
Before Starting the Project Application

HUD strongly encourages ALL project applicants to review the following information BEFORE beginning the application.

Things to Remember:

- Download and review the detailed instructions along with other resources available online at www.hudhre.info/esnaps to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at www.hudhre.info/helpdesk.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR) in order to apply for funding under the Continuum of Care (CoC) competition. For more information see the FY2012 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2012 CoC NOFA and the FY2012 General Section NOFA should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the applicant profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC program and application requirements set forth in the FY2012 NOFA.

1A. Application Type

Instructions:

1. Type of Submission: This field is populated and cannot be changed.
2. Type of Application: This field is populated with the type of project application opened and cannot be changed.
3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier: Leave this field blank.
- 5a. Federal Entity Identifier: Leave this field blank.
- 5b. Federal Award Identifier: (required) Leave this field blank for all new funding applications.
6. Date Received by State: Leave this field blank.
7. State Application Identifier: Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 01/15/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at <http://esnaps.hudhre.info>.

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS : This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at <http://www.dnb.com>.

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant: This field is populated from the Applicant Profile and from the alternate point of contact for the applicant organization information. This person may or may not be the authorized representative.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

8. Applicant

a. Legal Name: YWCA of Quincy of Ill

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

	c. Organizational DUNS:	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:

9. Type of Applicant: (required) This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency: This field is populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

12. Funding Opportunity Number/Title: This field is populated with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title: Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

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-5600-N-41

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

14. Areas Affected By Project: (required) Select the State(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. Return to the Project form to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (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.

17. Proposed Project Start and End Dates: (required) (required) Indicate the operating start and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

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

15. Descriptive Title of Applicant's Project: CoC Planning

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: 04/17/2013

b. End Date: 04/16/2014

18. Estimated Funding (\$)

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

1E. Compliance

Instructions:

19. Is Application Subject to Review by State Executive Order 12372 Process? (required) 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

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt? (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

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:

I Agree: (required) Select the checkbox next to 'I Agree' to (1) certify to the statements contained in the list of certifications**, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances** are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

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

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

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: 01/15/2013

2A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012. The selections made on this form will determine the remaining forms that must be completed with this application.

1a. CoC Number and Name: Select the appropriate Continuum of Care (CoC) number and name. The CoC Name is defined by geography and is independent of the legal name of the authorized CoC lead agency.

1b. CoC Applicant Name: Select the appropriate authorized CoC lead agency. The CoC applicant name corresponds with the CoC lead agency with which the project applicant is choosing to submit their application. This agency will receive the application and determine whether to include it with the CoC application submission to HUD. In the extremely rare instance that two different lead agencies are applying under the same CoC number, the project applicant must select the appropriate CoC applicant name from the available options. It is incumbent upon the project applicant to correctly identify the appropriate CoC applicant name, Project applicants who are unsure of which CoC applicant name to select should contact their preferred CoC lead agency.

2. Project Name: This field is populated with the FY2012 project name from the Project form used to create the project in e-snaps. Return to the Project form to make changes to the name.

3. Component Type: (required) Field is populated with "Planning" and cannot be edited.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

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

1b. CoC Applicant Name: YWCA of Quincy

2. Project Name: CoC Planning

3. Component Type: CoC Planning Project Application

2B. Project Description

Instructions:

Complete all fields on this form, as appropriate.

1. Provide a description that addresses the entire scope of the proposed project: (required) A project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility or non-HMIS service, document, when applicable, how the requested funds will supplement existing services and resources or increase participants served. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detailed instructions available on the left menu, as well as applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: (required) This narrative must demonstrate how full capacity will be achieved over the term requested in this application.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of the CoC and ESG projects?: (required) This narrative should include the CoC'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?: (required) Provide a brief description of how the planning activities paid for by the grant funds would continue beyond the grant term listed in this application.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

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

The purpose of this project is to begin the process to bring our CoC into compliance with the Interim Rule of the Hearth Act and lay the foundation to bring our CoC into complete compliance in the future years. This project will enable our existing CoC to develop a monitoring plan to evaluate all ESG and CoC funded projects. It will enable our Collaborative Applicant to participate in the Consolidated Plan activities in our state and it will enable our CoC to begin development of a CoC System consistent with the HEARTH Act.

