

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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal 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: IL0565

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

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 A

013777318
172170

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 A

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 12/01/2020

b. End Date: 11/30/2021

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:

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: mariarenych@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: \$144,969.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Permanent Supportive Housing A 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	Social Security No.	Type of	Financial Interest	Financial Interest
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reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	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: 08/12/2019

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

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Two upper-level staff members left during the operating year, resulting in 94.3% of the grant being spent. The recaptured funds were the result of their unspent salaries.

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** IL0565

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: IL-519 - West Central Illinois CoC

2b. CoC Collaborative Applicant Name: YWCA of Quincy

3. Project Name: Permanent Supportive Housing A

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

**7. 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 A provides safe, secure housing plus case management supports to families who are experiencing homelessness wherein at least one family member has a disabling condition that substantially impedes the household's housing stability (consistent with 24 CFR 578.3). This project will serve an estimated 22 persons in 5 households. PSH A prioritizes chronically homeless families; in the absence of a chronically homeless household, PSH A uses 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.

Clients begin discussing their housing, financial, social, & other goals during the intake process. A psycho-social 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 A 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; & that school-aged children are enrolled in & attending school.

YWCA Quincy PSH A 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.

This project does not implement programmatic requirements inconsistent with Housing First: no service participation, treatment/sobriety, or income, requirements; prior evictions & criminal history (excluding sex offenses) are not barriers to entry.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other: All other disabling conditions defined by HEARTH ACT

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. 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="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" Yes

approach?

3C. Dedicated Plus

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.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. 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	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Applicant	Weekly
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	Daily
Utility Deposits	Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

**SSI/SSDI technical assistance provided by
the applicant, a subrecipient, or partner
agency?**

**3a. 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: 6

Total Beds: 23

Total Dedicated CH Beds: 23

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	1	5
Single family homes/townhou...	---	1	6
Single family homes/townhou...	---	1	2
Single family homes/townhou...	---	1	5
Single family homes/townhou...	---	1	4
Scattered-site apartments (...)	---	1	1

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1

b. Beds: 5

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 5

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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 of Quincy Office

Street 2: 639 York St. Room 202

City: Quincy

State: Illinois

ZIP Code: 62301

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

179001 Adams County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1

b. Beds: 6

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 6

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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 of Quincy Office

Street 2:

City: Quincy

State: Illinois

ZIP Code: 62301

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

179001 Adams County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1

b. Beds: 2

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

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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 of Quincy Office

Street 2: 639 York St. Room 202

City: Quincy

State: Illinois

ZIP Code: 62301

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

179001 Adams County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1

b. Beds: 5

**3. How many beds of the total beds in "2b. 5
Beds" are dedicated to the chronically
homeless?**

**This includes both the "dedicated" and "prioritized" beds from previous
competitions.**

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 of Quincy Office

Street 2: 639 York St. Room 202

City: Quincy

State: Illinois

ZIP Code: 62301

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

179001 Adams County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 1

b. Beds: 4

3. How many beds of the total beds in "2b. 4

Beds" are dedicated to the chronically homeless?

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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 of Quincy Office

Street 2: 639 York St. Room 202

City: Quincy

State: Illinois

ZIP Code: 62301

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

179001 Adams County

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: 1

b. Beds: 1

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

This includes both the "dedicated" and "prioritized" beds from previous competitions.

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: 200 Main St

Street 2:

City: Warsaw

State: Illinois

ZIP Code: 62379

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

179067 Hancock County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	1	0	6
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	4	1		5
Persons ages 18-24	1	0		1
Accompanied Children under age 18	17		0	17
Unaccompanied Children under age 18			0	0
Total Persons	22	1	0	23

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	4	0	0	4	1	4	4		2	0
Persons ages 18-24	1	0							1	0
Children under age 18	17				0	0	0	2	3	0
Total Persons	22	0	0	4	1	4	4	2	6	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	1			1		1	1			
Persons ages 18-24										
Total Persons	1	0	0	1	0	1	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

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"/>

6B. Leased Units Budget

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:			\$48,772
Grant Term:			1 Year
Total Request for Grant Term:			\$48,772
Total Units:			6
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
IL - Adams County...	6	\$48,772	\$48,772

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	1	
2 Bedroom	3	
3 Bedroom	1	
4 Bedroom	1	
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	6	\$48,772
Grant Term		1 Year
Total Request for Grant Term		\$48,772

Click the 'Save' button to automatically calculate totals.

