

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique 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 Year (FY) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2022 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2022

4. Applicant Identifier:

a. 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:** Center for Hope & Safety
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 51-0141214
- c. Unique Entity Identifier:** JP1HVU2F8BG1

### d. Address

**Street 1:** 605 Center Street NE  
**Street 2:**  
**City:** Salem  
**County:** Marion  
**State:** Oregon  
**Country:** United States  
**Zip / Postal Code:** 97301

### e. Organizational Unit (optional)

**Department Name:** Center for Hope & Safety  
**Division Name:**

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

**Prefix:** Ms.  
**First Name:** Sara  
**Middle Name:**  
**Last Name:** Brennan  
**Suffix:**  
**Title:** Program Manager  
**Organizational Affiliation:** Center for Hope & Safety  
**Telephone Number:** (503) 378-1572  
**Extension:**

**Fax Number:** (503) 364-7998

**Email:** sara@hopeandsafety.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-6600-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): Oregon  
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CHS DV RRH - DV Bonus NEW (FY22)

16. Congressional District(s):

16a. Applicant: OR-005

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

17. Proposed Project

a. Start Date: 01/01/2024

b. End Date: 12/31/2024

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:** Ms.

**First Name:** Jayne

**Middle Name:**

**Last Name:** Downing

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (503) 378-1572  
(Format: 123-456-7890)

**Fax Number:** (503) 364-7998  
(Format: 123-456-7890)

**Email:** jayne@hopeandsafety.org

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

**Date Signed:** 09/06/2022



# 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:** Center for Hope & Safety

**Prefix:** Ms.

**First Name:** Jayne

**Middle Name:**

**Last Name:** Downing

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Center for Hope & Safety

**Telephone Number:** (503) 378-1572

**Extension:**

**Email:** jayne@hopeandsafety.org

**City:** Salem

**County:** Marion

**State:** Oregon

**Country:** United States

**Zip/Postal Code:** 97301

**2. Employer ID Number (EIN):** 51-0141214

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

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$95,028.00  
 (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                               |
|---|--|-----------------------------|--|
| OR0262: CHS DV RRH Housing & Services Project | DV-RRH, renewal (application #195786)      | \$438,226.00                | Rental Assistance & Supportive Services for DV Survivors |
| OR0624: CHS DV RRH - DV Bonus Renewal         | DV-RRH, renewal (application #195787)      | \$166,019.00                | Rental Assistance & Supportive Services for DV Survivors |
| CHS DV RRH - DV Bonus new                     | DV-RRH, new DV Bonus (application #195789) | \$95,028.00                 | Rental Assistance & Supportive Services for DV Survivors |
|   |  |                             |  |
|   |  |                             |  |

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

**Part III Interested Parties**

You must disclose:

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

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

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

**Date Signed:** 09/06/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Center for Hope & Safety  
**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 —<br/>                 (1) The dangers of drug abuse in the workplace<br/>                 (2) The Applicant's policy of maintaining a drug-free workplace;<br/>                 (3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br/>                 (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 —<br/>                 (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<br/>                 (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 —<br/>                 (1) Abide by the terms of the statement; and<br/>                 (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: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Jayne

**Middle Name**

**Last Name:** Downing

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (503) 378-1572  
**(Format: 123-456-7890)**

**Fax Number:** (503) 364-7998  
**(Format: 123-456-7890)**

**Email:** jayne@hopeandsafety.org

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

**Date Signed:** 09/06/2022

## **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:** Center for Hope & Safety

**Name / Title of Authorized Official:** Jayne Downing, Executive Director

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

**Date Signed:** 09/06/2022

# 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:** Center for Hope & Safety

**Street 1:** 605 Center Street 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.



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**Authorized Representative**

**Prefix:** Ms.

**First Name:** Jayne

**Middle Name:**

**Last Name:** Downing

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (503) 378-1572  
**(Format: 123-456-7890)**

**Fax Number:** (503) 364-7998  
**(Format: 123-456-7890)**

**Email:** jayne@hopeandsafety.org

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

**Date Signed:** 09/06/2022

## 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:** Center for Hope & Safety  
**Prefix:** Ms.  
**First Name:** Jayne

**Middle Name:**

**Last Name:** Downing

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/06/2022

## 1L. SF-424D

Are you requesting CoC Program funds for No  
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 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.**

Since 1973, CHS has been providing quality services to victims of domestic and sexual violence in Marion and Polk counties. In part through long-term Federal funding sources, CHS has been able to provide services to tens of thousands of victims and survivors each year. In the most recent fiscal year, CHS had more than 39,000 total contacts to our program.

