

## 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:** 09/14/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** GA0327

**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:** Action Ministries, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 58-2070427

	<b>c. Organizational DUNS:</b>	198895125	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 1700 Century Circle NE

**Street 2:** Suite 200

**City:** Atlanta

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip / Postal Code:** 30345

### e. Organizational Unit (optional)

**Department Name:** Housing

**Division Name:** Housing

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

**Prefix:** Mr.

**First Name:** Marvin

**Middle Name:**

**Last Name:** Nesbitt

**Suffix:** Jr.

**Title:** Senior Vice President

**Organizational Affiliation:** Action Ministries, Inc.

**Telephone Number:** (404) 881-1991

**Applicant:** Action Ministries, Inc.

198895125

**Project:** Consolidated Dekalb Rapid Re-Housing

167893

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**Extension:**

**Fax Number:** (404) 881-1902

**Email:** mnesbitt@actionministries.net

## 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:** Consolidated Dekalb Rapid Re-Housing

**16. Congressional District(s):**

**a. Applicant:** GA-007, GA-006, GA-009, GA-003, GA-005, GA-004, GA-010, GA-011, GA-012, GA-014  
(for multiple selections hold CTRL key)

**b. Project:** GA-006, GA-005, GA-004  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 10/01/2019

**b. End Date:** 09/30/2020

**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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 09/14/2018



# 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:** Action Ministries, Inc.

**Prefix:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Organizational Affiliation:** Action Ministries, Inc.

**Telephone Number:** (404) 881-1991

**Extension:**

**Email:** khenderson@actionministries.net

**City:** Atlanta

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip/Postal Code:** 30345

**2. Employer ID Number (EIN):** 58-2070427

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

**4. Amount of HUD Assistance Requested/Received:** \$629,969.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Consolidated Dekalb Rapid Re-Housing 1700 Century Circle NE Atlanta 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
Department of Veterans Affairs	Grant	\$1,030,200.00	RRH, Prevention, Services

**Part III Interested Parties**

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

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

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

**Date Signed:** 09/14/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Action 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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 09/14/2018

## **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
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**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:** Action Ministries, Inc.

**Name / Title of Authorized Official:** Steven Henderson, CEO/President

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

**Date Signed:** 09/14/2018

# 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:** Action Ministries, Inc.  
**Street 1:** 1700 Century Circle NE  
**Street 2:** Suite 200  
**City:** Atlanta  
**County:** DeKalb  
**State:** Georgia  
**Country:** United States  
**Zip / Postal Code:** 30345

**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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 09/14/2018

## **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?** Yes

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

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

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

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

The Dekalb II Rapid Re-Housing project, one of the two grants consolidated in this application, had a total of \$65,357 or 11% of the grant award recaptured from the FY16 grant period.

## 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?** Yes  
 If “No” click on “Next” or “Save & Next” below to move to the next screen.

**2. Is this an individual project application or a fully consolidated project application?** Fully Consolidated

**Renewal Grant Consolidation Table**

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
GA0311	\$71,645	Terminating PIN	11/01/2018	10/31/2019
GA0327	\$558,324	Surviving PIN	10/01/2018	09/30/2019

**\*The surviving PIN must have the earliest operating start date.**

**Renewal Grant Consolidation Summary**



Total Number of Grants in Consolidation	2
Total Requested Amount in Consolidation	\$629,969

**I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps.** X

**Click on “Save & Next” to continue completing the remainder of this project application combining all the project application data for all the**

**projects listed above into a single fully consolidated project application.**

## 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:** GA0327

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

**2a. CoC Number and Name:** GA-508 - DeKalb County CoC

**2b. CoC Collaborative Applicant Name:** DeKalb County, Georgia

**3. Project Name:** Consolidated Dekalb Rapid Re-Housing

**4. Project Status:** Standard

**5. Component Type:** PH

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

**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.**

AMI's Rapid Re-housing project is grounded in a "Housing First" philosophy. The goal of the project is to transition chronically homeless, families, veterans and youth back into stable housing as quickly and as efficiently as possible thus readying them for necessary supportive services that will follow. The project places emphasis on the connection between quality housing assistance and appropriate supportive services that facilitate successful transition from homelessness to stable housing and other positive outcomes. AMI's primary vehicle for ending homelessness among individuals and families begins with immediate assistance in identifying and securing quality stable housing and supporting their successful transition through the provision of medium-term rental assistance (6 months of rental assistance at 100% and 3 months at 50% with a recertification at the end of the ninth month for a possible total of 12 months of rental assistance). Together with rental assistance, the program utilizes Intensive Case Management, Ongoing Life Counseling and Coaching, A Connection to Quality Services and Resources, and the Promotion of the Belief In Human Potential to achieve positive outcomes for clients.

To ensure ongoing success and outcomes for clients, AMI is committed to supporting each individual and family along their journey to maintain their housing and achieve the level of self-sufficiency that results in positive outcomes and long-term stability for the entire household. This support will come through the provision of case management using AMI's "client centered" approach to service entitled "Facilitating Access to Intervention & Resources" (F.A.I.R.). AMI designed F.A.I.R to be a comprehensive pipeline, which ensures clients are fully supported and successfully connected to resources that will eliminate all barriers to their success. Additionally, F.A.I.R.'s model includes a follow-up period after participants' project exit to proactively mitigate any issues or concerns that may arise. This allows us to monitor instability and reduce potential returns to homelessness. Through the services provided, AMI stands more than ready and capable to assist DeKalb County with reducing the number of identified homeless persons within the CoC.

AMI is proposing to serve a total of 41 households in this consolidated project. There will be no change in the service capacity of the two projects as a result of the consolidation. Of the 41 households to be served, the chronically homeless will take precedence followed by veterans, youth, and then others. The proposed unit configuration will consist of 17 three-bedroom units, 6 two-bedroom units and 12 one-bedroom units at full capacity. We expect to continue achieving a housing stability rate of 80% or more for assisted clients, and to continue increasing total income for a large percentage of adult participants.

**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 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

**3. Housing First**

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

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

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

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

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

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

**approach?**

## 4A. Supportive Services for Participants

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

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

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



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

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

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

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units:** 35

**Total Beds:** 75

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	35	75

## 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:** 35

**b. Beds:** 75

### 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:** 1700 Century Circle NE

**Street 2:** Suite 200

**City:** Atlanta

**State:** Georgia

**ZIP Code:** 30345

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

139089 De Kalb County

## 5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	26	15	0	41

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	24	14		38
Adults ages 18-24	2	2		4
Accompanied Children under age 18	45		0	45
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	71	16	0	87

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	8	2	6	7	1	7	4	1	0	8
Adults ages 18-24	2	0	0	0	0	0	2	0	0	0
Children under age 18	18			0	0	0	0	0	0	27
<b>Total Persons</b>	<b>28</b>	<b>2</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>35</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	5	1	4	6	1	5	1	1	0	4
Adults ages 18-24	2	0	0	0	0	0	1	0	0	0
<b>Total Persons</b>	<b>7</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>4</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

**Describe the unlisted subpopulations referred to above:**

The unlisted subpopulations consist of veteran spouses served with veterans, families without special needs, or children and/or spouses of non-chronically homeless.

