

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

- 1. **Type of Submission:** Application
- 2. **Type of Application:** Renewal Project Application

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

If "Other", specify:

- 3. **Date Received:** 09/11/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** GA0359

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: MUST Ministries, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-2034725

	c. Organizational DUNS:	827848292	PLUS 4	
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d. Address

Street 1: 1407 Cobb Parkway N

Street 2:

City: Marietta

County: Cobb

State: Georgia

Country: United States

Zip / Postal Code: 30062

e. Organizational Unit (optional)

Department Name: Housing Programs

Division Name:

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

Prefix: Ms.

First Name: Angela

Middle Name:

Last Name: Phelps

Suffix:

Title: Executive Vice President

Organizational Affiliation: MUST Ministries, Inc.

Telephone Number: (678) 218-4484

Applicant: MUST Ministries

827848292

Project: Cobb County Coordinated Entry and Assessment

162282

Extension: 1108

Fax Number: (770) 790-3916

Email: aphelps@mustministries.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-6200-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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Cobb County Coordinated Entry and Assessment

16. Congressional District(s):

a. Applicant: GA-007, GA-006, GA-009, GA-011, GA-013
(for multiple selections hold CTRL key)

b. Project: GA-006, GA-011, GA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 11/01/2019

b. End Date: 10/31/2020

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: Dr.

First Name: Dwight

Middle Name:

Last Name: Reighard

Suffix:

Title: President&CEO

Telephone Number: (770) 427-9862
(Format: 123-456-7890)

Fax Number: (770) 423-0446
(Format: 123-456-7890)

Email: ireighard@mustministries.org

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

Date Signed: 09/11/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: MUST Ministries, Inc.

Prefix: Dr.

First Name: Dwight

Middle Name:

Last Name: Reighard

Suffix:

Title: President&CEO

Organizational Affiliation: MUST Ministries, Inc.

Telephone Number: (770) 427-9862

Extension: 1140

Email: ireighard@mustministries.org

City: Marietta

County: Cobb

State: Georgia

Country: United States

Zip/Postal Code: 30062

2. Employer ID Number (EIN): 58-2034725

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$50,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Cobb County Coordinated Entry and Assessment
 1407 Cobb Parkway N Marietta Georgia

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
Cherokee County CDBG/1130 Bluffs Pkwy, Canton, GA 30114	Grant	\$14,936.00	Supportive service assistance for S+C Cherokee Project
GA Dept of Community Affairs/60 Executive Park South NE, Atlanta, GA 30329	Grant	19215.0	Supportive service assistance for Cherokee S+C and Cobb S+C projects
GA Dept of Community Affairs/60 Executive Park South NE, Atlanta, GA 30329	Grant	\$50,000.00	Harm Reduction case management assistance for Cherokee S+C and Cobb S+C projects
NA	NA		NA
NA	NA		NA

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	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Dwight Reighard, President&CEO

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

Date Signed: 08/05/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: MUST Ministries, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

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

X

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)

Authorized Representative

Prefix: Dr.

First Name: Dwight

Middle Name

Last Name: Reighard

Suffix:

Title: President&CEO

Telephone Number: (770) 427-9862
(Format: 123-456-7890)

Fax Number: (770) 423-0446
(Format: 123-456-7890)

Email: ireighard@mustministries.org

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

Date Signed: 09/11/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: MUST Ministries, Inc.

Name / Title of Authorized Official: Dwight Reighard, President&CEO

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

Date Signed: 09/11/2018

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: MUST Ministries, Inc.
Street 1: 1407 Cobb Parkway N
Street 2:
City: Marietta
County: Cobb
State: Georgia
Country: United States
Zip / Postal Code: 30062

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Dr.

First Name: Dwight

Middle Name:

Last Name: Reighard

Suffix:

Title: President&CEO

Telephone Number: (770) 427-9862
(Format: 123-456-7890)

Fax Number: (770) 423-0446
(Format: 123-456-7890)

Email: ireighard@mustministries.org

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

Date Signed: 09/11/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This is a first time renewal for which the original grant has not expired.

