

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see 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 NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/30/2019

4. Applicant Identifier:

5a. Federal Entity 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

	c. Organizational DUNS:	013777318	PLUS 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: 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

Applicant: YWCA of Quincy
Project: Permanent Supportive Housing E

013777318
172168

Extension: 197
Fax Number: (217) 221-9926
Email: 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: Permanent Supportive Housing E

16. Congressional District(s):

a. Applicant: IL-018
b. Project: IL-018
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020
b. End Date: 06/30/2021

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: Justine

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: Justine

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: \$33,358.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

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 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	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
n/a	n/a	n/a	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

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;	

2. Sites for Work Performance.

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

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

X

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

Warning: 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 Justine

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: Justine
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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The YWCA has been operating permanent supportive housing programs since 2000. homeless. This will be the fifth PSH project for the YWCA. We effectively use federal funds as demonstrated by our timely submission of APRs that reflect successful outcomes, our draw downs that are performed at least quarterly (will begin drawing monthly in Fall 2019), our low rate of recaptured funds (typically 1% or less), and our positive contribution in both data and outcomes to the annual System Performance Measures.

Because the YWCA has over a 16-year history with PSH, the resources necessary to successfully perform the activities are already in place. This project will add housing capacity to an unserved subpopulation in this region of the CoC: households without children. The YWCA has the experienced agency leadership, staff experience, and HMIS administration to operate the program. Case management will be provided by staff case managers who both have over 14 years of CoC PSH case management experience. The YWCA Executive Director will monitor and oversee case management, human resources, and financial management. The Director of Grant Coordination will oversee HMIS administration, alignment with the local coordinated entry system, establish client eligibility, and complete required applications and annual reporting. The YWCA currently has 22 leased properties with eight different landlords. Our current landlords have expressed a desire to provide more units for the YWCA.

The YWCA has historically received matching funds through a variety of state, local and other charitable funding. An annual award from the United Way of Adams County will fulfill PSH E's match requirement.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

For 19 years the YWCA has successfully obtained match and leverage from the State of Illinois Department of Human Services Supportive Housing Program, local United Way, local Community Foundation, corporate foundations, and various private contributions. The project also leverages with many community service providers and businesses for goods and services needed for the project to meet outcomes.

An independent auditor reviews YWCA Quincy's financial records, expenses, and payroll records annually; no deficiencies have been identified in any of these audits. The YWCA Quincy Board ensures that an accountant maintains a seat on the Board of Directors and ensures that the YWCA Quincy adheres to accounting and financial management best practices.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The YWCA's mission is to empower women, eliminate racism and provide programming that promotes, peace, justice, and dignity to all. The organization has focused its resources on housing for families experiencing homelessness, and with the addition of PSH E, will expand to serving households without children—a subpopulation that makes up over 75% of all homeless households in the CoC.

100% of the YWCA Quincy's programming is Permanent Supportive Housing, funded primarily by HUD's CoC funds, but also by Illinois DHS Supportive Housing program and local funding. The YWCA Quincy is governed by a board of directors and its PSH projects are evaluated and monitored by the CoC's Governance Council. The executive director serves on both the board and council. The Executive Director is responsible for overseeing the day to day operations of the organization including PSH program oversight, human resources management, and financial management. The Director of Grant Coordination oversees the YWCA Quincy's role as the CoC's Collaborative Applicant, HMIS Lead, and Coordinated Entry Lead.

Our financial accounting system includes the following:
Accrual basis accounting method;
Internal controls that include lines of authority, conflict of interest policy, segregation of duties, and physical security;
Budgeting process initiated by the executive director, reviewed by a finance committee, and approved by the board of directors;
Internal financial reports generated quarterly by the business office administrator, reviewed by the executive director and the board treasurer;
Accounts payable and payroll performed by an external CPA;
Audit performed by CPA in a firm different than that performing AP/PR; and
Federal Form 990 and state tax compliance performed by auditor.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: YWCA of Quincy

2. Project Name: Permanent Supportive Housing E

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

8. Does this project include Replacement Reserves? No

3B. Project Description

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

YWCA Quincy's Permanent Supportive Housing E will provide safe, secure housing plus case management supports to single individuals who are experiencing homelessness and have a disabling condition that substantially impedes their housing stability (consistent with 24 CFR 578.3). This project will serve 2 individuals during the first year, with plans to expand to meet community need. PSH E will prioritize chronically homeless households; in the absence of a chronically homeless household, PSH E will use longest length of time homeless (or fleeing DV due to the lethality associated with fleeing DV) & severity of service need to prioritize referrals into the program. OrgCode's Service Prioritization Decision Assistance Tool [SPDAT] is used to determine severity of service need.

