

## **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 2019 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 via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.

## **1A. SF-424 Application Type**

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 08/30/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 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	<b>PLUS 4</b>	
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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:** Ms.

**First Name:** Amanda

**Middle Name:**

**Last Name:** Davis

**Suffix:**

**Title:** Director of Grant Coordination

**Organizational Affiliation:** YWCA of Quincy of Ill

**Telephone Number:** (217) 221-9922

**Extension:** 197

**Fax Number:** (217) 221-9926

**Email:** [amandadavis@ywcaquincy.org](mailto:amandadavis@ywcaquincy.org)

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

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

**13. Competition Identification Number:**

**Title:**

## **1D. SF-424 Congressional District(s)**

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

**15. Descriptive Title of Applicant's Project:** IL519 CoC Planning Project 2019

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

**a. Applicant:** IL-018  
**b. Project:** IL-017, IL-018  
(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 11/01/2020  
**b. End Date:** 10/31/2021

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

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

## **1E. SF-424 Compliance**

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE: ☒

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Maria

**Middle Name:**

**Last Name:** Rench

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (217) 221-9922  
(Format: 123-456-7890)

**Fax Number:** (217) 221-9926  
(Format: 123-456-7890)

**Email:** mariarench@ywcaquincy.org

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

**Date Signed:** 08/30/2019



## 1G. HUD 2880

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

### Applicant/Recipient Information

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

**Agency Legal Name:** YWCA of Quincy of Ill

**Prefix:** Ms.

**First Name:** Maria

**Middle Name:**

**Last Name:** Rench

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** YWCA of Quincy of Ill

**Telephone Number:** (217) 221-9922

**Extension:** 192

**Email:** mariarench@ywcaquincy.org

**City:** Quincy

**County:** Adams

**State:** Illinois

**Country:** United States

**Zip/Postal Code:** 62301

**2. Employer ID Number (EIN):** 37-0673569

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

**4. Amount of HUD Assistance Requested/Received:** \$18,953

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** IL519 CoC Planning Project 2019 639 York St.  
Quincy Illinois

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

### Part I Threshold Determinations

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

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

### Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
State of Illinois Department of Human Services	grant	\$112,220.00	matching funds

### Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a		Financial Interest	Financial Interest
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reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	in Project/Activity (\$)	in Project/Activity (%)
n/a	n/a	n/a	\$0.00	0%

### Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:** ☒

**Name / Title of Authorized Official:** Maria Rench, Executive Director

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

**Date Signed:** 08/30/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** YWCA of Quincy of Ill

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

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

### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I**

X

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

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

### **Authorized Representative**

**Prefix:** Ms.

**First Name:** Maria

**Middle Name**

**Last Name:** Rench

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (217) 221-9922  
**(Format: 123-456-7890)**

**Fax Number:** (217) 221-9926  
**(Format: 123-456-7890)**

**Email:** mariarench@ywcaquincy.org

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

**Date Signed:** 08/30/2019

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

X

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

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

**Name / Title of Authorized Official:** Maria Rench, Executive Director

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

**Date Signed:** 08/30/2019

## 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

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

**Street 1:** 639 York St.

**Street 2:** Ste. 202

**City:** Quincy

**County:** Adams

**State:** Illinois

**Country:** United States

**Zip / Postal Code:** 62301

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I certify that this information is true and complete.**

X



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Maria

**Middle Name:**

**Last Name:** Rench

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (217) 221-9922  
**(Format: 123-456-7890)**

**Fax Number:** (217) 221-9926  
**(Format: 123-456-7890)**

**Email:** mariarench@ywcaquincy.org

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

**Date Signed:** 08/30/2019

## 2A. Project Detail

- 1a. CoC Number and Name:** IL-519 - West Central Illinois CoC  
**1b. Collaborative Applicant Name:** YWCA of Quincy
- 2. Project Name:** IL519 CoC Planning Project 2019
- 3. Component Type:** CoC Planning Project Application

## **2B. Project Description**

### **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.**

The Collaborative Applicant is requesting funds to ensure a transparent, streamlined, and coherent process for all planning activities within our CoC. This will be accomplished by working with the Governing Council, its workgroups, HMIS administrator, and the CoC's Support Entity for technical assistance to create, review, and revise policies and procedures that align with the provisions of 24 CFR 578.7. Activities of the CoC planning will include:

- Monitor the CoC's plan for coordinated housing and service systems;
- Monitor, review and revise the coordinated entry process;
- Coordinate data to review and revise CoC's strategic plan;
- Monitor established performance targets and take necessary action against poor performers;
- Critique for eligibility, rank and review of CoC and ESG funded applications including updating policies and ranking tools;
- Prepare and submit the CoC application for ESG and CoC funding opportunities;
- Evaluate the performance of ESG and CoC projects;
- Work with Illinois Housing Development Authority on the consolidated plan;
- Monitor HMIS data quality;
- Attend trainings to ensure HMIS administrator is current with data standards and software updates;
- Monitor and take corrective action for data quality in HMIS;
- Coordinate, conduct, and submit PIT, HIC, AHAR, CAPER and SPMs in HUD HDX;
- Provide reporting for other federally funded programs in the CoC (i.e. SSVF, Regional Office of Education grants);
- Maintain the CoC's website;
- Travel necessary to engage service providers in the CoC Planning, membership recruitment, conduct PIT;
- Prepare and facilitate CoC meetings and workgroup meetings;
- Maintain web-based conference for CoC Council, workgroups and membership meetings.

