

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/> and <https://www.hudexchange.info/programs/yhdp/>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the Youth Demo Mailbox; YouthDemo@hud.gov.
- Project applicants are required to have a Universal Entity Identifier (UEI) 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 Years (FY) 2019 & 2020 Youth Homeless Demonstration Program (YHDP). For more information see FY 2019/2020 YHDP NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019/2020 YHDP NOFO and the Appendices.
- 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 will be shared via email from HUD SNAPS.
- 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 YHDP project that fails to adhere to (24 CFR part 578) and application requirements set forth in FY 2019/2020 YHDP NOFO.

1A. SF-424 Application Type

1. **Type of Submission:** Application

2. **Type of Application:** YHDP New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. **Date Received:** 06/23/2022

4. **Applicant Identifier:**

4a. **Federal Entity Identifier:**

5. **Federal Award Identifier:**

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Mid-Willamette Valley Community Action Agency
b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7056987

c. UEI: XE7NNCQC8KG1

d. Address

Street 1: 2475 Center St. NE
Street 2:
City: Salem
County: Marion
State: Oregon
Country: United States
Zip / Postal Code: 97301

e. Organizational Unit (optional)

Department Name: HOME Youth Services
Division Name:

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

Prefix: Mrs.
First Name: Ashley
Middle Name:
Last Name: Hamilton
Suffix:
Title: Chief Program Officer
Organizational Affiliation: Mid-Willamette Valley Community Action Agency
Telephone Number: (503) 399-9080

Extension:

Fax Number: (503) 399-9118

Email: Ashley.Hamilton@mwvcaa.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-6400-N-35
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): Oregon
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: TH-RRH for Youth in Marion and Polk

16. Congressional District(s):

16a. Applicant: OR-005

16b. Project: OR-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/30/2022

b. End Date: 09/30/2024

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: Mr.

First Name: Jimmy

Middle Name:

Last Name: Jones

Suffix: Ph.D

Title: Executive Director

Telephone Number: (503) 399-9080
(Format: 123-456-7890)

Fax Number: (503) 399-9118
(Format: 123-456-7890)

Email: jimmy.jones@mwwcaa.org

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

Date Signed: 06/23/2022

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: Mid-Willamette Valley Community Action Agency
Prefix: Mr.
First Name: Jimmy
Middle Name:
Last Name: Jones
Suffix: Ph.D
Title: Executive Director
Organizational Affiliation: Mid-Willamette Valley Community Action Agency
Telephone Number: (503) 399-9080
Extension:
Email: jimmy.jones@mwvcaa.org
City: Salem
County: Marion
State: Oregon
Country: United States
Zip/Postal Code: 97301

2. Employer ID Number (EIN): 23-7056987

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$2,227,617.00

(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 |
|---|--------------------|-----------------------------|---|
| Community Services Block Grant, Oregon Housing and Community Services, North Mall Office Building 725 Summer Street NE, Suite B Salem, OR 97301-1266 | Grant | \$103,000.00 | Personnel, mileage costs, equipment, utilities |
| Oregon Department of Human Services, 500 Summer Street NE, E-15 Salem, OR 97301 | Grant | \$60,000.00 | Personnel, sheltering |
| State Homeless Assistance Program, Oregon Housing and Community Services, North Mall Office Building 725 Summer Street NE, Suite B Salem, OR 97301-1266 | Grant | \$80,000.00 | Operational funds for sheltering, supportive services |
| Federal Emergency Management Agency, Federal Regional Center 130 228th Street, SW. Bothell, WA 98021-9796 | Grant | \$160,000.00 | Disaster relief funds, sheltering |
| Family and Youth Services Bureau, 330 C Street, S.W., Washington, D.C. 20201 | Grant | \$135,000.00 | Staffing, supportive services |

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 (%) |
|--|--|-----------------------|---|--|
| NA | | NA | \$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: Jimmy Jones, Executive Director

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

Date Signed: 06/23/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Mid-Willamette Valley Community Action Agency
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: | |
| <p>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.</p> | <p>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;</p> |
| <p>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.</p> | <p>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;</p> |
| <p>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.;</p> | <p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |
| <p>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;</p> | |

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 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.

| |
|---|
| 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)

Authorized Representative

Prefix: Mr.