The CoC will seek assistance from the local university to assist in developing formal policies and review procedures to evaluate the effectiveness of ESG-and CoC-funded projects in regard to our CoC's Strategic Plan. The monitoring plan will include a risk-assessment tool and outcome evaluation tools. The university partner will work with the local CoC and the state to develop these procedures. The university partner will conduct up to two site visits with each organization receiving CoC or ESG funds. The monitoring of grantees performance will be accomplished through site visits and direct reviews of policies, practices, file documentation and other records, including HMIS compliance. The monitoring plan will also develop and incorporate a coordinated assessment tool to be utilized by service providers who are ESG and CoC funded projects or who participate in our HMIS. The monitoring plan will also incorporate assessment tools to evaluate adherence to the standards for administering assistance.

The Collaborative Applicant will start participating in the State of Illinois' Consolidated Plan process. The Illinois Housing Development Authority, Office of Housing Coordination Services (OHCS) has primary responsibility for coordinating, developing, and distributing the Plan.

The CoC will seek legal guidance to create By-Laws and Governance Charter to establish a formal board. The board will be charged with recommending effective structure to provide policy direction, allocate funding and coordinate local efforts to end homelessness. The characteristics of the Board will be those as outlined in the Interim Rule.

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

Months 1 will be used for our current steering committee and Collaborative Applicant to coordinate with the local university to review ESG and CoC funded grants. This time will also be used to re-evaluate and make necessary changes to the strategic plan so that it aligns with the HEARTH ACT.

Months 2-3 will be used for the local university to develop a draft of formal policies and procedures for monitoring activities for current Steering Committee and Collaborative Applicant to review. Revisions to strategic plan will be made as instructed by the CoC. The monitoring plan will reflect the strategic plan. Collaborative Applicant will begin to participate in the Consolidated Plan through IDHA. Collaborative Applicant will work with legal advisor to draft by-laws and governance charter.

Months 4-5 will be used to finalize the strategic plan and monitoring plan. This time will also be used to develop the risk assessment tool.

Months 6 will be used for the first site visits and implementation of monitoring plan.

Months 7-8 will be used to document and share monitoring results with the Steering Committee and Collaborative Applicant. This time will also be used to finalize the risk assessment tool.

Months 9-11 will be used to finalize the CoC by-laws and governance charter. Month 12 will also be used for the second site visits, using the monitoring plan to report to the Steering Committee and Collaborative Applicant and utilizing the risk assessment tool.

The Management Plan: Until the new governing body is formed, this project will be managed by the Collaborative Applicant, HMIS Administrator, and the current steering committee of the CoC with the assistance of the Manager of Data Analysis & Technical Assistance Center from the Illinois Institute for Rural Affairs at Western Illinois University, our local university partner. The CoC will be contracting with our university partner to complete the development of criteria for site visits, monitoring procedures, evaluations for outcome measurements and data analysis. The university partner will present a draft version of the plans to the CoC Steering Committee to review and adopt, prior to implementation with the first site visit.

Effective and Timely Completion of Work: The CoC has fifteen years experience in working with the university partner. The CoC currently contracts with the university partner in providing HMIS services to the CoC and assistance in preparing the annual CoC Competition Application in esnaps. The Collaborative Applicant, YWCA of Quincy, has been a HUD grant recipient for 11 years. The current steering committee has been formally in place since 2007. The HMIS Administrator has been in place since 2003. A timeline will be established through the Strategic Plan. The timeline will be reviewed by the Collaborative Applicant who will monitor progress of all work groups and report to the steering committee in regard to progress on a monthly basis. Any deviation from the timeline will necessitate a written explanation from the work group or steering committee justifying the deviation.

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

Until now ESG and CoC funded projects have functioned independently of each other. The CoC funded projects worked collaboratively to measure consistent outcomes and apply for funding. This was the first year that ESG-funded projects worked collaboratively on applications. We will focus on consistent outcomes for ESG funded projects and CoC funded projects and deepening the collaborative effort. Developing a CoC system that creates policy and procedure plus the safeguards to ensure that they are followed will give the CoC the authority to hold projects accountable. Developing a CoC system that will establish and evaluate measurable outcomes for CoC funded projects and for ESG funded projects will ensure that projects are aligned with the HEARTH Act and the CoC Strategic Plan. This system will enable our CoC to evaluate what projects are meeting the needs of our community and propose alternative projects if needed. This planning project is requesting funds for monitoring activities, which includes developing site visit and monitoring procedures for CoC- and ESG-funded projects. Part of the monitoring process will be evaluation of outcomes.