## 5C. Outreach for Participants

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



20%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	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.
100%	Total of above percentages



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

## 6C. 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.

<b>Total Request for Grant Term:</b>		\$459,828	
<b>Total Units:</b>		35	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	GA - Atlanta-Sandy Springs-Roswell, G...	35	\$459,828

## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$614	\$614	x	12	=	\$0
0 Bedroom		x	\$818	\$818	x	12	=	\$0
1 Bedroom	12	x	\$858	\$858	x	12	=	\$123,552
2 Bedrooms	6	x	\$990	\$990	x	12	=	\$71,280
3 Bedrooms	17	x	\$1,299	\$1,299	x	12	=	\$264,996
4 Bedrooms		x	\$1,599	\$1,599	x	12	=	\$0
5 Bedrooms		x	\$1,839	\$1,839	x	12	=	\$0
6 Bedrooms		x	\$2,079	\$2,079	x	12	=	\$0
7 Bedrooms		x	\$2,319	\$2,319	x	12	=	\$0
8 Bedrooms		x	\$2,558	\$2,558	x	12	=	\$0
9 Bedrooms		x	\$2,798	\$2,798	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	35							\$459,828
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$459,828

**Click the 'Save' button to automatically calculate totals.**

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$5,000
Total Value of In-Kind Commitments:	\$204,250
Total Value of All Commitments:	\$209,250

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

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Atlanta Center fo...	08/07/2018	\$90,000
Yes	In-Kind	Private	New Life Communit...	08/07/2018	\$5,250
Yes	In-Kind	Private	Caring Works	08/07/2018	\$30,000
Yes	In-Kind	Private	Open Doors	08/07/2018	\$54,000
Yes	Cash	Private	AMI Match Commitment	09/11/2018	\$5,000
Yes	In-Kind	Private	Corners Outreach,...	08/08/2018	\$25,000

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Atlanta Center for Self-Sufficiency  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/07/2018
- 6. Value of Written Commitment:** \$90,000
- Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** New Life Community Ministries  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/07/2018
- 6. Value of Written Commitment:** \$5,250
- Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Caring Works  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/07/2018
- 6. Value of Written Commitment:** \$30,000

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Open Doors  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/07/2018
- 6. Value of Written Commitment:** \$54,000

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 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:** AMI Match Commitment  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 09/11/2018
- 6. Value of Written Commitment:** \$5,000

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Corners Outreach, Inc.  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/08/2018
- 6. Value of Written Commitment:** \$25,000

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 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	\$459,828
3. Supportive Services	\$135,895
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$595,723
7. Admin (Up to 10%)	\$34,246
8. Total Assistance plus Admin Requested	\$629,969
9. Cash Match	\$5,000
10. In-Kind Match	\$204,250
11. Total Match	\$209,250
12. Total Budget	\$839,219



## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AMI 501c3	08/10/2018
2) Other Attachmenbt	No	AMI Match Commitment	09/11/2018
3) Other Attachment	No	2017 Applications...	09/14/2018

## **Attachment Details**

**Document Description:** AMI 501c3

## **Attachment Details**

**Document Description:** AMI Match Commitment

## **Attachment Details**

**Document Description:** 2017 Applications GA0327 and GA0311

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Dekalb Consolidat...	08/13/2018

## Attachment Details

**Document Description:** Dekalb Consolidated In-Kind Match

## 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** Steven Henderson  
**Date:** 09/14/2018  
**Title:** CEO/President  
**Applicant Organization:** Action 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).**

## 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.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<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"/>
7A. In-Kind Match MOU Attachment	<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):**

This is a consolidated grant application and required updates to the project details, services, budget, and match documentation.

**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
<b>1A. SF-424 Application Type</b>	09/14/2018
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

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<b>1D. SF-424 Congressional District(s)</b>	09/14/2018
<b>1E. SF-424 Compliance</b>	09/14/2018
<b>1F. SF-424 Declaration</b>	09/14/2018
<b>1G. HUD-2880</b>	09/14/2018
<b>1H. HUD-50070</b>	09/14/2018
<b>1I. Cert. Lobbying</b>	09/14/2018
<b>1J. SF-LLL</b>	09/14/2018
<b>Recipient Performance</b>	09/14/2018
<b>Renewal Grant Consolidation</b>	09/14/2018
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	09/14/2018
<b>3B. Description</b>	09/14/2018
<b>4A. Services</b>	09/14/2018
<b>4B. Housing Type</b>	09/14/2018
<b>5A. Households</b>	09/14/2018
<b>5B. Subpopulations</b>	09/14/2018
<b>5C. Outreach</b>	09/14/2018
<b>6A. Funding Request</b>	09/14/2018
<b>6C. Rental Assistance</b>	09/14/2018
<b>6D. Match</b>	09/14/2018
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/14/2018
<b>7A. In-Kind Match MOU Attachment</b>	09/14/2018
<b>7B. Certification</b>	09/14/2018
<b>Submission Without Changes</b>	09/14/2018

**Internal Revenue Service  
District Director**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** August 19, 1999

**Person to Contact:**

Shirley Rudolph 31-03949  
Customer Service Representative

**Telephone Number:**

877-829-5500

**Fax Number:**

513-684-5936

**Federal Identification Number:**

58-2070427

Action Ministries, Inc.  
159 Ralph McGill Blvd.  
Atlanta, GA 30308-3353

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1994 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.



Action Ministries, Inc.  
58-2070427

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

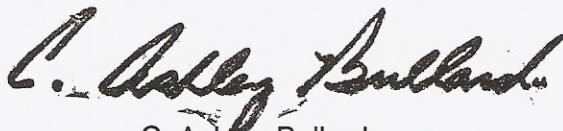
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard  
District Director



September 11, 2018

US Department of HUD  
40 Marietta Street  
Five Points Plaza  
Atlanta, GA 30303

RE: DeKalb Rapid Re-housing – Consolidated

To Whom it May Concern:

Action Ministries commits to provide a cash match contribution of **\$5,000** for the grant period of 2019-2020. These are the funds the organization will spend to support and deliver the Rapid Re-housing project located in the DeKalb County Continuum. Funds provided do not originate from federal funds, and are not funds used for cash match for other federally funded programs.

Our contribution includes providing direct support, accounting services for the program, management oversight of the program, and marketing for the program. The marketing component helps our program reach the clients in need of our services. Our contribution was determined by calculating the total cost of operating the program, including allocations for administration and marketing expenses. This amount does not include development costs for the organization. The start date for this commitment is October 1, 2019 and ends September 30, 2020.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Kelley Henderson", is written over a horizontal line.