First Name: Jimmy

Middle Name

Last Name: Jones

Suffix: Ph.D

Title: Executive Director

Telephone Number: (503) 399-9080
(Format: 123-456-7890)

Fax Number: (503) 399-9118
(Format: 123-456-7890)

Email: jimmy.jones@mwwcaa.org

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

Date Signed: 06/23/2022

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:

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: Mid-Willamette Valley Community Action Agency

Name / Title of Authorized Official: Jimmy Jones, Executive Director

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

Date Signed: 06/23/2022

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: Mid-Willamette Valley Community Action Agency

Street 1: 2475 Center St. NE

Street 2:

City: Salem

County: Marion

State: Oregon

Country: United States

Zip / Postal Code: 97301

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.

Authorized Representative

Prefix: Mr.

First Name: Jimmy

Middle Name:

Last Name: Jones

Suffix: Ph.D

Title: Executive Director

Telephone Number: (503) 399-9080
(Format: 123-456-7890)

Fax Number: (503) 399-9118
(Format: 123-456-7890)

Email: jimmy.jones@mwwcaa.org

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

Date Signed: 06/23/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|-----------|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Mid-Willamette Valley Community Action Agency
Prefix: Mr.
First Name: Jimmy

Middle Name:

Last Name: Jones

Suffix: Ph.D

Title: Executive Director

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

Date Signed: 06/23/2022

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 your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

The Mid-Willamette Valley Community Action Agency (MWVCAA) formally began operations in 1967 with its 501c3 designation. As one of MWVCAA's programs, HOME Youth Services has been serving youth experiencing homelessness since 1994, via shelter services, housing support, and community referrals. HOME serves approximately 500 unduplicated youth every year. HOME Youth Services (HOME) provides services and support to at-risk youth and youth experiencing homelessness in Marion and Polk County, Oregon. HOME consists of an emergency shelter, a day center, and a street outreach team designed to serve 11 -18 year olds. At our day center, the Drop In, youth have access to three meals a day, food boxes, Wi-Fi, computers, lockers to store belongings, washers and dryers, and healthy connections with adults who care. Youth Navigators at the Drop In are able to provide referrals for youth to outside supportive services, as well as transportation to the services.

Taylor's House, HOME's emergency shelter, provides daily structure, pro-social activities, onsite groups, and skill building programs. Taylor's House can accommodate up to ten youth 24 hours a day, 365 days a year. HOME's experience operating both the Drop In and Taylor's House will aid us in running a Rapid Re-Housing and Transitional Housing site. Taylor's House is a 24/7 housing site. Staff are trained in safety best practices, de-escalation and conflict resolution techniques, and Positive Youth Development. We would provide the same training to newly-hired staff at our TH/RRH site. MWVCAA has the necessary skills and experience to safely and effectively run a TH/RRH site.

MWVCAA has 55 years of experience receiving and effectively managing federal grants. At MWVCAA, our 9 different programs each meet a different set of community needs. All of the programs are operated by utilizing multiple grants, many of them from federal, state, or local governments. For the fiscal year ended June 30, 2021, we received a total of approximately \$31 million in federal awards, some were direct funding while others were passed through. We have a history with federal awards, and have worked with federal awards within our nine different programs. More specifically, we receive federal funds totaling \$9,085,477 each year for our Head Start and Early Head Start programs, which supports supports personnel, equipment, supplies, travel, administration and contracts. We are strictly compliant with the federal grants awarded to us, leading to year over year renewal. Our program side are well-equipped with personnel to carry out the activities that are proposed in their budgets. Programs are structured in a way that makes sense, unique to the grants as needed.

HOME receives a total of \$594,289 in grant funding from Oregon's Department of Human Services each year; our funding is consistently renewed each year due to our program's compliance and effectiveness. Our Program Directors and Financial Department have years of experience operating government-funded projects effectively while being strictly compliant. Grant awards and program expectations are thoroughly reviewed by both Program Directors and Finance Managers to ensure we understand reporting, spending requirements, and limitations. This understanding is translated into Program Manager and Line Staff training to enable the proper use of funds by the program staff who are completing transactions. Monthly financial statements are also sent to the Finance team, who question any out-of-place expenditures, creating accountability and oversight.