Project administration is consistent with Housing First: no service participation, treatment/sobriety, or income, requirements; prior evictions & criminal history (excluding sex offenses) are not barriers to entry.

Clients begin discussing their housing, financial, social, & other goals during the intake process. A psychosocial matrix helps clients identify their baseline & clearly conceptualize their goals. Clients set achievable objectives & case managers meet with them regularly, using the Stages of Change model & motivational interviewing to keep them focused.

YWCA Quincy's PSH E anticipates the following outcomes: = 80% of households will exit to permanent housing; households who exit to permanent housing will remain stably housed; = 80% of households will maintain or increase their earned & total income; = 80% of households access mainstream & community benefits; all households will have access to affordable healthcare.

YWCA Quincy PSH E partners with local DV & faith-based providers, emergency shelters, Health Care for Homeless Veterans programs, local Housing Authorities, Regional Offices of Education, colleges/universities, healthcare orgs, LGBTQIA orgs, local chapters of the NAACP, & many more stakeholders in the effort to end homelessness. This project requires CoC program support because the amount of funding needed to address the homeless population that we serve is simply not available through state or local government or community resources.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	60			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

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

b. Does the project ensure that participants are not screened out based on

the following items? Select all that apply.

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

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

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

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

NA

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

This project will include leasing, not rental assistance; like YWCA Quincy PSH A, B, C, and D, YWCA Quincy anticipates a long-term relationship with landlords and will likely move participants into and out of the same property for several years.

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Participants will be identified by the local emergency shelters, DV shelters, HCHV Outreach, local park districts & police department. Homeless status will be verified & documented in accordance with 24 CFR 576.500, & a SPDAT will be administered. This data will be entered into the ByName List & the eligible household with the longest length of time homeless & most severe service needs will be offered housing.

YWCA Quincy quickly houses qualifying individuals without preconditions to entry (no service participation, medication adherence, sobriety, or income requirements). Health/mental health svcs, substance abuse, education, employment, life skills, & other essential supportive services will be offered regularly. Staff will link participants to mainstream & community benefits/resources or provide services directly.

YWCA Quincy maintains years-long relationships with landlords, allowing participants to be quickly housed in safe, secure, fully furnished scattered-site housing.

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Case management staff are trained in SOAR to assist in navigating the SSI/SSDI system. They are also familiar with the application process for Medicaid or other healthcare insurance, TANF, food stamps, and other

mainstream benefits. Staff work with participants to ensure that enrollment in these benefits remains current.

Participants who do not qualify for SSI/SSDI or who express an interest in education or employment are assisted with obtaining a GED, enrolling in vocational or other higher learning, engaging in on-the-job training, or other employment. Staff link participants to area employers who have low barriers to employment and do not screen out based on criminal records or poor work history.

Staff are trained to assist with the Work Readiness Tool Kit developed by the United Way, the Workforce Development Board and the community college's career services. The toolkit was developed with input from local employers to assist job seekers with the soft skills needed for employment as well as assistance in preparing resumes and applications. Staff link participants to the local Workforce Service Center, Illinois workNet, and various employment agencies to identify and apply for positions that suit their skill level. Participants are linked to/provided transportation assistance to access and maintain mainstream benefits, education opportunities, employment and all essential services that address service needs, employment or income.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Annually
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Applicant	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Applicant	Monthly
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	Weekly
Utility Deposits		Applicant	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

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

4B. Housing Type and Location

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

Total Units: 2

Total Beds: 2

Total Dedicated CH Beds: 2

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	2	2

4B. Housing Type and Location Detail

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

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

a. Units: 2

b. Beds: 2

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 2

This includes both the “dedicated” and “prioritized” beds.

4. Address:

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

Street 1: YWCA Quincy Office

Street 2: 639 York St, Suite 202

City: Quincy

State: Illinois

ZIP Code: 62301

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

179001 Adams County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		2		2
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		2		2
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	2	0	2

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	2			2		1	2			
Persons ages 18-24										
Total Persons	2	0	0	2	0	1	2	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC Bonus

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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6. If awarded, will this project require an initial grant term greater than 12 months? No

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:			\$12,216
Grant Term:			1 Year
Total Request for Grant Term:			\$12,216
Total Units:			2
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
IL - Adams County...	2	\$12,216	\$12,216

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

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

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

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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: IL - Adams County, IL (1700199999)