S. Kelley Henderson  
Chief Operating Officer  
Action Ministries, Inc.

## 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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 2017 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:** 09/15/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** GA0327

**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:** Action Ministries, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 58-2070427

	<b>c. Organizational DUNS:</b>	198895125	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 1700 Century Circle NE

**Street 2:** Suite 200

**City:** Atlanta

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip / Postal Code:** 30345

### e. Organizational Unit (optional)

**Department Name:** Housing

**Division Name:** Housing

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

**Prefix:** Mr.

**First Name:** Marvin

**Middle Name:**

**Last Name:** Nesbitt

**Suffix:** Jr.

**Title:** Senior Vice President

**Organizational Affiliation:** Action Ministries, Inc.

**Telephone Number:** (404) 881-1991

**Extension:**  
**Fax Number:** (404) 881-1902  
**Email:** mnesbitt@actionministries.net

## 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-6100-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:** DeKalb Rapid Re-housing II

**16. Congressional District(s):**

**a. Applicant:** GA-007, GA-006, GA-009, GA-003, GA-005, GA-004, GA-010, GA-011, GA-012, GA-014  
(for multiple selections hold CTRL key)

**b. Project:** GA-006, GA-005, GA-004  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2018

**b. End Date:** 12/31/2018

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 09/15/2017

# 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:** Action Ministries, Inc.

**Prefix:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Organizational Affiliation:** Action Ministries, Inc.

**Telephone Number:** (404) 881-1991

**Extension:**

**Email:** khenderson@actionministries.net

**City:** Atlanta

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip/Postal Code:** 30345

**2. Employer ID Number (EIN):** 58-2070427

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

**4. Amount of HUD Assistance Requested/Received:** \$590,220.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** DeKalb Rapid Re-housing II 1700 Century Circle NE Atlanta 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
Department of Veterans Affairs	Grant	\$1,030,200.00	RRH, Prevention, Services

**Part III Interested Parties**

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2017		Page 10		09/14/2018



reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
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:** Steven Henderson, CEO/President

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

**Date Signed:** 08/09/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Action 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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 09/15/2017

## **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:** Action Ministries, Inc.

**Name / Title of Authorized Official:** Steven Henderson, CEO/President

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

**Date Signed:** 09/15/2017

# 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:** Action Ministries, Inc.  
**Street 1:** 1700 Century Circle NE  
**Street 2:** Suite 200  
**City:** Atlanta  
**County:** DeKalb  
**State:** Georgia  
**Country:** United States  
**Zip / Postal Code:** 30345

**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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 09/15/2017

## **Additional Information**

**Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.**

**Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.**



**Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.**

**If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.**



## 2A. Project Subrecipients

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

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$0**

Organization	Type	Type	Sub-Award Amount
This list contains no items			

## 2B. 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.**

The first operating year of the program is not yet complete. Therefore, we have yet not had our first deadline to submit the first APR for this program.

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

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

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

## 3A. Project Detail

**1. Expiring Grant Number:** GA0327

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

**2a. CoC Number and Name:** GA-508 - DeKalb County CoC

**2b. CoC Collaborative Applicant Name:** DeKalb County, Georgia

**3. Project Name:** DeKalb Rapid Re-housing II

**4. Project Status:** Standard

**5. Component Type:** PH

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

### **3B. Project Description**

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

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

Based on the 2015 Point in Time Count conducted in DeKalb County, 197 “Unsheltered Homeless Persons” and 487 “Sheltered Homeless Persons” identified, bringing the total number of “Homeless Persons” to 684. Of the unsheltered persons, 21 were Veterans, and there was at least one unsheltered family on count night. Also, there were at least 10 families in an emergency shelter that could benefit from AMI’s RRH program and services.

Action Ministries' (AMI) Rapid Re-housing model, grounded in a “Housing First” philosophy, is to transition chronically homeless, families, veterans and youth back into stable housing as quickly and as efficiently as possible thus readying them for necessary supportive that will follow. The project places emphasis on the connection between quality housing assistance and appropriate supportive services that facilitate the successful transition from homelessness to stable housing and other positive outcomes. AMI’s primary vehicle for ending homelessness among individuals and families begins by assisting participants with immediate assistance in identifying and securing quality stable housing and supporting their successful transition through the provision of medium-term rental assistance (6 months of rental assistance at

100% and 3 months at 50% with a recertification at the end of the ninth month for a possible total of 12 months of rental assistance), Intensive Case Management, Ongoing Life Counseling and Coaching, A Connection to Quality Services and Resources, and the Promotion of the Belief In Human Potential. To ensure long-term success and outcomes for the individuals and families that AMI serves, AMI is committed to supporting each individual and family along their journey to maintain their stable housing and achieving the level of self-sufficiency that result in positive outcomes for the entire household. This support will come through the provision of case management using AMI’s “client-centered” approach to case management and service delivery entitled “Facilitating Access to Intervention & Resources” (F.A.I.R.). AMI designed F.A.I.R to be a comprehensive pipeline, which ensures that individuals and families are fully supported and are successfully connected to services, and resources that will eliminate all barriers to their success. Additionally, F.A.I.R.’s components also include a follow-up period with participants even after their project exit to help proactively mitigate any issues or concerns that the individual or family may be having that could result in their returning to homelessness.

AMI is committed to ensuring the outcomes necessary to move its participants from homelessness into long-term success by maintaining an 80% housing stability rate and improving participant income resulting in 54% of clients

increasing total income for the adult household members served. CoC funding will allow AMI to coordinate services with our partners and increase our capacity in DeKalb County 5-fold.

**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 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

**3. Housing First**

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

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

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

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

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

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

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

**4. Does the PH project provide PSH or RRH?** RRH

**Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

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

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

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

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

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

**2b. Use of a single application form for four or more mainstream programs?** Yes

**2c. At least annual follow-ups with participants to ensure mainstream benefits** Yes

**are received and renewed?**



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

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes



## 4B. Housing Type and Location

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

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:** 35

**Total Beds:** 74

Housing Type	Units	Beds
Scattered-site apartments (...)	35	74

## 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:** 35

**b. Beds:** 74

### 3. Address

**Street 1:** 1700 Century Circle NE

**Street 2:** Suite 200

**City:** Atlanta

**State:** Georgia

**ZIP Code:** 30345

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

139089 De Kalb County

## 5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	20	15	0	35

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
<b>Adults over age 24</b>	19	13		32
<b>Adults ages 18-24</b>	2	2		4
<b>Accompanied Children under age 18</b>	38		0	38
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	59	15	0	74

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic 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	6	0	4	5	1	5	3	1	0	8
Adults ages 18-24	2	0	0	0	0	0	2	0	0	0
Children under age 18	20			0	0	0	0	0	0	18
<b>Total Persons</b>	<b>28</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>26</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic 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	7	0	3	5	1	5	1	1	0	3
Adults ages 18-24	2	0	0	1	0	0	1	0	0	0
<b>Total Persons</b>	<b>9</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic 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	0

**Describe the unlisted subpopulations referred to above:**

These are either families without special needs or children and/or spouses of non-chronically homeless.

## 5C. Outreach for Participants

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

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

20%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in the FY 2017 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.
100%	Total of above percentages

## 6A. Funding Request

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

1. 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? Yes
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:
- |                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

## 6C. Rental Assistance Budget

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

**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.**

<b>Total Request for Grant Term:</b>		\$438,372	
<b>Total Units:</b>		35	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	GA - Atlanta-Sandy Springs-Roswell, G...	35	\$438,372



## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$573	\$573	x		=	\$0
0 Bedroom		x	\$764	\$764	x		=	\$0
1 Bedroom	12	x	\$820	\$820	x		=	\$118,080
2 Bedrooms	7	x	\$949	\$949	x		=	\$79,716
3 Bedrooms	16	x	\$1,253	\$1,253	x		=	\$240,576
4 Bedrooms		x	\$1,532	\$1,532	x		=	\$0
5 Bedrooms		x	\$1,762	\$1,762	x		=	\$0
6 Bedrooms		x	\$1,992	\$1,992	x		=	\$0
7 Bedrooms		x	\$2,221	\$2,221	x		=	\$0
8 Bedrooms		x	\$2,451	\$2,451	x		=	\$0
9 Bedrooms		x	\$2,681	\$2,681	x		=	\$0
<b>Total Units and Annual Assistance Requested</b>	35							\$438,372
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$438,372

**Click the 'Save' button to automatically calculate totals.**

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$147,555
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$147,555

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Supportive Servic...	10/01/2017	\$147,555

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Supportive Services for Veteran Families  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 10/01/2017
- 6. Value of Written Commitment:** \$147,555

## 6E. Summary Budget

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

**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	\$438,372
3. Supportive Services	\$128,202
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$566,574
7. Admin (Up to 10%)	\$23,646
8. Total Assistance plus Admin Requested	\$590,220
9. Cash Match	\$147,555
10. In-Kind Match	\$0
11. Total Match	\$147,555
12. Total Budget	\$737,775

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AMI 501c3 Designa...	08/18/2017
2) Other Attachmenbt	No	SSVF Match Confir...	08/18/2017
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** AMI 501c3 Designation

## **Attachment Details**

**Document Description:** SSVF Match Confirmation

## **Attachment Details**

**Document Description:** SSVF Match Renewal Confirmation

## 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 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.**

For 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.

