

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 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 2018 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/11/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: 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 RRH for Singles and Adult Families

166681

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 RRH for Singles and Adult Families

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 07/01/2019
b. End Date: 06/30/2020

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:

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: \$132,000.00

(Requested amounts will be automatically entered within applications)

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

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	\$19,215.00	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

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

Part III Interested Parties

You must disclose:

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

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

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 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: 09/06/2018

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;	

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 hereby certify that all the information stated herein, as well as any information provided in

X

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)

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 Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2018

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

MUST has been the recipient of not only significant federal funding for over 10 years, but a diverse stream of federal funding, and has both the experience and capacity to continue managing this type of funding. Fiscal oversight and good financial stewardship is an important consideration for MUST, including identifying and securing matching funds from a variety of sources including federal, state, and private sources.

MUST has been leasing units since 2005 with its implementation of Shelter Plus Care and Permanent Supportive Housing. MUST currently administers rental assistance through several projects: ESG Rapid Rehousing for Cobb County, ESG Rapid Rehousing for Balance of State, Tenant Based Rental Assistance through HUD HOME, and Shelter Plus Care in both Cobb and Cherokee counties. Each one of these projects have Supportive Services attached to them through Case Management and referrals to third party providers.

MUST is led by the CEO/President and Executive Vice President who provide oversight to the basic management of the organization. MUST also employees a Sr. Director of Housing who provides oversight specifically to the housing team. MUST utilizes a non-profit specific accounting system to record all financial transactions of our organization. Items in the General Ledger are recorded not only by function, but program as well. These items are also segregated by unrestricted versus designated activities. We maintain internal control procedures to ensure segregation of duties in the Finance Department. We have a formal policy on cash disbursements and cash receipts which includes an approval process before any expenses are paid or when grants are reimbursed. We also have a formal cash reserves policy. Financial statements are prepared monthly and reviewed by appropriate levels of management and the Board of Directors. We have an audit of our financial statements performed by an Independent CPA firm annually.

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

MUST has been leveraging government funds for over ten years. MUST Ministries has the ability to leverage these dollars due to several factors including; an extremely large volunteer network of support from churches, civic organizations, corporations, and community members at-large. Additionally, MUST utilizes volunteer hours and support as a resource to leverage and match grant dollars. Through the diligence of our Board of Directors, staff, and fundraising efforts led by a seven person development department, MUST also utilizes cash raised and in-kind donations to leverage additional support for

project operations.

As you can see from MUST's 2880 form that MUST has experience not only leveraging private funds as mentioned above, but government funds as well. MUST utilizes matching grant programs offered but the Department of Community Affairs as well as available grant programs at our local CDBG offices. This coupling of Federal, State, local and private funds ensures that the project has the funds that it needs to operate at the highest level for the clients we serve.

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

The organizational structure at MUST begins with an active board of directors who provide oversight to the Organization and the President/CEO. The Executive Team of MUST is comprised of an Executive Vice President, Vice President of Development, Vice President of Marketing, and Vice President of Program Services. The Executive Vice President has multiple departments reporting to their role, each of these departments have specialized staff roles assigned to manage grant administration, funding receipts and disbursements, and program service delivery. Some of these keys roles are defined as follows:

Grant management, including compliance and reporting, is assigned to the Director of Grants and Reporting. Financial management, including funding receipts and disbursements, is assigned to the Director-Financial Accounting. MUST's general ledger was created to match our program structure; this ensures that the financial activity for the program is accounted for specifically at the program levels. MUST utilizes the MIP accounting system.

Housing services, including emergency shelter and permanent housing, is assigned to the Director of Housing. MUST has over 35 years of programmatic experience related to housing. Through the use of internal controls, and separation of responsibilities, MUST will continue to operate as a responsible organization.

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

3A. Project Detail

1a. CoC Number and Name: GA-506 - Marietta/Cobb County CoC

1b. CoC Collaborative Applicant Name: The Center for Family Resources

2. Project Name: Cobb County RRH for Singles and Adult Families

3. Project Status: Standard

4. Component Type: PH

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

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

A Coordinated Entry Specialist (CES) housed at MUST Ministries is the point person for Cobb’s Coordinated Entry (CE) process. Since the official “roll out” of CE in Cobb County it has become evident there is a lack of funding for single households as well as adult only households. In the first two quarters alone 90 single and adult only households were discharged from CE without receiving a referral due to permanent housing funding not being available. This means that these households had to be exited from the by name list into either friends/family, extended stay or a place not meant for habitation as their destination. To make this more clear, can you change this to:

Unfortunately, due to the lack of resources, this number will continue to grow. There are currently 91 single and 26 adult family households on the Coordinated Entry list that have yet to receive a referral. These households will potentially remain homeless or, after a stay in temporary housing, return to homelessness.