Leased Units Annual Budget

New Project Application FY2019	Page 36	08/30/2019
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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$380		x	12	=	\$0
0 Bedroom		x	\$506		x	12	=	\$0
1 Bedroom	2	x	\$509	\$509	x	12	=	\$12,216
2 Bedroom		x	\$670		x	12	=	\$0
3 Bedroom		x	\$927		x	12	=	\$0
4 Bedroom		x	\$958		x	12	=	\$0
5 Bedroom		x	\$1,102		x	12	=	\$0
6 Bedroom		x	\$1,245		x	12	=	\$0
7 Bedroom		x	\$1,389		x	12	=	\$0
8 Bedroom		x	\$1,533		x	12	=	\$0
9 Bedroom		x	\$1,677		x	12	=	\$0
Total units and annual assistance requested:	2							\$12,216
Grant term:								1 Year
Total request for grant term:								\$12,216

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	.01 FTE @ \$48,000 salary/benefits	\$200
2. Assistance with Moving Costs	\$75 x 2 households truck rental	\$150
3. Case Management	.10 FTE @ \$48,000	\$4,800
4. Child Care		
5. Education Services	2 households x GED fees, job prep courses, text books	\$500
6. Employment Assistance	2 households x cost of work-appropriate clothing, shoes, tools, training	\$567
7. Food	2 households x 1 month groceries (pending Link card arrival)	\$250
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	2 households x Medicaid copay	\$1,000
12. Outpatient Health Services	2 households x Medicaid copay	\$150
13. Outreach Services	.005 FTE x \$55,000 identify program participants	\$275
14. Substance Abuse Treatment Services	2 households x substance abuse treatment Medicaid copay & associated aftercare	\$1,000
15. Transportation	2 households x 1 gas voucher/month, bus passes	\$500
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$9,392
Grant Term		1 Year
Total Request for Grant Term		\$9,392

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	2 units x \$150 repairs not covered in lease agreement	\$300
2. Property Taxes and Insurance	2 units x insurance	\$180
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	2 units x 12 months power, water, trash	\$5,520
6. Furniture	2 units x \$1,000 furniture for new units (bed, dresser, couch, coffee table, kitchen table & chairs)	\$2,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$8,000
Grant Term		1 Year
Total Request for Grant Term		\$8,000

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS 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 the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	1 new HMIS project build-out, .25 FTE staff HMIS data entry, cleaning, report generation	\$1,000
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$1,000
Grant Term:		1 Year
Total Request for Grant Term:		\$1,000

Click the 'Save' button to automatically calculate totals.

6l. 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:	\$8,340
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$8,340

1. Will 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	\$8,340

Sources of Match Detail

- 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:** \$8,340

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$12,216	1 Year	\$12,216
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$9,392	1 Year	\$9,392
5. Operating	\$8,000	1 Year	\$8,000
6. HMIS	\$1,000	1 Year	\$1,000
7. Sub-total Costs Requested			\$30,608
8. Admin (Up to 10%)			\$2,750
9. Total Assistance Plus Admin Requested			\$33,358
10. Cash Match			\$8,340
11. In-Kind Match			\$0
12. Total Match			\$8,340
13. Total Budget			\$41,698

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA 501c3	08/30/2019
2) Other Attachment(s)	No	Match Documentati...	08/30/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description: YWCA 501c3

Attachment Details

Document Description: Match Documentation: United Way Award Letter

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: 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

X

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

☐

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

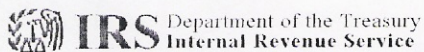
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8B. Submission Summary

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

Page		Last Updated
1A. SF-424 Application Type		No Input Required
New Project Application FY2019	Page 49	08/30/2019

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	08/30/2019
1F. SF-424 Declaration	08/30/2019
1G. HUD 2880	08/30/2019
1H. HUD 50070	08/30/2019
1I. Cert. Lobbying	08/30/2019
1J. SF-LLL	08/30/2019
2A. Subrecipients	No Input Required
2B. Experience	08/30/2019
3A. Project Detail	08/30/2019
3B. Description	08/30/2019
3C. Expansion	08/30/2019
4A. Services	08/30/2019
4B. Housing Type	08/30/2019
5A. Households	08/30/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/30/2019
6C. Leased Units	08/30/2019
6F. Supp Srvcs Budget	08/30/2019
6G. Operating	08/30/2019
6H. HMIS Budget	08/30/2019
6I. Match	08/30/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/30/2019
7D. Certification	08/30/2019



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248459781
Dec. 23, 2008 LTR 4168C E0
37-0673569 000000 00 000
00013750
BODC: TE

YWCA OF QUINCY ILL
1400 N 30TH ST STE 6
QUINCY IL 62301

008719

Employer Identification Number: 37-0673569
Person to Contact: MS. WINKLER
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Dec. 12, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in AUGUST 1942, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

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 15th of each month or on the preceding business day should the 15th 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

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