**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** Steven Henderson

**Date:** 09/15/2017

**Title:** CEO/President

**Applicant Organization:** Action Ministries, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant**

X



**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).**

## 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.**

<b>Part 2- Recipient and Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
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):**

Last year, we submitted a renewal application before program operation had begun. This year the program has begun operation so the answers in response to 2B Program Performance have changed.

**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
<b>1A. SF-424 Application Type</b>	08/18/2017
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/15/2017

<b>1E. SF-424 Compliance</b>	08/18/2017
<b>1F. SF-424 Declaration</b>	08/18/2017
<b>1G. HUD-2880</b>	08/18/2017
<b>1H. HUD-50070</b>	08/18/2017
<b>1I. Cert. Lobbying</b>	08/18/2017
<b>1J. SF-LLL</b>	08/18/2017
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Recipient Performance</b>	08/18/2017
<b>3A. Project Detail</b>	08/18/2017
<b>3B. Description</b>	08/18/2017
<b>4A. Services</b>	08/18/2017
<b>4B. Housing Type</b>	08/18/2017
<b>5A. Households</b>	08/18/2017
<b>5B. Subpopulations</b>	08/18/2017
<b>5C. Outreach</b>	08/18/2017
<b>6A. Funding Request</b>	08/18/2017
<b>6C. Rental Assistance</b>	08/18/2017
<b>6D. Match</b>	08/18/2017
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/18/2017
<b>7B. Certification</b>	08/18/2017
<b>Submission Without Changes</b>	08/18/2017

**Internal Revenue Service  
District Director**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** August 19, 1999

Action Ministries, Inc.  
159 Ralph McGill Blvd.  
Atlanta, GA 30308-3353

**Person to Contact:**  
Shirley Rudolph 31-03949  
Customer Service Representative  
**Telephone Number:**  
877-829-5500  
**Fax Number:**  
513-684-5936  
**Federal Identification Number:**  
58-2070427

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1994 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Action Ministries, Inc.  
58-2070427

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

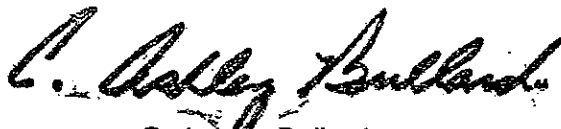
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

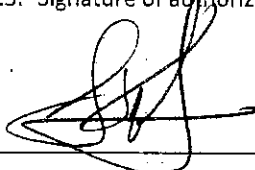
This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard  
District Director



1. Recipient Name and Address:  Action Ministries, Inc. 1700 Century Circle NE Suite 200 Atlanta, GA 30345		2. Award Date: 10/1/2017	3. Action: Renewal Award
5. Recipient DUNS Number: 198895125		4. Project Period: From 10/1/2017 to 9/30/2018 Budget Period: From 10/1/2017 to 9/30/2018	
7. Unique Federal Award Identification Number (FAIN): 13-GA-101		8. CFDA Number/Name 64.033/VA Supportive Services for Veteran Families Program	
9. Amount of Federal Funds Obligated by this Action: \$1,030,200.00	10. Total Amount of Federal Funds Obligated:	11. Total Amount of Federal Award: \$1,030,200.00	
12. Budget Approved by VA: Y-10/01/2017	13. Total Approved Cost Sharing/Matching: 0%	14. Supplement Number: 0	
15. Is this a Research & Development Award: N		16. Indirect Cost Rate: 0%	
17. Project Title: VA Supportive Services for Veteran Families Program (SSVF)			
18. Statutory Authority for Grant: Sec 604 of Public Law 110-387 (as amended), 38 U.S.C. 2044			
19. Method of Payment: Automated Clearing House			
20. Project Description: VA Supportive Services for Veteran Families Program (SSVF)			
21. VA Contact: John Kuhn, National Director VA SSVF Program Office			
<b>AGENCY APPROVAL</b>		<b>GRANTEE ACCEPTANCE</b>	
22. Title and name of VA awarding official:		23. Title and name of authorized grantee official: S. Kelley Henderson, President & CEO	
24. Signature of VA awarding official:		25. Signature of authorized grantee official: 	





Award Number: 13-GA-101

Award Date: 10/1/2017

In accepting a Department of Veterans Affairs (VA) assistance award, your organization assumes legal, financial, administrative, and programmatic responsibility for administering the award in accordance with any provisions included in the award, as well as the laws, rules, regulations, and Executive Orders governing assistance awards; and these General Terms, all of which are hereby incorporated into this award by reference. While we may provide you with reminder notices regarding award requirements, the absence of receiving such notice does not relieve you of your responsibility to meet all applicable award requirements.

1. The grantee has executed and will comply with Standard Form (SF) 424B "Assurances—Non-Construction Programs."
2. The grantee agrees that it assumes responsibility for the use of grant funds provided by VA. In accordance with Title 2 of the Code of Federal Regulations (CFR), Section 200.339, VA may terminate this award or take other action if the grantee materially fails to comply with any one of the terms and conditions of this award, whether stated in a Federal statute, regulation, assurance application, or notice of award.
3. The grantee agrees to comply with the organizational audit requirements of 2 CFR Part 200, Subpart F, Audit Requirements, and further understands and agrees that funds may be withheld, or other related requirements may be imposed, if outstanding audit issues (if any) result from 2 CFR Part 200, Subpart F audit requirements (or any other audits of VA grant funds) are not promptly and satisfactorily addressed.
4. Grant funds may only be used only for the purposes in the grantee's approved application and allocated as directed in 2 CFR Part 200 Subpart E. The grantee shall not undertake any work or activities that are not described in the grant application, and that use staff, equipment, or other goods or services paid for with VA grant funds, without prior written approval from VA.
5. The grantee agrees to comply with applicable requirements regarding System for Award Management (SAM) and applicable restrictions on sub-awards to first-tier sub-grantees that do not acquire and provide a Data Universal Numbering System (DUNS) number. The grantee will work with VA to ensure that all of the sub-grantees have current DUNS numbers in the SAM. The details of grantee obligations are posted on the SAM web site at <https://www.sam.gov/portal/public/SAM/>.