As an agency, CHS has provided services including ongoing operations involving a domestic violence shelter (44 years), 24-hour crisis services (49 years), and transitional housing (10 years). In addition, CHS has utilized federal funding to complete several one-time projects, including partial funding to open an Advocacy Office that serves more than 8,000 victims and survivors a year that walk in for services.

Currently, CHS operates a 24-hour crisis line in English and Spanish and provides services in an additional 140 languages through an interpreting service. An emergency confidential shelter is operated 24/7. Shelter is fully accessible and supportive services include crisis intervention, safety planning, food, clothing, emergency transportation and intensive case management and housing advocacy to support survivors in working toward their chosen goals. Walk-in services are provided at the fully accessible office Monday through Friday, from 9am-5pm. Advocacy services at the office include access to highly trained advocates (38% of staff are bicultural/bilingual in Spanish and other languages) who provide trauma-informed and victim-directed safety planning, assistance with protection orders, and access to resources (food, clothing, diapers, bus passes, gas cards, cell phones, etc.) CHS Co-Located Advocates partner with Oregon DHS Child Welfare and Self-Sufficiency offices in Polk and Marion counties. Outreach and educational programming include distribution of materials in multiple languages and formats (Spanish, English, Russian, Vietnamese, Chinese, Audio, Braille, and some in pictorials) and training on the dynamics of domestic violence, dating violence, sexual assault, stalking, human trafficking, and trauma to thousands of community partners and members of the public, all at no cost. Prior to the pandemic, CHS has provided weekly support group in Spanish and English, in rural and urban parts of the county (with childcare provided at no cost for all groups). In the last year, we have developed a safe, online support group and hope to resume in-person support groups soon.

All activities proposed in this grant are already performed by CHS staff members. In the last four years, CHS has built a Housing program with a team of six who coordinate our PH-RRH grants, as well as other housing-related funding. CHS advocates provide intensive and trauma-informed support and case management services to all housing clients, as well as assisting with housing searches, conducting outreach to landlords, and advocating on behalf of survivors with landlords when they have barriers to housing (such as past evictions, debt or poor credit histories, criminal records, alcohol and/or drugs, mental health concerns, etc.) In just four years, our Housing Team has helped hundreds of survivors obtain safe and permanent housing using a combination of HUD and non-HUD funding. Even throughout the pandemic, CHS continued to support and shelter survivors and our Housing Advocates continued to meet or exceed project expectations for current PH-RRH grants.



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

CHS purchased and remodeled our current advocacy office in 2014, at a total cost of \$1.6M and was able to leverage the \$444,000 in federal funds we received into the entire amount needed to pay off the building in less than two years. One-third of the project was paid for from support from foundations and the other third from community donations. Five years ago CHS paid nearly \$1M for a new shelter facility that receives CDBG funding to provide staffing. The shelter was paid for entirely with local and private sector funds in less than one year. The new facility was necessary because the previous shelter had reached the end of its useful life after housing 15,887 children and adults fleeing violence in Marion and Polk counties (and other parts of Oregon when their home communities were not safe).

In May 2021, CHS was one of the recipients of a Project Turnkey grant through the Oregon Community Foundation, in partnership with the State of Oregon. This grant provided \$4.7M to CHS to acquire a 52-room motel property to be used as a non-congregate shelter, which we call Mosaic. Our first residents moved in December 2021 and we have seen a 144% increase in the number of survivors sheltered. This last fiscal year, we more than doubled the number of shelter nights provided compared to the previous year. We are continuing to upgrade the property and will soon begin renovations to make rooms into suites that include a small kitchen and living room and a separate bedroom for each household. CHS Housing advocates are stationed at Mosaic to work directly with residents onsite as they move to help them move to permanent housing as quickly as possible.