Most recently, HOME Youth Services was awarded a \$407,223 federal Family and Youth Services Bureau Street Outreach Program grant (FYSB SOP). With FYSB SOP funding, HOME Youth Services has been able to bring on board a confidential advocate from a local sex trafficking agency to work alongside HOME's street outreach team. FYSB SOP funding also allows HOME Youth Service's outreach program to expand outreach efforts due to more funding for staffing and supplies. MWVCAA also has two currently active HUD grants: a \$186,000 HUD CoC Rapid Re-Housing grant, and a \$36,309 HUD CoC SSO for Coordinated Entry grant.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

MWVCAA and HOME both have an extensive history of leveraging federal, state, and local funds without finding. We have a total of \$51,969,099 in federal funds and a total of \$16,922,211 in state funding for the 21-22 fiscal year. As an example of fiduciary responsibility and while performing expeditious client services, we received \$14.9 million in emergency COVID rental assistance funds and we were the state leaders in spending those funds down, serving 2,048 households between July 2021 and November 2021. We have a dedicated Development Department that actively seeks new grant funding to enhance our program services, and a Finance Department that helps track and manage grant reporting and requirements. We anticipate pairing the required \$600,000 in match funds from state funds and in-kind resources.

MWVCAA, in our Homeless and Housing sector alone, will offer \$24,187,000 in federal resources for fiscal year 21-22. Of that, \$1 million is used exclusively for Rapid Rehousing, and MWVCAA also offers a variety of transitional housing and sheltering opportunities utilizing federal funds. Two of these opportunities include (1) Tanner Project, a transitional housing site for at-risk and unhoused veterans that will receive \$2.8 million in federal funds for the 21-22 fiscal year, and (2) The ARCHES Inn, a transitional shelter for 2020 wildfire impacted households and the chronically homeless who are also medically fragile, that will receive \$850,000 in federal funds for the 21-22 fiscal year.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Mid-Willamette Valley Community Action Agency has nine unique programs all under one administrative umbrella. Our Executive Director manages our C-suite team and our Director of Development. Our C-Suite Management team is comprised a Chief Operations Officer, a Chief Financial Officer, a Chief Program Officer for Early Learning and Child Care, a Chief Program Officer of Housing and Homelessness, and a Chief Program of Energy and Weatherization. Our Chief Operations Officer supervises our Human Resources department, and our Chief Financial Officer supervises the Finance Department. The Chief Program Officer for Early Learning and Child Care, the Chief Program Officer of Housing and Homelessness, and the Chief Program of Energy and Weatherization in turn supervise our eight Program Directors. Each Program Director provides financial and managerial oversight for their particular program, overseeing both line staff and program managers. HOME's Program Director reports to our Chief Program Officer of Housing and Homelessness, who in turn reports to our Executive Director.

The MWVCAA Finance Department will work closely with the HOME Youth Services Program Director to ensure proper oversight of the federal funds. Our Finance policies and procedures have been developed and are conducted in accordance with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. MWVCAA undergoes an audit each year that includes HOME Youth Services. For the past 4 years, there have been no major findings in our audits and the Agency successfully manages millions of dollars of both state and federal funds. MWVCAA has a fifteen-person Finance Department--overseen by a CFO who has a BBA in Accounting and nearly ten years of accounting and audit management experience—that works closely with HOME's Program Directors to ensure all financial monitoring and reporting are completed in a correct and timely manner. Finance meets with the Program Directors to discuss the status of grants on a monthly basis. Grants are reviewed to their budget to ensure proper grant management. Reporting is built within Abila (a cloud-based reporting software) to provide timely information to interested parties.

Property is tracked by program. Any disposition above threshold as defined by accounting and funder guidelines are run through the proper channels. Assets are reviewed on a monthly basis. Additionally, MWVCAA retains records as required by law and destroys them when appropriate. The formal records retention policy is dependent on the type of record it is. All grants are reviewed carefully to ensure proper compliance. For any noncompliance issues, the appropriate level of management is involved.

MWVCAA recognizes that as a recipient of federal funds, our organization is responsible for compliance with all applicable laws, regulations, and provisions of contracts and grants.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

5. Describe the experience of the applicant and potential subrecipients (if any) in providing housing and services to Black, Indigenous, People of Color (BIPOC) experiencing homelessness.

Specific to HOME Youth Services, 35% percent of our youth identify as Hispanic or Latino and 14% of our clientele identify as a race other than white. In order to accommodate HOME has five dedicated FTE bilingual staff members who speak Spanish to more fully support youth in our care who need language services. This model would be represented in the new TH-RRH project.

For the proposed MWVCAA TH-RRH project, we will also only pull households from the regional coordinated entry system. These draws are based on vulnerability level determined by the screening tool known as the TAY VI-SPDAT, where 6 domains of vulnerability are examined and quantified. When drawing from CE, the requested households who have scored in the approved CoC draw range on the Rapid Rehousing Scale will be enrolled. This will help eliminate any biases and focus solely on the needs of the individual. MWVCAA has experience operating this mechanism from the ARCHES Housing and Opportunity Program.