Award Number: 13-GA-101

Award Date: 10/1/2017

6. The grantee agrees to comply with applicable requirements to report first-tier sub-awards of \$25,000 or more and, in certain circumstances, to report the names and total compensation of the five most highly compensated executives of the grantee and first-tier sub-grantees of award funds. Bonuses to any individuals utilizing Federal funds must conform to Title 2 CFR and be approved in advance by the agency in writing. The details of grantee obligations, which derive from the Federal Funding Accountability and Transparency Act of 2006 (FFATA), are posted on the FFATA Subaward Reporting System (FSRS) website at <https://www.fsrs.gov/>.
7. The grantee will comply with Federal laws and regulation applicable to grants and grantees, including applicable provisions of 2 CFR Part 200.
8. Standard Requirements for an Organization Other Than a State

Standards for financial management systems, prescribes a Recipient's system that controls and accounts for Federal funds and cost sharing under the award and produces financial reports.

The financial management system must enable Recipients to meet the following Office of Management and Budget (OMB) requirements:

- a) Financial Reporting. For financial reports required by the award, Recipients must provide accurate, current, and complete financial information about the federally assisted activities. If sub-awards are executed under the award, Recipients must have reasonable procedures in place to ensure each sub-recipient submits its financial reports to the Recipient providing sufficient time for the Recipient to prepare its reports.
- b) Accounting Records. Recipients must maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which those funds are to be used. The records must contain information about the award and any sub-award, including authorizations, obligations, un-obligated balances, assets, liabilities, outlays or expenditures, and any program income. The accounting records must be supported by source documentation, such as cancelled checks, paid bills, payroll ledgers, and time and attendance records.
- c) Internal Control. Recipients must maintain effective control over and accountability for all cash, real and personal property, and other assets under the award. Recipients must adequately safeguard all of these assets and ensure that they are used only for authorized purposes.
- d) Budget Control. Recipients must be able to compare actual expenditures or outlays with the approved budget.
- e) Allowable Costs. Recipients must have established procedures for determining the reasonableness, allocability, and allowability of costs in accordance with the applicable Federal cost principles, program regulations, or other OMB requirements.



Award Number: 13-GA-101

Award Date: 10/1/2017

- f) Cash Management. Recipients must have procedures for minimizing the time elapsing between the transfer of any advance payments of funds under the award and disbursement of the funds for direct program costs and the proportionate share of any allowable indirect or facilities and administrative costs. Recipients must ensure that the timing and amount of any payments to sub-recipients under the award conform to this standard.
- g) Requirement for Performance Data. In comparing actual expenditures or outlays with budget amounts, as required, Recipients must relate financial information to performance data. For this purpose, VA will accept estimates based on available documentation.
- h) Review of Financial Management System. VA may review the Recipient's financial management system at any time to determine whether it complies with the requirements of this provision.

#### 9. Period of Availability of Funds

The project period under the award is indicated on the award cover sheet. The recipient may charge to the award only allowable costs resulting from obligations incurred during the funding period. Expenditures for staff costs that are obligated during the award project period may only be charged to the award up to 90 days following the award expiration date. These funds shall be available for closeout activities, which is limited to the preparation of final reports. No other staff costs should be obligated and expended. All awards are conditional and are subject to Congressional authorization and the availability of appropriated funding.

#### 10. Publication for Professional Audiences

Any publications or articles resulting from the award must acknowledge the support of VA and include a disclaimer of official endorsement as follows: "This [article] was funded [in part] by a grant from the United States Department of Veterans Affairs. The opinions, findings, and conclusions stated herein are those of the author[s] and do not necessarily reflect those of the United States Department of Veterans Affairs." The Recipient must ensure that this disclaimer is included on all brochures, flyers, posters, billboards, or other graphic artwork that are produced under the terms of the award.

##### Seal/Logo

The VA seal may not be used by Recipients without the express written permission of the United States Department of Veterans Affairs.

#### 11. Post-award Requirements for Closeout

The VA SSVF Program Office will provide each Recipient with information regarding final report due dates and where to send the final reports. VA will notify the Recipient in writing of any changes to the reporting requirements before the project period end date. Copies of any required forms and instructions for their completion are included with the award and are provided to each Recipient by VA.



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Recipients must submit all final financial, performance, and other reports as required by the terms and conditions of the award within 90 calendar days after the project period end date of the award. VA may approve written requests for extensions submitted by the Recipient.

Unless VA authorizes an extension, a Recipient must liquidate all obligations incurred under the award not later than 90 calendar days after the project period end date.

VA must make prompt payments to Recipients for allowable reimbursable costs under the award being closed out. The Recipient must promptly refund any balances of un-obligated cash that VA has advanced or paid and that is not authorized to be retained by the Recipient for use in other projects. OMB Circular A-129 governs unreturned amounts that become delinquent debts.

When authorized by the award, VA must make a settlement for any upward or downward adjustments to the Federal share of costs after closeout reports are received, not to exceed the amount of the award, unless otherwise prohibited by statute or regulation.

The Recipient must account for any real and personal property acquired with Federal funds or received from the Federal Government in accordance with applicable rules, regulations, and laws.

In the event a final audit has not been performed before the closeout of the award, VA will retain the right to recover an appropriate amount after fully considering the recommendations on disallowed costs resulting from the final audit.

12. The recipient shall submit quarterly progress reports. Progress reports shall be submitted within 30 days after the end of the reporting periods, which are December 31<sup>st</sup>, March 31<sup>st</sup>, June 30<sup>th</sup> and September 30<sup>th</sup>. This report will include detailed information about the project(s) funded, including, but not limited to, the number of disabled Veterans who benefited, administrative expenses, information about how the funds were actually used, data to support statements of progress, and data concerning individual results and outcomes of funded projects reflecting project successes and impacts.
13. The Recipient agrees that it will submit annual financial status reports to VA using the SF 425 Federal Financial Report form (available for viewing at [http://www.whitehouse.gov/sites/default/files/omb/grants/standard\\_forms/ff\\_report.pdf](http://www.whitehouse.gov/sites/default/files/omb/grants/standard_forms/ff_report.pdf)). The annual financial status report shall be submitted not later than 90 days following the end of the award period. Failure to provide this report may result in the deobligation of grant funds and the project to be closed at the discretion of the government.



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#### 14. Retention and Access Requirements for Records.

The Recipients must maintain financial records, supporting documents, statistical records, and all other records pertinent to an award for a period of three years from the date of submission of the final expenditure report. Awards that are renewed quarterly or annually are authorized by VA as of the date of the submission of the quarterly or annual financial report as authorized by VA. The only exceptions are the following:

- a) If any litigation, claim, or audit is started before the expiration of the three-year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.
- b) Records for real property and equipment acquired with Federal funds must be retained for three years after final disposition.
- c) When records are transferred to or maintained by VA, the three-year retention requirement is not applicable to the Recipient.

#### 15. Timely and Unrestricted Access

VA, the Inspector General, Comptroller General, or any of their duly authorized representatives have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients and sub-recipients that are pertinent to the award, in order to make audits, examinations, excerpts, transcripts, and copies of such documents. This right also includes timely and reasonable access to a recipient's and sub-recipients personnel for the purpose of interview and discussion related to such documents. The rights of access in this paragraph are not limited to the required retention period, but must last as long as records are retained.

Except for federally required restrictions on lobbying, the grantee may not place any restrictions on sub-recipients that limit the right or ability of the sub-recipients or their agents to contract or otherwise conduct business with the Federal Government.