CHS works closely with a variety of community partners in Polk and Marion counties (including the Polk County Resource Center; Marion and Polk Department of Human Services; Mano a Mano Services; Marion-Polk Legal Aid; Marion-Polk Food Share; Salem Health; MWVCAA ARCHES Program; Salem Police Department; Family Building Blocks; Northwest Human Services; and many more. Programs share resources and leverage funds to build a safety net for vulnerable families in our community.

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

The CHS Executive Director and Program Manager have more than 41 years of combined experience administering federally funded grants and projects. Currently, CHS has a nine member Board of Directors and 34 staff members. Our diverse leadership team includes the Executive Director (25 years of experience), Program Manager (16 years experience), HR Manager, Advocacy & Outreach Manager, and five Supervisors.

Every CHS staff member and volunteer completes a minimum of 50 hours of training before ever meeting with a victim of violence. Training topics includes the dynamics of domestic violence, sexual assault, stalking, and human trafficking; advocacy; anti-oppression and how to provide culturally-supportive services; trauma informed care; boundaries and ethics; crisis and suicide intervention; teen dating violence; secondary trauma; and self-care.

Board members also attend Advocacy training to help them make better decisions on behalf of survivors, and additional training regarding their fiduciary and oversight duties to the organization. The Board, staff and volunteers attend additional training each year on a wide-range of topics.

CHS has comprehensive internal control policies. CHS utilizes QuickBooks software for our financial accounting and the Executive Director monitors and signs off on every transaction. The Board receives and approves all monthly financial reports. CHS undergoes an audit every year and when completed, the Auditor presents it to the Board of Directors.

The Center for Hope & Safety (CHS) has been the recipient of federal funds for more than 40 years and has never been delinquent or had any unresolved monitoring or audit findings. CHS has always been able to spend grant funds within the time limitations. CHS manages all grants internally. This CoC program will be overseen by the Housing Supervisor and Program Manager, and services will be provided through highly trained Housing Advocates who specialize in working with survivors of violence and providing housing services. This includes, but is not limited to, being trained in any tools and techniques that will be especially helpful with this project, including training on motivational interviewing, fair housing laws, the SOAR (SSI/SSDI Outreach, Access, and Recover) program, and assessment tools including the VI-SPDAT and other assessment tools.

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

### 3A. Project Detail

1. **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:** CHS DV RRH - DV Bonus NEW (FY22)
4. **Project Status:** Standard
5. **Component Type:** PH
- 5a. **Select the type of PH project:** RRH
6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Yes
7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

## 3B. Project Description

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

CHS is a victim service provider as defined in 24 CFR 578.3. This project will provide PH-RRH in scattered sites to survivors of domestic violence, sexual assault, & stalking in Marion and Polk Counties. Two very important collaborative partnerships CHS can draw on for this project are the 25% match for healthcare services through Salem Health & housing vouchers with the Salem Housing Authority. Survivors are given a priority for the housing vouchers & CHS is able to submit names each month. CHS collaborates with community partners to identify & support survivors, conducting outreach efforts & creating a "No Wrong Door" approach to services. CHS developed the DV-specific CE System protocols currently used for the Marion/Polk region. We are a specialized access point for CE assessments through the CoC & will continue to maintain the DV Shared Confidential Interest List.

DV is one of the leading causes of homelessness for women & children in the US. In the most recent assessment of individuals experiencing homelessness in our region, of the 4,300 individuals counted, 44% of adults reported a history of domestic violence, and 30% of those were fleeing domestic violence at the time of their assessment. (The Homeless Services Delivery System for the Marion-Polk Region Gaps Analysis, published in August 2022 by the Mid-Willamette Valley Homeless Alliance.) A recent review of local HMIS data show that more than 400 individuals currently seeking homelessness services in our region are actively fleeing an abusive situation. In addition, CHS Housing Advocates conducted 141 housing assessments this last year. (These are unduplicated from the individuals in HMIS.) Ninety of those households were eligible for RRH based on their VI-SPDAT score. In addition to 35 households referred by ARCHES (the CE Management entity for the CoC). The total was 125 HH's assessed as fleeing DV and prioritized for RRH placement on the Confidential Interest List during the reporting period.