Once MUST has been awarded and contracted to provide the CoC RRH project implementation can begin immediately. Starting this project on time will allow for timely eLOCCS drawdowns and will keep us in compliance with HUD timeliness standards. MUST has staff that are trained in RRH and can begin aiding and training other staff as necessary. Through the CE process we will be able to immediately identify clients who meet the eligibility requirements. Once clients are identified they will complete an assessment. This assessment identifies the areas where the client will need additional assistance in their housing search or additional supportive services. An Individualized Service Plan is developed to help the client achieve their housing stability goal. Next is housing search and placement. MUST has established relationships with several housing providers in Cobb County. Many of these relationships date back over 10 years and MUST will provide clients with a list of these landlords. Households select their own unit, which may be publicly or privately owned. Units requested must pass a habitability inspection conducted by the RRH Case Manager which includes a lead visual assessment, rent reasonableness, an Environmental Review, etc. This must be completed prior to the client moving in and receiving rental assistance. On program entry, clients are given a client handbook that outlines expectations for the Rapid Re-Housing program and share MUST’s Housing First approach. MUST intends to provide both short to medium term assistance dependent upon the client’s Individualized Service Plan. MUST intends to provide the minimum amount of assistance necessary to stabilize the household. MUST anticipates that during any point of time during the contract year we will be serving 10 individuals. MUST also anticipates that 85% of households will obtain and maintain their housing and 54% of households will have an increase in earned/unearned income.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the

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following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

(Select ALL that apply)

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

Other: Single Adults and Adult only Households

5. Housing First

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

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

Having too little or little income	<input checked="" 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"/>

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

Failure to participate in supportive services	<input checked="" 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"/>

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

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

N/A

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one No

structure?

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

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

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

X

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

Once a referral is made from CE, dedicated case management is the primary vehicle for each client to map a course for housing stability. This includes personal advocacy, social service coordination, community linkages, and the development of a self-sufficiency and exit plan. With the assistance of the Case Manager, clients translate this information into an Individual Service Plan (ISP). The ISP is the working document that outlines stated goals during and after exiting the program. From the ISP the Case Manager begins to provide or refer clients to our partners to receive the services they need. The primary goal is that every client has a permanent housing discharge plan upon entry. MUST has 10+ years established relationships with landlords in Cobb County. MUST will provide clients with a list of these landlords. This year MUST participated in a NAEH Collaborative, where MUST learned new ways to engage landlords and will use these methods, such as a brochure and lunch and learns.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

To help clients achieve their goals, MUST offers a variety of supportive services. Our Case Managers utilize a strengths based case management approach, encouraging client choice in goal planning, while providing guidance and ongoing review of the client's progress. Regular staff meetings are held to discuss client's progress, programmatic issues, and staff training needs. Case management, life skills training, employment and vocational services are offered to clients. MUST's collaborative partnerships with local service

providers ensure that client needs are addressed. Additionally, all clients receive a comprehensive resource directory, listing available local services to further assist them.

Employment Services at MUST is a signature distinction of our comprehensive based approach. MUST's program services have Employment Services Specialists who help clients with concise, professional resumes, instruction on web-based job searches, and job readiness skills to develop candidates who are employable and possess the training and equipment/attire needed to successfully enter their selected industry and sustain employment. MUST has partnered with Occupational Safety and Health Administration (OSHA) to offer an industry certification course in industrial Safety and construction safety, the National Safety Council for Flagger Certification, and the University of GA Cobb County Extension Office for ServSafe food handler certification. MUST relies on a good working relationship with partners to address the changing needs of job seekers.

As a part of the case management process all clients are screened for benefit eligibility and encouraged to apply for all benefits for which they may qualify. MUST has SOAR trained Case Managers on staff as well as partners who have SOAR trained staff and may assist eligible clients in applying for SSI/SSDI benefits. Additionally, many mainstream benefit application processes can be completed on-line, and computer access is offered at MUST's three day-services locations in Canton, Marietta, and Smyrna, to all clients in need of mainstream benefits. Staff and trained volunteers are on-site to assist in the process, ensuring our clients have the resources and understanding needed to navigate an often complex process.