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

The necessary policy, procedures, monitoring plans, by-laws and governance charter, needed for establishment of a board will be in place by the end of the first year. However, this is only the beginning of the process. To continue to devote agency staff time to monitor projects, commit a Collaborative Applicant to participate in the Consolidated Plan and effectively operate the CoC system will take ongoing support that none of the CoC partners have due to budget constraints. It is likely that the CoC will annually need to request funding from HUD to maintain monitoring activities and participation with the consolidated plan thru the planning grant.

3A. Funding Request

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012.

1. Is it feasible for the project to be under grant agreement by September 30, 2014? (required) Select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2014. Unobligated funds will not be available after September 30, 2014. Applicants will not be able to submit project applications that cannot confirm feasibility for meeting the September 30, 2014.

2. Select a grant term: (required) The grant term is populated with "1 Year" and cannot be edited.

Enter the quantity and total budget request for each Planning cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity.

The system populates a list of eligible costs associated with CoC Planning for which CoC funds can be requested, including the following: 1) Coordination Activities, 2) Project Evaluation, 3) Project Monitoring Activities, 4) Participation in the Consolidated Plan, 5) CoC Application Activities, 6) Determining Geographical Area to Be Served by the CoC, 7) Developing a CoC System, and 8) HUD Compliance Activities. Review the CoC Program regulations for more information on eligible Planning costs.

Quantity Detail: (required) Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each Planning cost for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount (\$) requested for each activity.

Total Costs Requested: This field calculates the total of all of the above fields.

Cash Match: (required) Enter the total amount of funds (\$) that the applicant will use for the project provided by sources other than the CoC program grant.

In-Kind Match: (required) Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program grant.

Total Match: This field will automatically calculate the total combined value (\$) of the Cash and In-Kind Match. The total match must equal a minimum of 25% of the request listed in the field "Total Costs Requested". There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

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 values are automatically calculated by the system when you click the "Save" button.

Additional Resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

1. Is it feasible for the project to be under grant agreement by September 30, 2014? Yes

2. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	YWCA will provide staff time as in-kind	\$0
2. Project Evaluation	YWCA will provide staff time as in-kind	\$0
3. Project Monitoring Activities	Contract with university partner to develop a non bias monitoring plan including on-site visits	\$5,000
4. Participation in the Consolidated Plan	travel expenses for Collaborative Applicant to participate in Consolidated Plan	\$1,500
5. CoC Application Activities	YWCA will provide staff time as in kind	\$0
6. Determining Geographical Area to Be Served by the CoC	n/a already established	\$0
7. Developing a CoC System	legal expenses to develop board as specified in HEARTH Interim Rules	\$3,500
8. HUD Compliance Activities	YWCA will provide staff time as in kind	\$0
Total Costs Requested		\$10,000
Cash Match		\$0
In-Kind Match		\$2,500
Total Match		\$2,500
Total Budget		\$12,500

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

3B. Sources of Leverage

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

Total Value of Cash Commitments \$0

Total Value of In-Kind Commitments \$12,500

Total Value of All Commitments \$12,500

Type of Commitment	Source of Commitment	Source	Date of Commitment	Value of Commitments
In Kind	Regional Office o...	Government	01/03/2013	\$2,500
In Kind	Madonna House	Private	12/28/2012	\$2,500
In Kind	Western Illinois ...	Private	01/03/2013	\$2,500
In Kind	MCS Community Ser...	Government	12/28/2012	\$2,500
In Kind	West Central Illi...	Private	12/28/2012	\$2,500

3B. Leverage Detail

Instructions:

Leveraged resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of Source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of Written Commitment: (required) Enter the date of the written contribution.
5. Value of Written Commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

- 1. Type of Commitment:** In Kind
- 2. Name the Source of the Commitment:** Regional Office of Education
- 3. Type of Source:** Government
- 4. Date of Written Commitment:** 01/03/2013
- 5. Value of Written Commitments:** \$2,500

3B. Leverage Detail

Instructions:

Leveraged resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of Source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of Written Commitment: (required) Enter the date of the written contribution.
5. Value of Written Commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:
 Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