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

Monitor the CoC's plan for coordinated housing and service systems will occur annually;

Monitor, review and revise the coordinated entry process will occur quarterly;

Coordinate data to review and revise CoC's strategic plan will occur annually;

Monitor established performance targets and take necessary action against poor performers will occur annually;

Critique for eligibility, rank and review CoC and ESG funded applications

including updating policies and ranking tools will occur annually; Prepare and submit the CoC application for ESG and CoC funding opportunities will occur annually;  
Evaluate the performance of ESG and CoC projects annually;  
Working with Illinois Housing Development Authority on the consolidated plan will occur annually;  
Monitor HMIS users for good data quality will occur monthly;  
Coordinate, conduct and submit PIT, HIC, AHAR, CAPER and SPM in HUDHDX will occur annually;  
Attend trainings to ensure HMIS administrator is current with data standards will occur bi-annually;  
Monitor and take corrective action for data quality in HMIS will be ongoing;  
Maintain the CoC's website will be on going;  
Travel necessary to engage service providers in the CoC planning and membership will be ongoing;  
and Maintain web-based conferencing for CoC Council, workgroups and membership meetings will be ongoing.  
The Support Entity and the Collaborative Applicant under the governance of our CoC Council will oversee this project. Collaborative Applicant is responsible for making sure that all activities for the planning and operating of the CoC are carried out in a timely fashion in accordance with CoC written policies and procedures. The Support Entity will provide technical assistance and data analysis for all activities.

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

None of the planning or operating responsibilities of the CoC would be carried out if not for this funding. CoC and ESG grants do not provide the resources to manage the CoC. Administration funds in these grants are needed for administration of projects. Any CoC activities would be strictly volunteer and left to be conducted without much-needed technical assistance and guidance. The CoC Council and most of the CoC membership are volunteers. The council delegates most of the work to workgroups comprised of ESG and CoC recipients. The technical assistance and guidance of the Collaborative Applicant and Support Entity are needed to ensure the mandated processes are implemented, reviewed, evaluated and revised to remain compliant and to reach the CoC's goals to end homelessness.

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

The planning, development, implementation and evaluation for CoC planning have been and continue to be time-consuming. Although our CoC has implemented many processes to be compliant and effective; constant monitoring, evaluation and revision to projects and processes will continue to be labor intensive. Although all stakeholders see the value of CoC planning; none have the resources to provide this service free of charge or to absorb the necessary costs to conduct CoC planning. Any and all funding resources in our CoC are focused on housing and supportive services. Without HUD funding the CoC would have to rely on volunteer and in-kind services of ESG and CoC funded projects that wish to continue their funding. Unfortunately, this would

result in a less effective CoC planning process. ESG and CoC funded agencies currently contribute to the matching funds for the CoC planning grant but fully funding the CoC planning activities would be a financial burden on all recipients.

## 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

## 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Coordinated Entry	To establish, review, evaluate and revise written policy for CE	Semi-Annually	Crisis Center Foundation (DV); Morgan County Services; YWCA of Quincy; Quanada, Salvation Army, Western Illinois Regional Council; a formerly homeless person
CoC Competition	d rank CoC Applications for recommendation of funding to the Research and Evaluation Committee	Annually	James Gatti, VA & CoC Board Member; Glenda Hackamack, Quincy Medical Group; Mary Jane Clark, Memorial Hospital; Melissa Calhoun, Genesis Garden
Research & Evaluation	To approve ranking of CoC and ESG applications and FEMA EFSP grants and to review CoC data to strategically plan for ending homelessness; monitor all projects	Bi-Monthly	Salvation Army; American Red Cross; Ministerial Alliance; Regional Office of Education; 2 PHAs; 4 United Ways; General Assistance; YWCA of Quincy; a formerly homeless person; 2 DV providers, Public Health Dept. and Center for Independent Living
CoC Governance	To review and recommend revisions of governance charter	Annually	Collaborative applicant, formerly homeless person and 2 CoC council members

## 4A. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$4,738
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$4,738

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	United Way Accept...	05/29/2019	\$4,738



## Sources of Match Details

1. Will this commitment be used towards Match? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: United Way Acceptance of Funding Agreement  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 05/29/2019
6. Value of Written Commitment: \$4,738