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

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

Utility Deposits

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



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

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

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

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

4B. Housing Type and Location

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

Total Units: 7

Total Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	7	10

4B. Housing Type and Location Detail

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

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

a. Units: 7

b. Beds: 10

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: 1407 Cobb Parkway North

Street 2: PO BOX 1717

City: Marietta

State: Georgia

ZIP Code: 30061

***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)**

131998 Marietta, 139067 Cobb 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		10		10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		7		7
Adults ages 18-24		3		3
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	10	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	1	1		1		1		6
Adults ages 18-24	0		1	1		0	1			2
Total Persons	0	0	2	2	0	1	1	1	0	8

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

Non-Chronic Homeless Adults.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

25%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The program will work closely with the Cobb CoC Coordinated Entry (CE) Project. The CE project has a marketing and advertising plan along with four points of entry scattered throughout the county. The project will only take referrals from the CE Coordinated Entry Specialist. The clients will be matched through the process outlined by the CE Committee. The program will target households that are literally homeless according to the HUD definition. The target population will include adult individuals and households in Cobb County. MUST will focus our outreach to local homeless shelters and other homeless providers to make sure that they are aware of the Coordinated Entry process and that their client will have equal access to this project.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus

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

4. Select a grant term: 1 Year

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

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

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:			\$74,760
Total Units:			7
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	GA - Atlanta-Sandy Springs-Roswell, G...	7	\$74,760

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: GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$614	x	12	=	\$0
0 Bedroom	1	x	\$818	x	12	=	\$9,816
1 Bedroom	4	x	\$858	x	12	=	\$41,184

2 Bedrooms	2	x	\$990	x	12	=	\$23,760
3 Bedrooms		x	\$1,299	x	12	=	\$0
4 Bedrooms		x	\$1,599	x	12	=	\$0
5 Bedrooms		x	\$1,839	x	12	=	\$0
6 Bedrooms		x	\$2,079	x	12	=	\$0
7 Bedrooms		x	\$2,319	x	12	=	\$0
8 Bedrooms		x	\$2,558	x	12	=	\$0
9 Bedrooms		x	\$2,798	x	12	=	\$0
Total Units and Annual Assistance Requested	7						\$74,760
Grant Term							1 Year
Total Request for Grant Term							\$74,760

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE Full Time Case Manager + Taxes and Benefits @ 85%	\$34,642
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Group Meetings and Individual Assistance Prior to Benefits	\$1,000
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	Mileage and Public Transportation	\$2,015
16. Utility Deposits	Utility Deposits	\$2,250
17. Operating Costs		
Total Annual Assistance Requested		\$39,907
Grant Term		1 Year
Total Request for Grant Term		\$39,907

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Laptop, printer, scanner, etc.	\$1,500
2. Software		
3. Services		
4. Personnel	.10 FTE plus taxes & benefits	\$7,200
5. Space & Operations		
Total Annual Assistance Requested:		\$8,700
Grant Term:		1 Year
Total Request for Grant Term:		\$8,700

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 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:	\$33,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$33,000

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	MUST Donors	08/06/2018	\$33,000

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 Donors
(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:** \$33,000

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	\$74,760	1 Year	\$74,760
4. Supportive Services	\$39,907	1 Year	\$39,907
5. Operating	\$0	1 Year	\$0
6. HMIS	\$8,700	1 Year	\$8,700
7. Sub-total Costs Requested			\$123,367
8. Admin (Up to 10%)			\$8,633
9. Total Assistance Plus Admin Requested			\$132,000
10. Cash Match			\$33,000
11. In-Kind Match			\$0
12. Total Match			\$33,000
13. Total Budget			\$165,000

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: 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

X

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

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 FY2018	Page 50 09/14/2018

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/10/2018
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
1J. SF-LLL	08/05/2018
2A. Subrecipients	No Input Required
2B. Experience	09/11/2018
3A. Project Detail	08/05/2018
3B. Description	09/11/2018
3C. Expansion	08/05/2018
4A. Services	09/09/2018
4B. Housing Type	09/09/2018
5A. Households	09/09/2018
5B. Subpopulations	08/07/2018
5C. Outreach	09/11/2018
6A. Funding Request	08/08/2018
6E. Rental Assistance	09/05/2018
6F. Supp Srvcs Budget	09/11/2018
6H. HMIS Budget	09/05/2018
6I. Match	09/05/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/07/2018