Additionally, we have a specific program in our Housing and Homeless Services Division, called Fuerza Campesina, that provides culturally responsive health navigation services to migrant agricultural employees and their families. We launched this initiative with the goal of addressing healthcare access and inequities within the migrant farmworker population and providing system navigation supports and services. To build rapport with this population, we hired a team of staff who have lived experience in the migrant agricultural industry and who understand the challenges that immigrant communities experience trying to navigate healthcare benefits. Their experience and cultural competency allowed us to build trust and foster relationships with this population.

3A. Project Detail

- 1a. CoC Number and Name:** OR-504 - Salem/Marion, Polk Counties CoC
- 2. CoC Collaborative Applicant Name:** ORS 190 Entity, Mid-Willamette Valley Homeless Alliance
- 3. Project Name:** TH-RRH for Youth in Marion and Polk
- 4. Project Status:** Standard
- 5. Component Type:** JOINT TH-RRH
- 6. Does this project include Replacement Reserves?** No

3B. Project Description

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

This proposal is to create a joint Transitional Housing/Rapid Rehousing Project to be located in Polk County, Oregon, serving unhoused youth ages 14-24. As MWVCAA and the local CoC are a two-county district, this new project was critical to better serve rural youth in their community of origin. The project will be ready for implementation in December 2022. The program will receive administrative oversight from the Program Director of HOME as well as a new Shelter Manager. Additional staff include 14 FTE comprised of a Program Coordinator, Youth Navigators, and transitional housing staff. This will result in a 1 to 3 staff to client ratio. For the Transitional Housing portion of this project, youth will be identified through coordinated entry. During the intake process, youth will also identify goals related to housing, medical, dental, vision, mental health, education, independent living skills, substance treatment, family of choice reunification, and behavior management. Youth will be eligible for Transitional Housing between the ages of 14-18. While enrolled in the program, youth will receive trauma-informed, client led case management with their designated Youth Navigator. The Youth Navigator will work with them on each of the goals identified during the intake process and beyond. Youth will also have access to basic need items like hygiene, clothing, and food while engaged in services.

As youth graduate from transitional housing, they will be enrolled into scattered site RRH placement. This can occur as young as the age of 16, as that is the minimum age limit to lease a unit in Oregon, although the preferred graduation age will be 18. Graduates will receive rental assistance for a unit of their own choosing. RRH funds will be used to cover client's rental costs, including: rental assistance, utilities, and security deposits. Rental assistance will be for a 12-month period, with an opportunity to extend for an additional 12-months should the client not meet self-sufficiency.

In preparation for graduation, clients will be assisted in housing search. The housing search process consists of robust housing counseling with Youth Navigators who assist in identifying available units, supporting the youth in interacting with potential landlords, helping them prepare necessary documentation, and assisting in the navigation of denials and reasonable accommodation requests. When housing options are identified, MWVCAA certified inspectors will inspect the units to ensure they meet federal quality housing standards. Upon successful housing, clients will receive ongoing case management, with the goal of attaining self – sufficiency, with 6 and 12 month evaluations to ensure continued placement.

1a. Provide a description that addresses how this project will follow Positive Youth Development.

Every aspect of our services relates back to the framework of Positive Youth Development and the idea that child and adolescent development happens within interactions of the individual’s social systems, including families (biological and chosen), peer groups, school, neighborhoods, media and social media, and societal structures. This project will consider the various systems that impact a youth’s development, while cultivating trustworthy, safe spaces. This project will provide youth opportunities to focus on both internal and external factors within the youth’s individual system, as outlined by Search Institute’s Developmental Assets for adolescents. Internal assets include: support, empowerment, boundaries and expectations, and constructive use of time, while external assets include: commitment to learning, positive values like caring and integrity, social competencies, and positive identity.

Regular groups will be offered for youth to engage in life skills development. Groups may include things like financial management, healthy dating and relationships, nutrition, cooking and self-care. Implementation of these groups may include bringing community partners on site to lead, which would also allow youth to build positive relationships with adults outside of HOME staff. During groups and case management, youth will also learn skills like planning and decision making, and how to peacefully resolve conflicts with peers and others. It is essential that youth are involved as participants in their own development, and lead the direction of their service plan so they can experience a sense of purpose and a positive view of their own future.