6D. 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:	\$25,249
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$25,249

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	Government	YWCA of Quincy	05/31/2019	\$25,249

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** YWCA of Quincy
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 05/31/2019
- 6. Value of Written Commitment:** \$25,249

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$48,772
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$67,920
4. Operating	\$13,012
5. HMIS	\$6,500
6. Sub-total Costs Requested	\$136,204
7. Admin (Up to 10%)	\$8,765
8. Total Assistance plus Admin Requested	\$144,969
9. Cash Match	\$25,249
10. In-Kind Match	\$0
11. Total Match	\$25,249
12. Total Budget	\$170,218

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA 501c3	08/29/2019
2) Other Attachmenbt	No	Work Site Listing...	07/28/2018
3) Other Attachment	No	Match Documentati...	08/29/2019

Attachment Details

Document Description: YWCA 501c3

Attachment Details

Document Description: Work Site Listing for HUD 50070

Attachment Details

Document Description: Match Documentation: DHS Supportive Housing
Program Award Letter

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

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

C. Explanation.

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

X

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.

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="checked" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="checked" type="checkbox"/>
7B. Certification	<input checked="checked" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3B: description was updated to more accurately reflect the project
4B: a unit has been added to this project recently
5A-5B: update households/subpopulation to reflect the addition of a new unit
6A-6E: budget was revised to reflect prior year's amendment

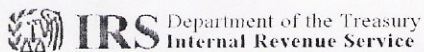
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/28/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 52	08/30/2019
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1D. SF-424 Congressional District(s)	08/28/2019
1E. SF-424 Compliance	08/12/2019
1F. SF-424 Declaration	08/12/2019
1G. HUD-2880	08/12/2019
1H. HUD-50070	08/12/2019
1I. Cert. Lobbying	08/12/2019
1J. SF-LLL	08/12/2019
Recipient Performance	08/29/2019
Renewal Expansion	08/27/2019
Renewal Grant Consolidation	08/27/2019
2A. Subrecipients	No Input Required
3A. Project Detail	08/28/2019
3B. Description	08/28/2019
3C. Dedicated Plus	08/12/2019
4A. Services	08/12/2019
4B. Housing Type	08/29/2019
5A. Households	08/29/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/12/2019
6B. Leased Units	08/29/2019
6D. Match	08/29/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/29/2019
7B. Certification	08/30/2019
Submission Without Changes	08/29/2019



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

Sites for Work Performance for YWCA

Permanent Supportive Housing A

YWCA of Quincy 639 York St.

Room 202

Quincy IL 62301

**Illinois Grant Accountability and Transparency
Notice of State Award**

05/31/19

Page 1 of 6

STATE OF ILLINOIS GRANT INFORMATION	
State Award Identification	Name of State Agency (Grantor): Department Of Human Services Department/Organziation Unit: Adult Services and Basic Supports
State Award ID Number (SAIN)	658-13402
State Program Description	<p>Scope of Services The Supportive Housing Program will deliver supportive services to low-income persons residing in permanent housing units, who are formerly homeless or at risk of becoming homeless; or to homeless persons residing in transitional facilities who are prepared to move into permanent housing as specified in the provider's program plan. The Provider must provide case management, advocacy, and counseling. The Supportive Housing Program Provider will adhere to requirements outlined in the Supportive Housing Statute, which is located at: 305 ILCS 5/12-4.5.</p> <p>Deliverables</p> <ol style="list-style-type: none"> 1. All participants are to be provided with case management services, counseling services and advocacy services with-in five days of admittance to the program. All participants must have documented access, when applicable, to other supportive services. 2. All participants will have a service plan developed for implementation within the first week of admittance to the program. The individual service plan must detail monthly outcomes as well as ongoing goals to be accomplished by the participant(s) with the assistance of the Provider. 3. All participants will have access to case management services outside of normal business hours of operation including, but not limited to, evening case management service hours. 4. All participants will have a completed intake and assessment done upon entry into the program. The Provider must submit all intake and assessment forms to IDHS annually for approval. 5. All progress and supportive services for participants will be tracked and progress reported within each participants case file that includes, at a minimum, a record of the participants supportive services, case management, progress, and benefit assistance. 6. The Provider will have a community outreach plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the program(s) they administer for IDHS. This plan may include outreach to the other community service agencies, the local FCRC, and other outreach entities. IDHS must be advised of any publication and distribution of flyers, printed materials and brochures that are part of the IDHS funded program(s). 7. The Provider will have a written agreement or Memorandum of Understanding (MOU) for referrals to other social service agencies. The MOU must include a description: <ol style="list-style-type: none"> a. of the types of service(s) to be provided; b. detailing how referrals will be handled by each entity; and c. of any follow-up actions. 8. The Provider will have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), All Kids, medical and disability assistance, as well as other resources that address the needs of the program participants. 9. The Provider will have the ability to down-load the IDHS SNAP application and distribute it to eligible households. 10. The Provider will accurately report outcomes and submit reports to IDHS within the designated time frames utilizing the web-based reporting system. 11. The Provider will submit data as requested to fulfill IDHS performance requirements
Announcment Type	Initial
Agency (Grantor) Contact Information	<p>Name: Angela Campo Phone: 217/524-5975 Email: Angela.Campo@illinois.gov</p>

GRANTEE INFORMATION	
Grantee / Subrecipient Information	<p>Name: YWCA of Quincy IL Address: 639 York St. Room 202, Quincy, IL 62301 Phone: 217-221-9922 Email: mariarench@ywcaquincy.org</p>

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Grantee Identification	GATA: 672217 DUNS: 013777318 FEIN: 370673569
Period of Performance	Start Date: 7/1/2019 End Date: 6/30/2020

FUNDING INFORMATION			
FUND	CSFA	CFDA	AMOUNT
GRF	444-80-0658		\$65,241.00
Trust Fund	444-80-0658		\$46,979.00
TOTAL			\$112,220.00

(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards.