16. The VA Office of the Inspector General (OIG) maintains a toll-free number (1-800-488-8244) for collecting information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [vaighotline@va.gov](mailto:vaighotline@va.gov) or by mail to the VA Inspector General Hotline (53E), 810 Vermont Ave., NW, Washington, DC 20420. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.



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#### 17. Federal Debt Status

You may not be delinquent in the repayment of any Federal debt. Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, and benefits that were overpaid (OMB Circular A-129). You must notify VA immediately if you become delinquent during your project period. We cannot release your award funds until you provide documentation showing a repayment plan has been accepted by the Internal Revenue Service and payments have been made.

#### 18. Nondiscrimination Policies

You must execute your project (e.g., productions, workshops, programs, etc.) in accordance with the following laws, where applicable.

- a) **Title VI of the Civil Rights Act of 1964**, as amended, provides that no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance. Title VI also extends protection to persons with limited English proficiency (42 U.S.C. Sec. 2000d et seq.).
- b) **Title IX of the Education Amendments of 1972** provides that no person in the United States shall, on the basis of sex or blindness, be excluded from participation in, be denied benefits of, or be subject to discrimination under any education program or activity receiving Federal financial assistance (20 U.S.C. Sec. 1681 and Sec. 1684 et seq.).
- c) **Section 504 of the Rehabilitation Act of 1973** provides that no otherwise qualified individual with a disability in the United States, shall, solely by reason of his/her disability, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance (29 U.S.C. Sec. 794).
- d) **The Age Discrimination Act of 1975** provides that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance (42 U.S.C. Sec. 6101 et seq.).
- e) **The Americans with Disabilities Act of 1990 (ADA)** prohibits discrimination on the basis of disability in employment (Title I), state and local government services (Title II), places of public accommodation and commercial facilities (Title III) (42 U.S.C. Sections 12101-12213).



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19. **Environmental and Preservation Policies**

- a) **The National Environmental Policy Act of 1969**, as amended, applies to any Federal funds that would support an activity that may have environmental implications. We may ask you to respond to specific questions or provide additional information in accordance with the Act. If there are environmental implications, we will determine whether a categorical exclusion may apply, to undertake an environmental assessment or to issue a "finding of no significant impact," pursuant to applicable regulations and 42 U.S.C. Section 4332.
- b) **The National Historic Preservation Act of 1966**, as amended, applies to any Federal funds that would support either the planning or major renovation of any structure eligible for or on the National Register of Historic Places, in accordance with 54 U.S.C. 306108. This law also applies to project activities, such as new construction, that would affect such properties. We will consult with your State Historic Preservation Officer, as appropriate, to determine the impact of your plan or renovation on the structure or any affected properties. Any change in your design, renovation, or construction plans must be submitted to us for review and approval prior to undertaking any of the proposed changes. You may be asked to provide additional information on your project to ensure compliance with the Act (54 U.S.C. Sections 300101-307108).

20. **Debarment and Suspension.** You must comply with requirements regarding debarment and suspension in 2 CFR Part 180.

There are circumstances under which we may receive information concerning your fitness to carry out a project and administer Federal funds for instance:

- a) Conviction of, or a civil judgment for, the commission of fraud, embezzlement, theft, forgery, making false statements;
- b) Any other offense indicating a lack of business integrity or business honesty that seriously and directly affects your present responsibility; and/or
- c) Any other cause of so serious or compelling a nature that it affects an organization's present responsibility.

In these circumstances, we may need to act quickly to protect the interest of the government by suspending your funding while we undertake an investigation of the specific facts. We may coordinate our suspension actions with other Federal agencies that have an interest in our findings. A suspension may result in your debarment from receiving Federal funding government-wide for up to three years.

21. **The Drug Free Workplace Act** requires you to publish a statement about your drug-free workplace program. You must give a copy of this statement to each employee (including consultants and temporary personnel) who will be involved in award-supported activities at any site where these activities will be carried out.



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You must maintain on file the place(s) where work is being performed under this award (i.e., street address, city, state and zip code.) You must notify VA's Program Office of any employee convicted of a violation of a criminal drug statute that occurs in the workplace. (41 U.S.C. Sec. 8101 et seq. and 38 CFR part 48).

**22. Lobbying.** You may not conduct political lobbying, as defined in the statutes, regulations and OMB Circulars cited below, within your federally-supported project. In addition, you may not use Federal funds for lobbying specifically to obtain awards. For definitions and other information on these restrictions, refer to the following:

- a) "No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or an official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation; but this shall not prevent officers or employees of the United States or of its departments or agencies from communicating to any such Member or official, at his request, or to Congress or such official, through the proper official channels, requests for any legislation, law, ratification, policy, or appropriations which they deem necessary for the efficient conduct of the public business, or from making any communication whose prohibition by this section might, in the opinion of the Attorney General, violate the Constitution or interfere with the conduct of foreign policy, counter-intelligence, intelligence, or national security activities." (18 U.S.C. § 1913. Lobbying with appropriated moneys).
- b) 2 CFR 200.450, "Lobbying," clarifies that lobbying is an unallowable project cost. The regulation generally defines lobbying as conduct intended to influence the outcome of elections or to influence elected officials regarding pending legislation, either directly or through specific lobbying appeals to the public.
- c) Certification Regarding Lobbying to Obtain Awards. Section 1352 of title 31, United States Code, prohibits the use of Federal funds in lobbying members and employees of Congress, as well as employees of Federal agencies, with respect to the award or amendment of any Federal grant, cooperative agreement, contract, or to
  - an. While non-Federal funds may be used for such activities, they may not be included in your project budget, and their use must be disclosed to the awarding Federal agency. Disclosure of lobbying activities by long-term employees (employed or expected to be employed for more than 130 days) is, however, not required. In addition, the law exempts from the definition of lobbying certain professional and technical services by applicants and awardees.

We strongly advise you to review these regulations carefully. They are published at 38 CFR Part 45, and can be found at [www.ecfr.gov](http://www.ecfr.gov).





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### 23. Site Visits

The grantor, through authorized representatives, has the right, at all reasonable times, to make site visits to review project accomplishments and to provide such technical assistance as may be required. If any site visit is made by the grantor on the premises of the Recipient, a sub-recipient, or subcontractor, the Recipient shall provide, and shall require its sub-recipients and subcontractors to provide, all reasonable facilities and assistance for the safety and convenience of the government representatives in the performance of their duties. All site visits and evaluations shall be performed in such a manner that will not unduly interfere with or delay the work.

### 24. Trafficking in Persons

This government-wide award term implements section 106 (g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104) and 2 CFR Part 175. In accordance with the statutory requirement, in each agency award under which funding is provided to a private entity, section 106(g) of the TVPA, as amended, requires the agency to include a condition that authorizes the agency to terminate the award, without penalty, if the recipient or a sub-recipient —

- a) Engages in severe forms of trafficking in persons during the period of time that the award is in effect;
- b) Procures a commercial sex act during the period of time that the award is in effect; or
- c) Uses forced labor in the performance of the award or sub-awards under the award.

The award term is located at 2 CFR 175.15, the full text of which is incorporated here by reference in the terms and conditions of this award.

### 25. Prompt Payment Act

Federal funds may not be used by the recipient for the payment of interest penalties to contractors when bills are paid late nor may interest penalties be used to satisfy cost sharing requirements. Obligations to pay such interest penalties will not be obligations of the United States.