1b. Provide a description that addresses how this project will follow Trauma Informed Care.

HOME Youth Services will use a trauma-informed care approach in all of our service delivery for this project. Trauma-informed care is an approach that assumes youth are more likely than not to have a history of trauma. For youth experiencing homelessness, this approach is vital, as participants are likely to carry intense trauma. Some of our approach at the new site will be environmental: we will label all doors so youth know where they lead to, so they can access exits quickly. We will offer weighted blankets to youth when they need to calm their bodies, as well as white noise and essential oil machines. Staff will also be trained in motivational interviewing to empower youth to make their own choices. Staff will show youth what they are doing/writing during intakes and interviews so youth know what’s being documented about them. Youth voice and youth choice are foundational parts of HOME and a huge part of our services being responsive and trauma-informed. Youth will be involved in the development of policies and procedures to ensure their voice is being heard and valued as part of the project implementation process. Youth will be empowered to share what response methods work and don’t work for them, and share additional needs with HOME staff.

1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?

This project would meet the vision, goals, and values of our coordinated community plan (CCP) in several different ways. First, the CCP states: “The community uses prevention and diversion strategies whenever possible, and otherwise provides immediate access to low barrier crisis housing and services to any youth who needs and wants it.” Our TH-RRH site will provide safe, low-barrier transitional housing for rural youth, giving them a safe place to call home. Low-barrier, transitional housing versus short-term sheltering will give youth a longer-term place to stay where they can live and thrive as they search for permanent housing.

Second, this project will support youth in maintaining valuable community connections since it prioritizes them staying in their County/Community of origin. When youth from Polk County access our current shelter or services, they are displaced from their community of origin and moved to Salem, decreasing the likelihood of permanent attachment and community integration. By locating a transitional housing site in Polk County, we will support youth as they maintain community connections and decrease the trauma of displacement. Third, this project will promote the CCP’s goal of sustainability due to the purchase of a transitional housing site. This housing site will continue to support youth for many years, helping them thrive as they search for more permanent housing. Additionally, this project will address the CCP’s goal of equity by ensuring that housing is accessible to youth from all cultural, racial, and religious backgrounds, while also considering differing physical, mental, and emotional abilities.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 30 | | | |
| Begin program participant enrollment | 90 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 180 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

3. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

***4. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

(Select ALL that apply)

| | | | |
|------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Chronic Homeless | <input checked="" type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" 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

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/> |

5c. Will the project prevent program participant termination from the project 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. How will you work to remove barriers such as landlord's unwillingness to accept CoC assistance or provide housing to people experiencing homelessness. If project uses RRH units, additionally describe your landlord engagement to ensure there are RRH units available for persons enrolled in your project.

Prior to graduation, youth will be assisted in the housing search process, linking them with desired units, and if needed, utilizing the reasonable accommodation process. This will help increase success rates into rental units despite fair housing protected class status, criminal history, or income. Clients will also utilize our Rent Well program, gaining certificates to show landlords they are ready for successful tenancy. MWVCAA will pair robust trauma-informed case management and service navigation with this financial assistance, allowing clients to obtain stable housing while working to meet their other needs to improve their lives and maintain their housing stability. Case Managers will support clients in finding appropriate employment through employment navigation services. Case Managers also work closely with clients to access health insurance, primary care, as well as get connected to mental health services and counseling. They will also support clients in building life skills to maintain a safe home and to effectively navigate their communities and the resources they offer. MWVCAA will facilitate 100% housing placement for its clients and at least 85% retention rate for permanent housing, with trackable income, health insurance attainment, and decreased utilization of emergency services.

7. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

7a. Explain how and why the project will implement this requirement.

Through this proposal, MWVCAA would require youth to live in a transitional housing environment, ideally with 1-2 youth per room, between the ages of 14-18, with a grand total of 5 youth enrolled at a time in transitional housing. This housing environment would be a safe, structured and stable environment for youth to live in. HOME staff will work with the youth to establish a network of support for youth who are disconnected or at risk of disconnection by identifying family members and supportive adults who are able serve as lifetime connections for the youth. Seeking permanent connections is a process led by the youth, as they identify safe and supportive relationships that will positively impact their development.