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

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

This is a first time renewal for which less than one quarter has passed.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?** No
If “No” click on “Next” or “Save & Next” below 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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0359

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

2a. CoC Number and Name: GA-506 - Marietta/Cobb County CoC

2b. CoC Collaborative Applicant Name: The Center for Family Resources

3. Project Name: Cobb County Coordinated Entry and Assessment

4. Project Status: Standard

5. Component Type: SSO

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

MUST ministries was selected by the Cobb CoC Board as the lead agency to administer the CoC's Coordinated Entry (CE) process. The goal of the project is to make our homeless assistance system more efficient by: assisting households experiencing homelessness move through the system quickly, thus reducing their time spent in homelessness; reducing new entries to homelessness by offering prevention and diversion resources, improving data collection and sharing information. At this time the CoC uses the CoC's Coordinated Entry system to make referrals to PSH and RRH projects. As the CoC continues to develop CE, the process will include referrals to other project types. All PSH and RRH projects in the CoC have been incorporated into the CoC's referral process; this includes projects that receive any type of funding. There are 4 Points of Entry (POEs) into the CE system. POE users administer screening tools to determine if clients can be diverted. If not, they administer a VI-SPDAT assessment and enroll clients into the CE project. The assessment and CE by-name list are maintained on the GA regional HMIS database and referrals to projects are made within the HMIS.

MUST employs a Coordinated Entry Specialist (CES) who administers Coordinated Entry for the CoC. The CES' activities include: Screening of clients and conducting VI-SPDAT assessments (as needed and available), Matching, Referrals and referral follow up to ensure clients are assisted in a timely manner once matching has occurred, Contacting clients on list within 90 days to inquire about possible change in homeless status to update client profile accordingly, Providing guidance and technical assistance to agencies, Updating and maintaining the by-name list according to CoC procedures, Referring persons on the by-name list to appropriate housing options, Offering resources to ineligible persons, Coordinating trainings on the CE system as well as train staff as needed to ensure consistency in CE intake and process, Providing regular reports to the CoC, and Assisting in educating the community and recruiting of all organizations in the CoC providing homeless services.

Additionally, the CES participates in CoC Board meetings to provide updates on the CE by-name list, report numbers on current enrollment, and to educate Board members on areas of need. Regular status updates are made with case management staff to ensure clients are connected to housing options efficiently and effectively and to provide resources to case managers when all housing options are full.

All CoC-funded organizations, the Cobb ESG recipient organization, and other service provider organizations meet monthly as a committee to review CE outcomes, evaluate the CE process, and to continue refining CE policies and procedures to ensure they meet the needs of the community. Findings from these reviews are used to analyze the CoC's homeless and imminently homeless population and to determine the CoC's unmet needs.

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

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

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

Other: Serves anyone who is “homeless or imminently homeless in the CoC and is seeking permanent housing.

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>

None of the above	<input type="checkbox"/>
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3d. Does the project follow a "Housing First" approach? Yes

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The CoC Coordinated Entry Committee started by defining our target populations and subpopulations within the CoC who are eligible for services but may have not had access to or utilized them previously. Once these populations are identified the committee works to define an outreach program that includes special measures to attract those with the highest barriers to accessing services.

Strategies currently utilized:

- The committee developed a handout that describes the process to be followed by those who are experiencing a housing crisis.
- The Committee has had CoC meetings to educate the community on CE and our processes. Meetings have been attended by school homeless liaisons, and representatives from the judicial system and law enforcement.
- The Committee has also worked with PATH, SSVF, and the VA to incorporate them into our processes.
- The group advertises in locations and or media that are used by those identified by the committee. This includes advertising at local food pantries, churches, community service providers, and other places that are frequented by this population.
- The CES also regularly attends the public community wide Homeless Council meeting where community partners and residents alike gather to discuss and share available resources in the community.
- The CES also provides this information to other referral partners such as United Way 211.
- To ensure residents that are homeless in the CoC have 24-hour knowledge of the CE Points of Entry, the CES has set-up a CE hotline that has a recorded message providing the name, location and hours of operation for all Points of Entry.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

The CoC Coordinated Entry Committee that includes MUST, develops the

process to be administered. These policies and procedures are reviewed and approved by the CoC Board and include written standards for prioritization and eligibility.