These funds will allow CHS to expand our current RRH services to additional survivors in our region. In just over three years, CHS Advocates have completed more than 380 assessments with survivors. While we are enrolling participants as fast as funding allows, there are still many in desperate need of housing assistance on our confidential Domestic Violence CE list and our team assesses survivors every week who are added to this list.

As with other CHS PH-RRH projects, this new project will be survivor-focused & driven. Survivors will be able to select their level of involvement in case management & follow-up services. All case management will occur at a location that best meets the needs of the participant. Any barriers with gaining or maintaining housing will be addressed quickly in partnership with the survivor. Each participant will be offered the opportunity to develop an Action Plan based on their safety, needs, and strengths.

Project outcomes will include:

- 90% of survivors will report an increase in their sense of safety
- Max average days from project entry to residential move-in will be 60 days or less
- Minimum of 60% successful exits from RRH
- Max 5% return to homelessness within 6 months of exit to PH
- Max 2% return to homelessness within 12 months of exit to PH
- Minimum 1% participants with new or increased earn income for stayers & leavers
- Minimum 25% participants with new or increased non-employment for stayer &

leavers

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  | 30                                     |  |  |  |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 60                                     |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity                  | 90                                     |  |  |  |
| Closing on purchase of land, structure(s), or execution of structure lease                                  |  |  |  |  |
| Start rehabilitation  |  |  |  |  |
| Complete rehabilitation   |  |  |  |  |
| Start new construction  |  |  |  |  |
| Complete new construction   |  |  |  |  |

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

(Select ALL that apply)

|   |                          |                                   |                                     |
|---|--------------------------|-----------------------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence                 | <input checked="" type="checkbox"/> |
| Veterans                                | <input type="checkbox"/> | Substance Abuse                   | <input type="checkbox"/>            |
| Youth (under 25)                        | <input type="checkbox"/> | Mental Illness                    | <input type="checkbox"/>            |
| Families                                | <input type="checkbox"/> | HIV/AIDS                          | <input type="checkbox"/>            |
|   |                          | Chronic Homeless                  | <input type="checkbox"/>            |
|   |                          | Other<br>(Click 'Save' to update) | <input type="checkbox"/>            |

4. 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

**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 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 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

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

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No  
renewal project?



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## 4A. Supportive Services for Participants

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

CHS Housing Advocates (HAs) are highly trained in providing trauma-informed services and case management, motivational interviewing and assessment tools, SOAR, and landlord engagement. HAs will work with the survivors to secure and maintain safe housing and partner with landlords, social services, and employment agencies. This project will be survivor led, allowing the greatest flexibility in supportive services for participants. Survivors will be offered the opportunity to develop individual Action Plans, outlining their goals and needs, and addressing any safety concerns or barriers. HAs will conduct the VI-SPDATs with survivors, assist with paperwork for housing, social services, employment, and other programs, accompany the survivor to appointments, and advocate on behalf of the survivor if there are challenges to securing housing. Once housing is secured, HAs will be available to meet on a regular basis to work toward long-term safety, housing stability, and financial goals.

Survivors will be a work with the HAs to develop a safety plan and work through any additional barriers (such as income, transportation, rental history, and/or debt). Further considerations will be housing location in relation to employment, services, and transportation. Housing must meet an HSQ inspection, habitability standards, and have reasonable rent/costs in comparison to other housing in the area. Affordable and safe housing will help increase the survivor's sense of safety, well-being and long-term stability.