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

Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

HOME Youth Services will partner with youth, families, and community partners to ensure the youth's needs are being met and they are prepared for housing beyond their time in our program. Youth Navigators and participants will work together to develop a family engagement plan, led directly by the youth's comfort level with engaging with their biological or chosen families in services. By engaging with existing and new partnerships with local and private institutions, youth will lead the interventions to ensure their needs are being met. One partnership in particular, Northwest Human Services HOST currently provides drop in and transitional living program services available to youth and young adults ages 18-24. We currently work closely with them to provide a soft transition from our services to their services once they age out of our TH programming at 19. Case managers from both programs will meet with the youth to discuss case plans and youth-specific goals. HOME Youth Services will also partner with the McKinney-Vento program, working directly with liaisons to ensure that youth experiencing housing instability are provided free, appropriate educational opportunities that meets their needs and abilities. Each school district in Oregon has an assigned Homeless Student Liaison who works with the youth's support system to ensure basic needs are met so they can have a successful school experience. HOME Youth Services will meet with the liaisons for each district in Marion and Polk counties to build relationships and ensure youth-led school success.

1b. What services are provided to engage the family and youth?

| | |
|--|-------------------------------------|
| Family counseling | <input type="checkbox"/> |
| Conflict Resolution | <input type="checkbox"/> |
| Parenting Supports | <input type="checkbox"/> |
| Relative or kinship caregiver resources | <input type="checkbox"/> |
| Targeted substance abuse and mental health treatment | <input checked="" type="checkbox"/> |
| Housing Search Assistance | <input checked="" type="checkbox"/> |
| Landlord-Tenant mediation | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| Legal Services | <input type="checkbox"/> |
| Utility or Security Deposits | <input checked="" type="checkbox"/> |
| One time moving assistance | <input type="checkbox"/> |
| Rental Application fees | <input checked="" type="checkbox"/> |
| Utility or Rental Arrears | <input checked="" type="checkbox"/> |
| Other (if other selected, use textbox to explain the potential service) | <input type="checkbox"/> |

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

| | |
|------------------------------------|-------------------------------------|
| Pregnant/Parenting | <input checked="" type="checkbox"/> |
| Minors | <input checked="" type="checkbox"/> |
| Foster care/justice involved youth | <input checked="" type="checkbox"/> |
| LGBTQ+ | <input checked="" type="checkbox"/> |
| Gender Non-Conforming | <input checked="" type="checkbox"/> |
| Victims of Sexual Trafficking | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

4. Does this project plan to use Rental Assistance? Yes

4a. Will this project use Rental Deposits? Yes

4b. Will this project cover first months rent? Yes

4c. Short Term Rental Assistance: No

4d. Medium Term Rental Assistance: No

5. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

YAB will continue to be an active voice for program. We will ask YAB to provide input on the layout and design of the space once a location is acquired, taking into consideration both the ambiance of the space, and accessibility for youth experiencing physical barriers. YAB will also be involved in the development and approval of policies and procedures for TH-RRH program through surveys, focus groups, and work sessions. Youth voice and youth choice is essential to this project, so we will ensure YAB will have an integral part in the planning and implementation of the projects.

6. Will your project offer any specialized services for youth living with HIV/AIDS? No

Special YHDP Activities

1. Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? No

4A. Supportive Services for Participants

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

Prior to graduation, youth will be assisted in the housing search process, linking them with desired units, and if needed, utilizing the reasonable accommodation process. This will help increase success rates into rental units despite fair housing protected class status, criminal history, or income. Clients will also utilize our Rent Well program, gaining certificates to show landlords they are ready for successful tenancy. MWVCAA will pair robust trauma-informed case management and service navigation with this financial assistance, allowing clients to obtain stable housing while working to meet their other needs to improve their lives and maintain their housing stability. Case Managers will support clients in finding appropriate employment through employment navigation services. Case Managers also work closely with clients to access health insurance, primary care, as well as get connected to mental health services and counseling.

1a. Describe specific efforts to ensure BIPOC, LGBTQ and people with disabilities experiencing homelessness will be connected to housing of their choice and supported in housing after the assistance has expired.

Youth voice and youth choice is central to MWVCAA services. Enrollment into program activities are voluntary with continued residence in the transitional housing program primarily tied to the safety of oneself and others, in accordance with Housing First principles. When a youth graduates into RRH placement, these principles will continue with the added benefit of being able to select a unit of their choice during the housing search process. This client-focused methodology is currently practiced at MWVCAA with alternate state and federal RRH programming. Staff are trained in cultural humility, how to serve BIPOC and LGBTQ youth, trauma-informed care, mental health first aid, landlord tenant law, fair housing, and introduction to restorative justice.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

MWVCAA has a strong community presence in Polk County through existing partnerships with local and private institutions. One of these established relationships is with Polk County provided services inclusive of social safety net programming (i.e. food, housing, veteran services, mental health, childcare, and basic need supplies). It is the intent of this proposal to coordinate with local government to facilitate referrals into these services as well as utilize MWVCAA's pre-existing contacts to address any unmet needs.