- 1. Type of Commitment:** In Kind
- 2. Name the Source of the Commitment:** Madonna House
- 3. Type of Source:** Private
- 4. Date of Written Commitment:** 12/28/2012
- 5. Value of Written Commitments:** \$2,500

3B. Leverage Detail

Instructions:

Leveraged resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of Source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of Written Commitment: (required) Enter the date of the written contribution.
5. Value of Written Commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:
 Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

- 1. Type of Commitment:** In Kind
- 2. Name the Source of the Commitment:** Western Illinois Regional Council
- 3. Type of Source:** Private
- 4. Date of Written Commitment:** 01/03/2013
- 5. Value of Written Commitments:** \$2,500

3B. Leverage Detail

Instructions:

Leveraged resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of Source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of Written Commitment: (required) Enter the date of the written contribution.
5. Value of Written Commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:
 Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

- 1. Type of Commitment:** In Kind
- 2. Name the Source of the Commitment:** MCS Community Services
- 3. Type of Source:** Government
- 4. Date of Written Commitment:** 12/28/2012
- 5. Value of Written Commitments:** \$2,500

3B. Leverage Detail

Instructions:

Leveraged resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of Source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of Written Commitment: (required) Enter the date of the written contribution.
5. Value of Written Commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

- 1. Type of Commitment:** In Kind
- 2. Name the Source of the Commitment:** West Central Illinois Center for Independent Living
- 3. Type of Source:** Private
- 4. Date of Written Commitment:** 12/28/2012
- 5. Value of Written Commitments:** \$2,500

4A. Performance Measures

Specify at least one measure, and up to three additional measures, on which the project will report performance in the Annual Performance Report.

Performance Measure	Universe #	Target #	Target Percentage
CoC will begin new monitoring plan for projects	9	9	100%

4A. Performance Measures Detail

Instructions:

For each measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

2. **Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: (required)** Use the text box provided to provide as much detail concerning the data systems and methods as possible.

3. **Specific data elements and formula proposed for calculating results: (required)** Use the text field provided and be specific.

4. **Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required)** Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources:

- Application Detailed Instructions (on left menu)
- <http://esnaps.hudhre.info>
- <http://www.hudhre.info/coc/>

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target #	c. Universe #	d. Target (%) (Calculated)
CoC will begin new monitoring plan for projects	9	9	100%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Evaluations as part of the monitoring plan developed under this project will be the data source and the method of collection will be conducted by our local university partner.

3. Specific data elements and formula proposed for calculating results

Nine projects exist in our CoC that receive ESG or CoC HUD funds. Nine evaluations will demonstrate 100% targeted goal.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

The primary outcome for this project is to develop and implement a monitoring tool to evaluate the effectiveness of all projects. Completed evaluations for each project will serve as evidence that the outcome is achieved.

5A. Attachment(s)

Instructions

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

2. 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	YWCAINKINDMATCH	01/14/2013
2. Other Attachment(s)	No		

Attachment Details

Document Description: YWCAINKINDMATCH

Attachment Details

Document Description:

5B. 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: 01/15/2013

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

6A. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/18/2012
1E. Compliance	12/19/2012
1F. Declaration	12/19/2012
2A. Project Detail	12/19/2012
2B. Description	01/15/2013
3A. Funding Request	01/14/2013
3B. Sources of Leverage	01/15/2013
4A. Performance Measures	01/14/2013
5A. Attachment(s)	01/14/2013
5B. Certification	01/14/2013

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ywca

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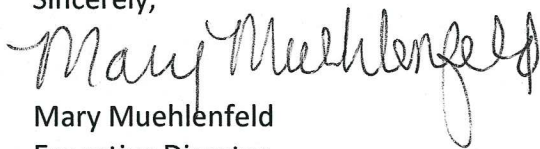
January 14, 2013

CoC IL519
Steering Committee
c/o Glenda Hackmack
West Central Illinois-
Center for Independent Living
639 York St., room 204
Quincy IL 62301

Dear Glenda:

The YWCA of Quincy will provide as in-kind \$2,500 in staff time for Coordination Activities, Project Evaluation, CoC Application Activities, and HUD Compliance Activities as needed to carry out the CoC Planning Project.

Sincerely,



Mary Muehlenfeld
Executive Director
Collaborative Applicant for CoC IL519