The CHS Housing Program is designed around the best practices outlined in the Domestic Violence Housing First model (developed by the Washington Coalition Against Domestic Violence in cooperation with survivors and the Gates Foundation). The DV Housing First model addresses the critical safety concerns of victims and includes four key components:

1. Tailored Services, Mobile Advocacy: Advocates meet survivors where they are and tailor services to their unique needs. Advocates go where survivors need them – in-home or at a safe, accessible place identified by the survivor.
2. Practical, Temporary Financial Assistance: Advocates work with survivors to understand what their needs are and to provide practical, temporary funding assistance to address those needs.
3. Housing Search Support: Advocates work with survivors to help make the housing search process more manageable. They help determine what steps should to be taken to get the family into a home or help them stay in their current home.
4. Landlord and Housing Authority Relationships: Many landlords and housing authorities view survivors as high-risk tenants. The DV Housing First works to dispel this myth, while outlining the legal requirements for working with survivors, and educating these key stakeholders that survivors can be reliable renters. This service approach also highlights for landlords the value of the extra support that comes with advocacy and intensive case management for the tenants.

Our HAs conduct outreach to landlords, Housing Authorities, and other agencies that can help survivors move forward on their self-directed plans. The housing funds are used to meet the needs of survivors, and can include paying fees, deposits, rent, and/or making other payments that lead to long-term,

stable housing.

**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.**

CHS connects survivors with many mainstream health, social services, and employment programs. This includes Salem Health (25% match healthcare partner), Health & Human Services, Psychiatric Crisis Center, OR Department of Human Services, and many others. Survivors receive assistance with transportation, translation, filling out paperwork and benefits applications, and other supportive services. Through these strong partnerships, participants will see improved health outcomes. All participants will have access to computers located at our Advocacy Office and shelters that have software available to facilitate resume building and job search skills. CHS has a strong working relationship with WorkSource Oregon and several employment agencies in rural and urban parts of our community. WorkSource and other agencies notify CHS staff regarding classes and employment opportunities on a regular basis. Many of the survivors we work with have been able to secure employment, access to benefits, and increase their incomes through our assistance and support.


**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   | As needed |
| Assistance with Moving Costs           | Applicant   | As needed |
| Case Management                        | Applicant   | As needed |
| Child Care                             | Non-Partner | As needed |
| Education Services                     | Non-Partner | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food                                   | Applicant   | As needed |
| Housing Search and Counseling Services | Applicant   | As needed |
| Legal Services                         | Non-Partner | As needed |
| Life Skills Training                   | Applicant   | As needed |
| Mental Health Services                 | Non-Partner | As needed |
| Outpatient Health Services             | Non-Partner | As needed |
| Outreach Services                      | Applicant   | As needed |
| Substance Abuse Treatment Services     | Non-Partner | As needed |
| Transportation                         | Applicant   | As needed |
| Utility Deposits                       | Applicant   | As needed |

**Identify whether the project will include the following activities:**

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Yes
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units: 5**

**Total Beds: 12**

| Housing Type                    | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | ---                  | 5     | 12   | 0                 |

## 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 program participants at the selected housing site.**

2a. **Units:** 5

2b. **Beds:** 12

### 3. 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:** PO Box 4712

**Street 2:**

**City:** Salem

**State:** Oregon

**ZIP Code:** 97302

**\*4. 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)**

411200 Salem, 419047 Marion County, 419053  
Polk County

## 5A. Project Participants - Households

Households Table

|                                     | Households with at Least One Adult and One Child            | Adult Households without Children            | Households with Only Children            | Total     |
|-------------------------------------|---|--|--|-----------|
| Number of Households                | 4   | 1  |  | 5         |
| <b>Characteristics</b>              |   |  |  |           |
| 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                 | 3   |  |  | 3         |
| Persons ages 18-24                  | 1   | 1  |  | 2         |
| Accompanied Children under age 18   | 7   |  |  | 7         |
| Unaccompanied Children under age 18 |   |  |  | 0         |
| <b>Total Persons</b>                | <b>11</b>   | <b>1</b>                                     | <b>0</b>                                 | <b>12</b> |

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   |                   |             |                   |                         |          |                       | 3  |                     |                          |   |
| Persons ages 18-24    |                   |             |                   |                         |          |                       | 1  |                     |                          |   |
| Children under age 18 |                   |             |                   |                         |          |                       | 7  |                     |                          |   |
| <b>Total Persons</b>  | 0                 | 0           | 0                 | 0                       | 0        | 0                     | 11 | 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  |                     |                          |   |
| <b>Total Persons</b> | 0                 | 0           | 0                  | 0                       | 0        | 0                     | 1  | 0                   | 0                        | 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 |                   |             |                   |                         |          |                       |    |                     |                          |   |
| <b>Total Persons</b>                | 0                 |             |                   |                         | 0        | 0                     | 0  | 0                   | 0                        | 0   |



## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

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

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

4. Select a grant term: 1 Year

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

|                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No  
(13 to 18 months)

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| Total Request for Grant Term: |                                 |                       | \$64,920      |
|-------------------------------|---------------------------------|-----------------------|---------------|
| Total Units:                  |                                 |                       | 5             |
| Type of Rental Assistance     | FMR Area                        | Total Units Requested | Total Request |
| TRA                           | OR - Salem, OR MSA (4104799999) | 5                     | \$64,920      |

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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

Grant Term: This field is populated 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 annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: OR - Salem, OR MSA (4104799999)**

| Size of Units | # of Units (Applicant) |   | FMR Area (Applicant) |   | 12 Months |  |   | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO           |                        | x | \$635                | x | 12        |  | = | \$0                       |
| 0 Bedroom     |                        | x | \$846                | x | 12        |  | = | \$0                       |
| 1 Bedroom     | 1                      | x | \$882                | x | 12        |  | = | \$10,584                  |

|  |   |   |         |   |    |   |          |
|--|---|---|---------|---|----|---|----------|
| 2 Bedrooms   | 4 | x | \$1,132 | x | 12 | = | \$54,336 |
| 3 Bedrooms   |   | x | \$1,608 | x | 12 | = | \$0      |
| 4 Bedrooms   |   | x | \$1,938 | x | 12 | = | \$0      |
| 5 Bedrooms   |   | x | \$2,229 | x | 12 | = | \$0      |
| 6 Bedrooms   |   | x | \$2,519 | x | 12 | = | \$0      |
| 7 Bedrooms   |   | x | \$2,810 | x | 12 | = | \$0      |
| 8 Bedrooms   |   | x | \$3,101 | x | 12 | = | \$0      |
| 9 Bedrooms   |   | x | \$3,392 | x | 12 | = | \$0      |
| <b>Total Units and Annual Assistance Requested</b> | 5 |   |         |   |    |   | \$64,920 |
| <b>Grant Term</b>                                  |   |   |         |   |    |   | 1 Year   |
| <b>Total Request for Grant Term</b>                |   |   |         |   |    |   | \$64,920 |

Click the 'Save' button to automatically calculate totals.



## 6F. Supportive Services Budget

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

| Eligible Costs                           | Quantity AND Description<br>(max 400 characters)                 | Annual Assistance<br>Requested |
|--|--|--------------------------------|
| 1. Assessment of Service Needs           |  |                                |
| 2. Assistance with Moving Costs          | application fees utility fees, required renter's insurance, etc. | \$2,000                        |
| 3. Case Management                       | .33 FTE Housing Advocate (\$13,690 salary + \$5,865 benefits)    | \$19,555                       |
| 4. Child Care                            |  |                                |
| 5. Education Services                    |  |                                |
| 6. Employment Assistance                 |  |                                |
| 7. Food                                  |  |                                |
| 8. Housing/Counseling Services           |  |                                |
| 9. Legal Services                        |  |                                |
| 10. Life Skills                          |  |                                |
| 11. Mental Health Services               |  |                                |
| 12. Outpatient Health Services           |  |                                |
| 13. Outreach Services                    |  |                                |
| 14. Substance Abuse Treatment Services   |  |                                |
| 15. Transportation                       |  |                                |
| 16. Utility Deposits                     |  |                                |
| 17. Operating Costs                      |  |                                |
| <b>Total Annual Assistance Requested</b> |  | \$21,555                       |
| <b>Grant Term</b>                        |  | 1 Year                         |
| <b>Total Request for Grant Term</b>      |  | \$21,555                       |

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:    | \$23,757 |
| Total Amount of In-Kind Commitments: | \$0      |
| Total Amount of All Commitments:     | \$23,757 |

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

| Type | Source     | Name of Source       | Amount of Commitments |
|------|------------|----------------------|-----------------------|
| Cash | Government | Oregon Domestic &... | \$23,757              |

## Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** Oregon Domestic & Sexual Violence Services  
(Be as specific as possible and include the office and Survivor Housing Funds  
or grant program as applicable)
- 4. **Amount of Written Commitment:** \$23,757

## 6J. Summary Budget

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

| Eligible Costs                           | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition                          |   |                        | \$0   |
| 1b. Rehabilitation                       |   |                        | \$0   |
| 1c. New Construction                     |   |                        | \$0   |
| 2a. Leased Units                         | \$0                                     | 1 Year                 | \$0   |
| 2b. Leased Structures                    | \$0                                     | 1 Year                 | \$0   |
| 3. Rental Assistance                     | \$64,920                                | 1 Year                 | \$64,920  |
| 4. Supportive Services                   | \$21,555                                | 1 Year                 | \$21,555  |
| 5. Operating                             | \$0                                     | 1 Year                 | \$0   |
| 6. HMIS                                  | \$0                                     | 1 Year                 | \$0   |
| 7. Sub-total Costs Requested             |   |                        | \$86,475  |
| 8. Admin (Up to 10%)                     |   |                        | \$8,553   |
| 9. Total Assistance Plus Admin Requested |   |                        | \$95,028  |
| 10. Cash Match                           |   |                        | \$23,757  |
| 11. In-Kind Match                        |   |                        | \$0   |
| 12. Total Match                          |   |                        | \$23,757  |
| 13. Total Budget                         |   |                        | \$118,785   |

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        | CHS Match Committ... | 09/06/2022    |
| 3) Other Attachment(s)                  | No        | Supportive Servic... | 09/06/2022    |

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** CHS Match Commitment

## Attachment Details

**Document Description:** Supportive Services Budget & Sites for Work Performance

## 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:** Jayne Downing

**Date:** 09/06/2022

**Title:** Executive Director

**Applicant Organization:** Center for Hope & Safety

**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 |
| New Project Application FY2022 | Page 54           |
|                                | 09/06/2022        |

|   |                   |
|---|-------------------|
| <b>1B. SF-424 Legal Applicant</b>           | 09/06/2022        |
| <b>1C. SF-424 Application Details</b>       | No Input Required |
| <b>1D. SF-424 Congressional District(s)</b> | 09/06/2022        |
| <b>1E. SF-424 Compliance</b>                | 09/06/2022        |
| <b>1F. SF-424 Declaration</b>               | 09/06/2022        |
| <b>1G. HUD 2880</b>                         | 09/06/2022        |
| <b>1H. HUD 50070</b>                        | 09/06/2022        |
| <b>1I. Cert. Lobbying</b>                   | 09/06/2022        |
| <b>1J. SF-LLL</b>                           | 09/06/2022        |
| <b>IK. SF-424B</b>                          | 09/06/2022        |
| <b>1L. SF-424D</b>                          | 09/06/2022        |
| <b>2A. Subrecipients</b>                    | No Input Required |
| <b>2B. Experience</b>                       | 09/06/2022        |
| <b>3A. Project Detail</b>                   | 09/06/2022        |
| <b>3B. Description</b>                      | 09/06/2022        |
| <b>3C. Expansion</b>                        | 09/06/2022        |
| <b>4A. Services</b>                         | 09/06/2022        |
| <b>4B. Housing Type</b>                     | 09/06/2022        |
| <b>5A. Households</b>                       | 09/06/2022        |
| <b>5B. Subpopulations</b>                   | No Input Required |
| <b>6A. Funding Request</b>                  | 09/06/2022        |
| <b>6E. Rental Assistance</b>                | 09/06/2022        |
| <b>6F. Supp Srvcs Budget</b>                | 09/06/2022        |
| <b>6I. Match</b>                            | 09/06/2022        |
| <b>6J. Summary Budget</b>                   | No Input Required |
| <b>7A. Attachment(s)</b>                    | 09/06/2022        |
| <b>7D. Certification</b>                    | 09/06/2022        |