**3. For all supportive services available to program 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 | Bi-weekly |
| Assistance with Moving Costs | | |
| Case Management | Applicant | Weekly |
| Child Care | | |
| Education Services | Applicant | As needed |
| Employment Assistance and Job Training | Applicant | As needed |
| Food | Applicant | Daily |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | | |
| Life Skills Training | Applicant | Bi-weekly |
| Mental Health Services | Partner | As needed |
| Outpatient Health Services | Partner | As needed |
| Outreach Services | Applicant | Weekly |
| Substance Abuse Treatment Services | Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | | |

4. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

All youth will work with Youth Navigators to ensure access to services and resources that address unmet needs. While identifying various unmet needs, they are informed of resources made available to them to meet those specific needs, they have the option to engage or disengage at any time. This is inclusive of releases of information to selected providers. Staff will use motivational interviewing methods like open ended questions and reflections to ensure they are being heard and the appropriate level of care is offered.

5. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

HOME Youth Services recognizes that all youth are entering into services with a unique story. We will consider all aspects of a youth's background and identity when matching them with service types, intensity of support and length of support, acknowledging that things like cultural background, religious background, sexual identity, gender identity, and trauma history impact a youth's unique ability to respond to and engage in services. Staff will work with the youth as the youth leads in developing individual service plans, acknowledging the systems that impact their development.

Identify whether the project will include the following activities:

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

6a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

7. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

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

8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners? Yes

6. Does your organization conduct a background check for all employees who access and view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards? Yes

8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)? Yes

- 8a. How long does it take to remove user licenses for former HMIS users? Within 24 hours

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

| Activity | Enter date of last training or proposed next training (mm/yyyy) |
|--------------------------------------|---|
| Basic Computer Training | 05/2022 |
| HMIS Software Training for Sys Admin | 12/2021 |
| HMIS Software Training | 05/2022 |
| Data Quality Training | 05/2022 |
| Security Training | 03/2022 |
| Privacy/Ethics Training | |
| HMIS PIT Count Training | 01/2022 |
| Other (must specify) | |
| | |
| | |
| | |

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.

List all CoC-funded and Non CoC-funded units and beds for this project

| | TH | RRH | | Total |
|--------------|----------------------|-------|------|-------------------|
| Total Units: | 5 | 8 | | 13 |
| Total Beds: | 5 | 8 | | 13 |
| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
| --- | Single Room Occup... | 5 | 5 | |
| --- | Single Room Occup... | 8 | 8 | |

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

2. Housing Type: Single Room Occupancy (SRO) units

3. What is the funding source for these units and Mixed Funding
beds?
(If multiple sources, select "Mixed" from the
dropdown menu)

Please enter "Other" or "Mixed Funding" source: OTHER

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

a. Units: 5

b. Beds: 5

5. Beds for Youth: 5

6. 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: 719 Jackson St.

Street 2:

City: Monmouth

State: Oregon
ZIP Code: 97361

7. 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)

419053 Polk County

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH RRH portion or the RRH portion of the project?

2. Housing Type: Single Room Occupancy (SRO) units

3. What is the funding source for these units and beds? Mixed Funding
(If multiple sources, select "Mixed" from the dropdown menu)

Please enter "Other" or "Mixed Funding" source: OTHER

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

a. Units: 8

b. Beds: 8

5. Beds for Youth: 8

6. 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: 719 Jackson St.

Street 2:

City: Monmouth

State: Oregon

ZIP Code: 97361

7. 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)

419053 Polk County

5A. Project Participants - Households

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-----------|
| Number of Households | 1 | 4 | 8 | 13 |
| | | | | |
| 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 |
| Persons over age 24 | 0 | 0 | | 0 |
| Persons ages 18-24 | 1 | 4 | | 5 |
| Accompanied Children under age 18 | 1 | | | 1 |
| Unaccompanied Children under age 18 | | | 8 | 8 |
| Total Persons | 2 | 4 | 8 | 14 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | 1 | | | | | | |
| Children under age 18 | | | | | | 1 | | | | |
| Total Persons | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | 1 | | 1 | | 1 | 1 | |
| Total Persons | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | 3 | 0 | 2 | 1 | 1 | 1 | |
| Total Persons | 0 | | | | 0 | 2 | 1 | 1 | 1 | 0 |