### 26. Payments

For registered Recipients in the U.S. Department of Health and Human Services Payment Management System (PMS-SMARTLINK), instructions for submitting requests for payment may be found at <http://www.dpm.psc.gov/>. If recipients submit a payment request electronically, they may submit requests as frequently as required to meet needs to disburse funds for program purposes.



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Recipients that do not submit requests electronically through PMS-SMARTLINK must request payment by submitting a signed SF 270, "Request for Advance or Reimbursement," to the award program office.

Whenever it is administratively feasible to do so, Recipients are to time each request for an advance so that payments of VA funds are received on the same day of the need to disburse the funds for direct program costs (and the proportionate share of any allowable indirect or facilities and administrative costs). When same day transfers are not feasible, advance payments should not exceed three-days' estimated cash needs.

VA regularly reviews grantee expenditures to ensure that funds are being used in a manner consistent with program goals and regulations. It is expected that grantee expenditures will be consistent across quarters as significant variance, specifically lower than expected spending, may indicate either a lower demand for services or difficulty in managing funds. If during the course of the grant year VA determines that grantee spending is not meeting the minimum percentage milestones below, VA may elect to recoup projected unused funds and reprogram such funds to provide supportive services in areas with higher need. Reductions will be calculated based on the total amount of payment requests submitted in PMS-SMARTLINK by 5:00 p.m. eastern standard time on the last business day of the quarter. Should VA elect to recoup unspent funds, reductions in available grant funds would take place the second business day following the end of the quarter.

- a) By the end of the first quarter of the grantee's supportive services annualized grant award period, the grantee's cumulative requests for supportive services grant funds is fewer than 15 percent of total supportive services grant award. (During this same period, the grantee's cumulative requests for supportive services grant funds may not exceed 35 percent of the total supportive services grant award.)
- b) By the end of the second quarter of the grantee's supportive services annualized grant award period, the grantee's cumulative requests for supportive services grant funds is fewer than 40 percent of total supportive services grant award. (During this same period, the grantee's cumulative requests for supportive services grant funds may not exceed 60 percent of the total supportive services grant award.)
- c) By the end of the third quarter of the grantee's supportive services annualized grant award period, the grantee's cumulative requests for supportive services grant funds is fewer than 65 percent of total supportive services grant award. (During this same period, the grantee's cumulative requests for supportive services grant funds may not exceed 80 percent of the total supportive services grant award.)

#### 27. Financial Guide Compliance

The Recipient agrees to comply with the financial and administrative requirements set forth in the current edition of the VA Financial Guide for Grantees. The latest version of the VA financial guide can be viewed and downloaded at <http://www.va.gov/finance/docs/guideFinancialForGrantees.pdf>

## 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 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 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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 2017 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

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

**If "Other", specify:**

**3. Date Received:** 08/18/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** GA0311

**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:** Action Ministries, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 58-2070427

	<b>c. Organizational DUNS:</b>	198895125	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 1700 Century Circle NE

**Street 2:** Suite 200

**City:** Atlanta

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip / Postal Code:** 30345

### e. Organizational Unit (optional)

**Department Name:** Housing

**Division Name:** Housing

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

**Prefix:** Mr.

**First Name:** Marvin

**Middle Name:**

**Last Name:** Nesbitt

**Suffix:** Jr.

**Title:** Senior Vice President

**Organizational Affiliation:** Action Ministries, Inc.

**Telephone Number:** (404) 881-1991

**Extension:**  
**Fax Number:** (404) 881-1902  
**Email:** mnesbitt@actionministries.net

## 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-6100-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:** DeKalb Rapid Re-housing

**16. Congressional District(s):**

**a. Applicant:** GA-007, GA-006, GA-009, GA-003, GA-005, GA-004, GA-010, GA-011, GA-012, GA-014  
(for multiple selections hold CTRL key)

**b. Project:** GA-006, GA-005, GA-004  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 11/01/2017

**b. End Date:** 10/31/2018

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**



## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 08/18/2017

# 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:** Action Ministries, Inc.

**Prefix:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Organizational Affiliation:** Action Ministries, Inc.

**Telephone Number:** (404) 881-1991

**Extension:**

**Email:** khenderson@actionministries.net

**City:** Atlanta

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip/Postal Code:** 30345

**2. Employer ID Number (EIN):** 58-2070427

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

**4. Amount of HUD Assistance Requested/Received:** \$69,593.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** DeKalb Rapid Re-housing 1700 Century Circle NE Atlanta 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
Department of Veterans Affairs	Grant	\$1,030,200.00	RRH, Prevention, Services

**Part III Interested Parties**

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

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

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

**Date Signed:** 08/09/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Action 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:	
<b>a.</b> 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.	<b>e.</b> 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>b.</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.	<b>f.</b> 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;
<b>c.</b> 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.;	<b>g.</b> Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
<b>d.</b> 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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 08/18/2017

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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



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

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

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

**Applicant's Organization:** Action Ministries, Inc.

**Name / Title of Authorized Official:** Steven Henderson, CEO/President

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

**Date Signed:** 08/18/2017

## 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:** Action Ministries, Inc.  
**Street 1:** 1700 Century Circle NE  
**Street 2:** Suite 200  
**City:** Atlanta  
**County:** DeKalb  
**State:** Georgia  
**Country:** United States  
**Zip / Postal Code:** 30345

**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:** Mr.

**First Name:** Steven

**Middle Name:** Kelley

**Last Name:** Henderson

**Suffix:**

**Title:** CEO/President

**Telephone Number:** (404) 881-1991  
**(Format: 123-456-7890)**

**Fax Number:** (404) 881-1902  
**(Format: 123-456-7890)**

**Email:** khenderson@actionministries.net

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

**Date Signed:** 08/18/2017

## **Additional Information**

**Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.**

**Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.**

**Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.**

**If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.**

## 2A. Project Subrecipients

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

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$0**

Organization	Type	Type	Sub-Award Amount
This list contains no items			

## 2B. Recipient Performance

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

**1. 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 grant has not yet begun to operate, therefore no APR is due at this time.

**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 grant has not yet begun to operate, therefore no funding is available at this time.

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

### 3A. Project Detail

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

**1. Expiring Grant Number:** GA0311

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

**2a. CoC Number and Name:** GA-508 - DeKalb County CoC

**2b. CoC Collaborative Applicant Name:** DeKalb County, Georgia

**3. Project Name:** DeKalb Rapid Re-housing

**4. Project Status:** Standard

**5. Component Type:** PH

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

### **3B. Project Description**

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

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

The goal of AMI’s Rapid Re-housing project grounded in a “Housing First” philosophy, is to transition chronically homeless, families, veterans and youth back into stable housing as quickly and as efficiently as possible thus readying them for necessary supportive services that will follow. The project places emphasis on the connection between quality housing assistance and appropriate supportive services that facilitates the successful transition from homelessness to stable housing and other positive outcomes. AMI’s primary vehicle for ending homelessness among individuals and families begins by assisting participants with immediate assistance in identifying and securing quality stable housing and supporting their successful transition through the provision of medium-term rental assistance (6 months of rental assistance at 100% and 3 months at 50% with a recertification at the end of the ninth month for a possible total of 12 months of rental assistance), Intensive Case Management, Ongoing Life Counseling and Coaching, A Connection to Quality Services and Resources, and the Promotion of the Belief In Human Potential.