- The process begins with a prevention and diversion screening.
- Once a prevention and diversion screening has been completed and the client has been deemed literally homeless, at imminent risk of losing housing, or fleeing domestic violence; a VI SPDAT will be given to the client to determine their vulnerability score.
- Clients provide permission for the information collected on the screening tool to be shared with the Coordinated Entry Specialist (CES). Clients are encouraged to sign a Consent to Share form, allowing for limited HMIS data to be shared across the HMIS implementation. Additionally, veterans sign a Release of Information form that allows the CES to share data with the VA.
- Information will be used to match a client to a project and place them on the CoC by-name list.
- The CES maintains one by-name list that combines all project types.
- Each organization that is a service provider (receives referrals) provides their bed availability to the Coordinated Entry Specialist on a weekly basis.
- The Coordinated Entry Specialist reviews the by-name list and matches the persons on the list to the housing project that will best meet their needs.
- Persons on the by-name list are prioritized based on a system created by the CoC Coordinated Entry Committee which prioritizes based on chronic homeless status, length of time homeless and assessment score. If there is availability, the household will be referred to the appropriate service provider.
- The client is contacted by the CES to get the client's input on what type of housing option they would prefer and what housing is suitable for the client's situation. Based on availability in the various housing programs and client preference, the referral is submitted to the service provider that will best meet the client's housing needs.
- The CES may refer clients to one of the following: MUST's 3 PSH projects (one of which is for veterans); MUST's RRH for singles; Center for Family Resources' 4 RRH projects for families with children (one of which has DV-dedicated beds); United Way, Hope Atlanta, or Action Ministries SSVF RRH; Cobb CSB's 2 PSH projects, Zion Keepers' PSH project for veterans.
- If the client has been on the CE by-name list for an extended period (30 days or more) the CES reaches out to the client to inquire about current homeless status and location to ensure that referral is appropriate, contact information is valid and client is still in need of housing assistance.
- The CES submits the referral through the Homeless Management Information System (HMIS) ClientTrack directly to the service provider.
- The service provider is automatically sent an email to alert them of the incoming referral.
- The HMIS system contains the by-name list and assessment tools.
- The referred to agency is required to contact the client within 48 hours after receiving the referral to further screen the client to ensure the client meets the organization's program requirements. Once the referral has been submitted, the CES monitors the referral status to ensure the client is contacted, referral status is updated, and detailed notes are provided that will give an understanding of where the client is in the service provider's screening process.
- In the event a client is deemed ineligible for a permanent housing program and has been rejected by the organization, a process takes place to ensure the client receives resources.

- The client is advised by the service provider that they are not eligible for their housing services and offered resources by the service provider.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Structures | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$12,500
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,500

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	MUST Cash	08/06/2018	\$12,500

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** MUST Cash
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/06/2018
- 6. Value of Written Commitment:** \$12,500

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$46,500
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$46,500
7. Admin (Up to 10%)	\$3,500
8. Total Assistance plus Admin Requested	\$50,000
9. Cash Match	\$12,500
10. In-Kind Match	\$0
11. Total Match	\$12,500
12. Total Budget	\$62,500

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Dwight Reighard

Date: 09/11/2018

Title: President&CEO

Applicant Organization: MUST Ministries, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

3a - Project Detail - J. component type changed to SSO
 3B. Project Description - 1. Added Scope updated 4c and 4e to reflect new processes.

- 4a. Changed to coordinated entry
- 4b. yes
- 4c. added narrative
- 4d. yes
- 4e. added referral process
- 4f. yes
- 6A #5 - removed HMIS
- 6D - added match and commitment
- 6E - updated summary budget

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/02/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/07/2018
1E. SF-424 Compliance	08/05/2018
1F. SF-424 Declaration	08/05/2018
1G. HUD-2880	08/05/2018
1H. HUD-50070	08/05/2018
1I. Cert. Lobbying	08/05/2018

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1J. SF-LLL	08/05/2018
Recipient Performance	08/30/2018
Renewal Grant Consolidation	08/05/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/06/2018
3B. Description	09/11/2018
6A. Funding Request	08/05/2018
6D. Match	08/06/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	08/05/2018
Submission Without Changes	08/07/2018