Click Save to automatically calculate totals

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2022? Yes

2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program? YHDP

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

4. Select a grant term: 2 Years

5. Select the costs for which funding is requested:

| | |
|---------------------|-------------------------------------|
| Leased Units | <input 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 type="checkbox"/> |

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 | 13 - TH-RRH Coordinator | \$30,410 |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | 13 - 2 Youth Navigators | \$107,494 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | 13 - average of \$50/week/person | \$33,800 |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | 13 - 3 Lead Youth Support Specialists, 8 Youth Support Specialists | \$521,263 |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | 13 - TH-RRH Coordinator | \$30,410 |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | 13 - included = \$892 gas and maintenance/ month; \$45,000 hybrid car acquisition | \$55,710 |
| 16. Utility Deposits | | |
| 17. Operating Costs | Staff: Program Director, Shelter Manager | \$63,128 |
| Total Annual Assistance Requested | | \$842,215 |
| Grant Term | | 2 Years |
| Total Request for Grant Term | | \$1,684,430 |

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 | General updates for accessibility and safety | \$80,173 |
| 2. Property Taxes and Insurance | \$3,753/month | \$45,036 |
| 3. Replacement Reserve | | |
| 4. Building Security | \$650/month | \$7,800 |
| 5. Electricity, Gas, and Water | \$1,800/month | \$21,600 |
| 6. Furniture | 13 Beds, mattresses, additional furniture for house - year one and two only | \$15,800 |
| 7. Equipment (lease, buy) | | \$0 |
| Total Annual Assistance Requested | | \$170,409 |
| Grant Term | | 2 Years |
| Total Request for Grant Term | | \$340,818 |

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

| | |
|--------------------------------------|-----------|
| Total Amount of Cash Commitments: | \$556,905 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$556,905 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

| Type | Source | Contributor | Amount of Commitments |
|------|------------|----------------------|-----------------------|
| Cash | Government | Oregon Housing an... | \$556,905 |

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** Oregon Housing and Community Services
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$556,905

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) |
|--|---|------------------------|---|
| 2a. Leased Units | \$0 | 2 Years | \$0 |
| 2b. Leased Structures | \$0 | 2 Years | \$0 |
| 3. Rental Assistance | \$0 | 2 Years | \$0 |
| 4. Supportive Services | \$842,215 | 2 Years | \$1,684,430 |
| 5. Operating | \$170,409 | 2 Years | \$340,818 |
| 6. HMIS | \$0 | 2 Years | \$0 |
| 7. Sub-total Costs Requested | | | \$2,025,248 |
| 8. Admin (Up to 10%) | | | \$202,369 |
| 9. Total Assistance Plus Admin Requested | | | \$2,227,617 |
| 10. Cash Match | | | \$556,905 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$556,905 |
| 13. Total Budget | | | \$2,784,522 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description:

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: Jimmy Jones

Date: 06/23/2022

Title: Executive Director

Applicant Organization: Mid-Willamette Valley Community Action Agency

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).

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.

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 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 06/06/2022 |
| 1E. SF-424 Compliance | 06/06/2022 |
| 1F. SF-424 Declaration | 06/06/2022 |
| 1G. HUD 2880 | 06/06/2022 |
| 1H. HUD 50070 | 06/06/2022 |
| 1I. Cert. Lobbying | 06/06/2022 |
| 1J. SF-LLL | 06/06/2022 |
| IK. SF-424B | 06/06/2022 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 06/22/2022 |
| 3A. Project Detail | 06/21/2022 |
| 3B. Description | 06/22/2022 |
| Youth Homeless Demonstration Projects | 06/22/2022 |
| Special YHDP Activities | 06/22/2022 |
| 4A. Services | 06/22/2022 |
| 4A. HMIS Standards | No Input Required |
| 4B. HMIS Training | No Input Required |
| 4B. Housing Type | 06/22/2022 |
| 5A. Households | No Input Required |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 06/06/2022 |
| 6F. Supp Svcs Budget | 06/23/2022 |
| 6G. Operating | 06/23/2022 |
| 6I. Match | 06/23/2022 |
| 6J. Summary Budget | No Input Required |

| | |
|--------------------------|-------------------|
| 7A. Attachment(s) | No Input Required |
| 7D. Certification | 06/06/2022 |