TERMS AND CONDITIONS	
Grantee Indirect Cost Rate Information	Rate: Base: Period:
Research & Development	No
Cost Sharing or Matching Requirements	Yes : 25% required match
Uniform Term(s)	CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 Illinois Administrative Code
Grantor-Specific Term(s)	This Notice of State Award (NOSA) is not an agreement. This NOSA is not a guarantee of an agreement. IDHS will publish its agreements in the CSA Tracking System after you return a signed copy of this NOSA to IDHS. Please note the items identified for Section 3. Please contact your DHS program representative within 30 days to implement a plan to address the identified issues within the next 90 days. Should you have any questions please speak with the DHS contact for your award.
Program-Specific Term(s)	THE FOLLOW ARE GATA EXCEPTIONS AND ARE NOT REQUIRED FOR THIS PROGRAM: MERIT BASED REVIEW This program was competitively bid for FY2020. It is anticipated that current programs who maintain successful outcomes will be renewed in FY2021 and FY2022. NOFO This program was competitively bid for FY2020. It is anticipated that current programs who maintain successful outcomes will be renewed in FY2021 and FY2022. PAYMENTS The funding level for each program is based upon a Department approved budget for the services detailed in the Program Manual and/or the Provider's request for funding, when applicable. Payments to the Provider are scheduled monthly and are on a reimbursement basis. All payments will be reconciled based on submitted documentation. Failure of the Provider to submit documentation may result in a reduction to the total award. In the case of special circumstances, please contact the Department for consideration. The final payment from the Department under this Agreement shall be made upon the Department's determination that all requirements under this Agreement have been completed, which determination shall not be unreasonably withheld. Such final payment will be subject to adjustment after the completion of a review of the Provider's records as provided in the Agreement. The Provider shall provide summary documentation by line item of actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. The Provider shall use generally accepted accounting practices to record expenditures and revenues as outlined in 89 Ill. Adm. Code 509, Fiscal Administrative Record keeping and

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Requirements. Expenditures shall be recorded in the Providers records in such a manner as to establish an audit trail for future verification of appropriate use of Agreement funds. Expenditures must be received by the Department no later than the 20th day of the month following the month of service to dhs.homelesssservices@illinois.gov
Final billings must be received by the 20th day of the month following the end of the Agreement period. All financial record keeping on the part of the Provider shall be in accordance with generally accepted accounting principles consistently applied. The Provider shall allocate and report all related program expenditures. This is a requirement of the award.

SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE
The nature of the additional requirements
GATA Conditions:
05 - Cost Principles (2 CFR 200.400)

Requires additional prior approvals; Requires more detailed reporting; Requires monthly reporting;

06 - Audit (2 CFR 200.500)

Requires desk review of the status of implementation of corrective actions;

Agency Adjustments / Explanation:

None

The reason why the additional requirements are being imposed
GATA Conditions:
05 - Cost Principles (2 CFR 200.400)

Medium to high risk increases the likelihood unallowable costs or services, audit findings and questioned costs that would be required to be return to the state and federal government.

06 - Audit (2 CFR 200.500)

Medium to high risk will result in repeated audit findings, potential questioned cost and increase of administrative and programmatic specific conditions that will increase the cost or managing the grant program.

Agency Adjustments / Explanation:

None

The nature of the action needed to remove the additional requirement, if applicable
GATA Conditions:
05 - Cost Principles (2 CFR 200.400)

Implementation of additional controls for reviewing and approval expenditures.

06 - Audit (2 CFR 200.500)

Completion of corrective action plan implementation.

Agency Adjustments / Explanation:

None

The time allowed for completing the actions, if applicable
GATA Conditions:
05 - Cost Principles (2 CFR 200.400)

One year from the implementation of additional controls.

06 - Audit (2 CFR 200.500)

When corrective action is complete.

Agency Adjustments / Explanation:

None

The method for requesting reconsideration of the additional requirements imposed

GATA Conditions:

05 - Cost Principles (2 CFR 200.400)

One year from the implementation of additional controls.

06 - Audit (2 CFR 200.500)

When corrective action is complete.

Agency Explanation:

None

SIGNATURE PAGE

Circle one: Accept NOSA / Reject NOSA

Institution / Organization

Signature

Name of Official

Title (Chief Financial Officer or equivalent)

Date of Execution