August 19, 2022

**Center for Hope & Safety  
Commitment to DV Housing & Services Project**

**Project #195789 (DV Bonus New Application)**

| <u>Position</u>                          | <u>Rate*</u>   | <u>Hours</u> | <u>Total</u>     |
|--|----------------|--------------|------------------|
| Housing Advocate (.34 FTE)               | 33.65          | 706          | <u>23,757</u>    |
| *hourly rate including salary & benefits | Value of Match |              | <u>\$ 23,757</u> |

# Center for HOPE & SAFETY



*Formerly Mid-Valley Women's Crisis Service*

The Center for Hope & Safety (CHS) will provide the DV Housing & Services Project a total contribution of \$23,757 in matching funds for the January 1, 2024 through December 31, 2024 grant year. CHS will use these funds to support salary and benefits of a dedicated Housing Advocate.

CHS plans to use Oregon Domestic and Sexual Violence Services (ODSVS) and Survivor Housing Funds to finance the match. Both of these funding streams come from the State General Fund. CHS has received OSDVS funds for decades, and we know that the Survivor Housing Funds have been renewed, but we do not yet have written contracts from our grant monitors at the Oregon Department of Justice, Crime Victims and Survivors Services Division. If for any reason we do not receive enough funding to cover the match, CHS will use private, undesignated donations to cover the match amount.

The chart above calculates the estimated breakdown of hours and values. This staff member will support this housing project through HUD-approved activities, such as direct client services, program design, processing of housing payments, and reporting.

The Center for Hope & Safety is committed to making the DV Housing & Services Project a success and look forward to working with COC partners, nonprofits, community service and housing providers on a whole new level. We are grateful for the opportunity to apply for HUD COC DV Bonus Housing funds. Thank you.

Sincerely,

Jayne Downing, Executive Director

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605 Center St NE • Salem, OR 97301 • [hopeandsafety.org](http://hopeandsafety.org)  
503-378-1572 office • 503-399-7722 hotline

*because everyone deserves a life free of violence*



# SUPPORTIVE SERVICES BUDGET

**ORGANIZATION:** Center for Hope & Safety  
**GRANT APPLICATION:** 195789  
**PROJECT NAME:** CHS DV RRH - DV Bonus (NEW)

| PERSONNEL POSITION #1    |                  |  |          |
|--------------------------|------------------|--|----------|
| Staff Name:              | TBD              | Total Salary for 1.0 FTE:  | \$42,000 |
| Position Title:          | Housing Advocate | Personnel Expenses for 1.0 FTE:  | \$18,000 |
| <b>Brief Description</b> |                  |  |          |
| Salary                   | \$13,690         | .33 FTE - Case Management  |          |
| Personnel Expenses       | \$5,865          | .33 FTE - Personnel costs include FICA, UI, Workers' Comp, health insurance, dental insurance, retirement, short-term and long-term disability, life reimbursement & health reimbursement account. |          |
| <b>Total</b>             | <b>\$19,555</b>  |  |          |

| SUPPORTIVE SERVICES              |                | Brief Description  |
|----------------------------------|----------------|--|
| Supportive Services              | \$2,000        | As allowed by HUD; Eligible services include: assistance with moving costs, child care, education services, employment assistance and job training, food, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, substance abuse treatment services, transportation, utility deposit) |
| <b>TOTAL SUPPORTIVE SERVICES</b> | <b>\$2,000</b> |  |

|                    |                 |
|--------------------|-----------------|
| <b>GRAND TOTAL</b> | <b>\$21,555</b> |
|--------------------|-----------------|

## **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.*

There are two main sites for the performance of work done in connection with the HUD funding:

### **CHS Advocacy Office**

605 Center Street NE  
Salem, OR 97301

Activities: Assessments, CoC Program paperwork, Action Plan development and check-ins with participants, SOAR support, and providing supportive services.

### **Mosaic Shelter Office**

4646 Portland Road NE  
Salem, OR 97305

Activities: Assessments, CoC Program paperwork, Action Plan development and check-ins with participants, SOAR support, and providing supportive services.

The participants select scattered sites around Marion and Polk Counties for their housing. CHS Housing Advocates are able to meet with them onsite, as requested by the survivor, but there are too many possibilities to list all the addresses here.

In order to protect participants locations, CHS uses PO Box 4712, Salem, OR 97302.