistance from HUD. Now that our CoC has determined the direction it is heading, this funding gives us the time to ask each ESG and CoC funding recipient to budget for their portion of the cost to maintain the Evaluation/Monitoring process and the Coordinated Assessment process.



### 3A. Sources of Match/Leverage

**Instructions:**

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

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

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

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

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

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

The values entered on each detailed Match/Leverage screen will populate the Screen "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

#### Summary for Match

Total Value of Cash Commitments:	\$1,992
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$1,992

#### Summary for Leverage

Total Value of Cash Commitments:	\$62
Total Value of In-Kind Commitments:	\$23,385
Total Value of All Commitments:	\$23,447

Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	YWCA	10/14/2014	\$1,445
Leverage	In-Kind	Private	United way of Ada...	10/22/2014	\$1,800
Leverage	In-Kind	Private	Samaritan Well Sh...	10/22/2014	\$1,800
Leverage	In-Kind	Government	Western Illinois ...	10/22/2014	\$2,500
Leverage	In-Kind	Private	YWCA of Quincy	10/22/2014	\$3,600
Leverage	In-Kind	Private	Quanada Domestic ...	10/22/2014	\$1,800
Leverage	In-Kind	Government	Regional Office o...	10/22/2014	\$1,800
Leverage	In-Kind	Government	Housing Authority...	10/22/2014	\$2,885
Leverage	In-Kind	Government	MCS Community Ser...	10/22/2014	\$1,800
Leverage	In-Kind	Government	Two Rivers Region...	10/22/2014	\$1,800
Leverage	In-Kind	Private	Crisis Center Fou...	10/22/2014	\$1,800
Leverage	Cash	Government	Two Rivers Region...	10/22/2014	\$62
Match	Cash	Government	MCS Services	10/22/2014	\$310
Match	Cash	Private	Samaritan Well Sh...	10/22/2014	\$57
Match	Cash	Private	Crisis Center Fou...	10/22/2014	\$61
Match	Cash	Private	Quanada Domestic ...	10/22/2014	\$57
Match	Cash	Government	Two Rivers Region...	10/22/2014	\$62
Leverage	In-Kind	Private	Salvation Army	10/22/2014	\$1,800

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** YWCA
- 5. Date of Written Commitment:** 10/14/2014
- 6. Value of Written Commitment:** \$1,445

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** United way of Adams County
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind

- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Samaritan Well Shelter
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

### Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Western Illinois University Illinois Institute for Rural Affairs
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$2,500

### Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** YWCA of Quincy
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$3,600

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Quanada Domestic Abuse Shelter
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Regional Office of Education
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind

- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Housing Authority of McDonough County
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$2,885

### Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** MCS Community Services
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

### Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Two Rivers Regional Council
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Crisis Center Foundation
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$1,800

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Two Rivers Regional Council
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$62

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash

- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** MCS Services
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$310

### Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Samaritan Well Shelter
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$57

### Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Crisis Center Foundation
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$61



## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Quanada Domestic Abuse Shelter
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$57

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Two Rivers Regional Council
- 5. Date of Written Commitment:** 10/22/2014
- 6. Value of Written Commitment:** \$62

## Sources of Match Details

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind

**3. Type of source:** Private

**4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Salvation Army

**5. Date of Written Commitment:** 10/22/2014

**6. Value of Written Commitment:** \$1,800

## 3B. Funding Request

### Instructions:

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

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a "Quantity AND Description" and amount of assistance for each activity for which funds are being requested. "Quantity AND Description" details should be thorough, and failure to enter adequate "Quantity AND Description" may result in conditions being placed on an award and a delay of grant funding. Once a "Quantity AND Description" and an amount have been entered into one or more of the items, click "Save" and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "3A. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "3A. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "3A. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

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

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

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	66 hours x \$40/hr=\$2,640 for consulting time	\$2,640
<b>2. Project Evaluation</b>	66 hours x \$40/hr=\$2,640 for consulting time	\$2,640
<b>3. Project Monitoring Activities</b>	67.18 x \$40/hr=\$2,687 for consulting time	\$2,687
<b>4. Participation in the Consolidated Plan</b>		
<b>5. CoC Application Activities</b>		
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>		
<b>8. HUD Compliance Activities</b>		
<b>Total Costs Requested</b>		\$7,967
<b>Cash Match</b>		\$1,992
<b>In-Kind Match</b>		\$0
<b>Total Match</b>		\$1,992
<b>Total Budget</b>		\$9,959

**Click the 'Save' button to automatically calculate the Total Assistance**

## 4A. Attachment(s)

**Instructions:**

Other Attachment(s): Attach any additional information supporting the project funding request.  
Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 4B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**20-Year Operation Rule.**

For 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.

**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. For Rental Assistance Only.**

**Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

**D. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

**Name of Authorized Certifying Official:** Mary Muehlenfeld

**Date:** 10/28/2014

**Title:** Executive Director

**Applicant Organization:** YWCA of Quincy of Ill

**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).**

X



## 5A. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	10/16/2014
<b>1E. Compliance</b>	10/13/2014
<b>1F. Declaration</b>	10/13/2014
<b>2A. Project Detail</b>	10/13/2014
<b>2B. Description</b>	10/14/2014
<b>3A. Match/Leverage</b>	10/27/2014
<b>3B. Funding Request</b>	10/27/2014
<b>4A. Attachment(s)</b>	No Input Required
<b>4B. Certification</b>	10/14/2014