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

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

3. 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 AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Collaborative Applicant, HMIS lead and Support Entity will work with CoC to review and revise any CoC supported policy or procedure or mandated reporting to HUD	\$2,000
2. Project Evaluation	Collaborative Applicant, HMIS Lead and Support Entity will evaluate ESG and CoC project performance measures	\$5,000
3. Project Monitoring Activities	Collaborative Applicant, HMIS Lead and Support Entity will monitor HMIS data quality, timeliness of project execution, ability to serve clients, and outcome measures based on HUD's universal outcomes and those identified in applications.	\$5,000
4. Participation in the Consolidated Plan	Collaborative Applicant will work with jurisdiction on the Consolidated Plan	\$500
5. CoC Application Activities	Collaborative Applicant will work to submit CoC and ESG applications	\$5,453
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	Recruitment of council members, workgroups and CoC membership for our existing CoC system	\$500
8. HUD Compliance Activities	Collaborative Applicant will ensure CoC is updated on new compliance requirements	\$500
<b>Total Costs Requested</b>		<b>\$18,953</b>
<b>Cash Match</b>		<b>\$4,738</b>
<b>In-Kind Match</b>		<b>\$0</b>
<b>Total Match</b>		<b>\$4,738</b>
<b>Total Budget</b>		<b>\$23,691</b>

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

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Documentati...	08/30/2019
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:** Match Documentation: United Way Award Letter

## 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**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:** Maria Rench

**Date:** 08/30/2019

**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. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/30/2019
1E. SF-424 Compliance	08/29/2019
1F. SF-424 Declaration	08/29/2019
1G. HUD 2880	08/29/2019
1H. HUD 50070	08/29/2019
1I. Cert. Lobbying	08/29/2019
1J. SF-LLL	08/29/2019
2A. Project Detail	08/29/2019

<b>2B. Description</b>	08/30/2019
<b>3A. Governance and Operations</b>	08/30/2019
<b>3B. Committees</b>	08/30/2019
<b>4A. Match</b>	08/30/2019
<b>4B. Funding Request</b>	08/30/2019
<b>5A. Attachment(s)</b>	08/30/2019
<b>5B. Certification</b>	08/30/2019



**ACCEPTANCE OF FUNDING AGREEMENT**

Organization Name: YWCA of Quincy

Program/Initiative Name: Supportive Housing

Funding Amount: \$36,000

Funding Period: 7/01/19 – 6/30/20

In accepting this funding award, we agree to use the United Way funds for the purpose designated in our proposal (referenced above) in accordance with section 501 (C)(3) section 4945 and other applicable provisions of the Internal Revenue Code.

We also certify that we continue to be a recognized non-profit organization in good standing and continue to meet the expectations of a United Way Partner Organization as defined in the United Way Partner Agreement. In addition, we agree to notify United Way of Adams County, in writing, of any change in our Federal tax status before or during the period these funds are being spent.

We understand that payments may be discontinued, modified or withheld if the program is not delivered as proposed, if the outcomes proposed cannot be delivered, or the non-profit status of our organization is in jeopardy.

United Way funding agreements are valid for only one year. Payments to your organization will be made as stated: 1/12 of Funding Amount on the 15<sup>th</sup> of each month or on the preceding business day should the 15<sup>th</sup> fall on a weekend or holiday.

The terms and conditions of the funding are agreed to by our organization when an authorized officer signs this agreement.

Agency Representative:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

United Way Representative:



\_\_\_\_\_  
(Signature)

Todd Bale

\_\_\_\_\_  
(Please Print Name)

Executive Director

\_\_\_\_\_  
(Title)

May 29, 2019

\_\_\_\_\_  
(Date)

**GIVE. ADVOCATE. VOLUNTEER.**

**ANTI TERRORISM COMPLIANCE MEASURES**

In compliance with the USA PATRIOT ACT and other counterterrorism laws, United Way of Adams County requires each agency certify the following:

*"I hereby certify on behalf of \_\_\_\_\_*  
*Name of Grantee/Agency*

*that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders."*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization Agreement for Automatic Deposits (ACH Credits)**

Agency/Company Name \_\_\_\_\_

I hereby authorize *United Way of Adams County Inc.* (EIN #37-0673476) to initiate credit entries to the ( ) Checking ( ) Savings account indicated below and the depository named below.

**Depository Name** \_\_\_\_\_

**Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

This authority is to remain in effect until United Way of Adams County Inc. has received written notification from authorized representative of recipient agency/company of its termination in such time and in such manner as to afford United Way and Depository a reasonable opportunity to respond.

\_\_\_\_\_  
Agency/ Company Name EIN

\_\_\_\_\_  
Signature of Authorized Representative Date

**GIVE. ADVOCATE. VOLUNTEER.**