To ensure long-term success and outcomes for the individuals and families that AMI serves, AMI is committed to supporting each individual and family along their journey to maintain their stable housing and achieving the level of self-sufficiency that result in positive outcomes for the entire household. This support will come through the provision of case management using AMI’s “client centered” approach to case management and service delivery entitled “Facilitating Access to Intervention & Resources” (F.A.I.R.). AMI designed F.A.I.R to be a comprehensive pipeline, which ensures that individuals and families are fully supported and are successfully connected to services, and resources that will eliminate all barriers to their success. Additionally, F.A.I.R.’s components also include a follow-up period with participants even after their project exit to help proactively mitigate any issues or concerns that the individual or family may be having that could result in their returning to homelessness.

Through the services provided, AMI truly stands more than ready and capable to assist DeKalb County with reducing the number of identified homeless persons within DeKalb County. AMI is proposing to serve a total of 10 households. Of the 10 households to be served, AMI intends to serve the chronically homeless, veterans, and youth with the chronically homeless taking precedence and then veterans. Additionally, AMI’s proposed unit configuration will consist of 4 three bedrooms, 4 two bedrooms and 2 one bedrooms at full



capacity, rehousing 82% of assisted households within 30 days, achieving a 82% housing stability rate, and increasing total income for 55% of adult participants.

**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 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

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

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

**4. Does the PH project provide PSH or RRH?** RRH

**Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

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

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

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

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

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

**2b. Use of a single application form for four or more mainstream programs?** Yes

**2c. At least annual follow-ups with participants to ensure mainstream benefits** Yes



**are received and renewed?**

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

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

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:** 10

**Total Beds:** 22

Housing Type	Units	Beds
Scattered-site apartments (...)	10	22

## 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:** 10

**b. Beds:** 22

### 3. Address

**Street 1:** 1700 Century Cir NE

**Street 2:** Suite 200

**City:** Atlanta

**State:** Georgia

**ZIP Code:** 30345

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

139089 De Kalb County

## 5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	3	0	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	3		10
Adults ages 18-24	0	1		1
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	18	4	0	22

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24	3	2	2	3	0	3	1	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	11
<b>Total Persons</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>11</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24	0	1	1	1	0	0	0	0	0	1
Adults ages 18-24	1	0	0	0	0	0	1	0	0	0
<b>Total Persons</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Accompanied Children under age 18										



Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

The unlisted subpopulation is a veteran spouse to be served with the veteran.

## 5C. Outreach for Participants

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

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

20%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in the FY 2017 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.
100%	Total of above percentages

## 6A. Funding Request

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

1. 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:
- |                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

## 6C. Rental Assistance Budget

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

**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.**

<b>Total Request for Grant Term:</b>		\$51,300	
<b>Total Units:</b>		4	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	GA - Atlanta-Sandy Springs-Roswell, G...	4	\$51,300

## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** GA - Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area (1301399999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	\$573	\$573	x		=	\$0
0 Bedroom	0	x	\$764	\$764	x		=	\$0
1 Bedroom	1	x	\$820	\$820	x		=	\$9,840
2 Bedrooms	1	x	\$949	\$949	x		=	\$11,388
3 Bedrooms	2	x	\$1,253	\$1,253	x		=	\$30,072
4 Bedrooms	0	x	\$1,532	\$1,532	x		=	\$0
5 Bedrooms	0	x	\$1,762	\$1,762	x		=	\$0
6 Bedrooms	0	x	\$1,992	\$1,992	x		=	\$0
7 Bedrooms	0	x	\$2,221	\$2,221	x		=	\$0
8 Bedrooms	0	x	\$2,451	\$2,451	x		=	\$0
9 Bedrooms	0	x	\$2,681	\$2,681	x		=	\$0
<b>Total Units and Annual Assistance Requested</b>	4							\$51,300
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$51,300

**Click the 'Save' button to automatically calculate totals.**

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$17,398
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$17,398

**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	AMI Cash Match	08/14/2017	\$17,398

## 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:** AMI Cash Match  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/14/2017
- 6. Value of Written Commitment:** \$17,398

## 6E. Summary Budget

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

**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	\$51,300
3. Supportive Services	\$18,293
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$69,593
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	\$69,593
9. Cash Match	\$17,398
10. In-Kind Match	\$0
11. Total Match	\$17,398
12. Total Budget	\$86,991



## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3 Letter	08/18/2017
2) Other Attachmenbt	No	Match Commitment ...	08/18/2017
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** 501c3 Letter

## **Attachment Details**

**Document Description:** Match Commitment Letter

## **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 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.**

For 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.

**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** Steven Henderson

**Date:** 08/18/2017

**Title:** CEO/President

**Applicant Organization:** Action Ministries, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant**

X

**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).**

## 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. Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	08/18/2017
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/18/2017

<b>1E. SF-424 Compliance</b>	08/17/2017
<b>1F. SF-424 Declaration</b>	08/18/2017
<b>1G. HUD-2880</b>	08/18/2017
<b>1H. HUD-50070</b>	08/18/2017
<b>1I. Cert. Lobbying</b>	08/18/2017
<b>1J. SF-LLL</b>	08/18/2017
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Recipient Performance</b>	08/17/2017
<b>3A. Project Detail</b>	08/18/2017
<b>3B. Description</b>	08/17/2017
<b>4A. Services</b>	08/17/2017
<b>4B. Housing Type</b>	08/17/2017
<b>5A. Households</b>	08/17/2017
<b>5B. Subpopulations</b>	08/17/2017
<b>5C. Outreach</b>	08/17/2017
<b>6A. Funding Request</b>	08/17/2017
<b>6C. Rental Assistance</b>	08/17/2017
<b>6D. Match</b>	08/18/2017
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/18/2017
<b>7B. Certification</b>	08/18/2017
<b>Submission Without Changes</b>	08/18/2017



**Internal Revenue Service  
District Director**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** August 19, 1999

Action Ministries, Inc.  
159 Ralph McGill Blvd.  
Atlanta, GA 30308-3353

**Person to Contact:**  
Shirley Rudolph 31-03949  
Customer Service Representative  
**Telephone Number:**  
877-829-5500  
**Fax Number:**  
513-684-5936  
**Federal Identification Number:**  
58-2070427

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in March 1994 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Action Ministries, Inc.  
58-2070427

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

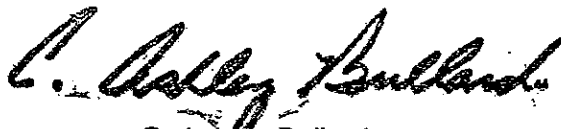
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard  
District Director



August 14, 2017

US Department of HUD  
40 Marietta Street  
Five Points Plaza  
Atlanta, GA 30303

RE: DeKalb Rapid Re-housing

To Whom it May Concern:

Action Ministries commits to provide a cash match contribution of \$17,398 for the grant period of 2018-2019. These are the funds the organization will spend to support and deliver the Rapid Re-housing project located in the DeKalb County Continuum. Funds provided do not originate from federal funds, and are not funds used for cash match for other federally funded programs.

Our contribution includes providing direct support, accounting services for the program, management oversight of the program, and marketing for the program. The marketing component helps our program reach the clients in need of our services. Our contribution was determined by calculating the total cost of operating the program, including allocations for administration and marketing expenses. This amount does not include development costs for the organization. The start date for this commitment is November 1, 2018 and ends October 31, 2019.

Sincerely,

S. Kelley Henderson  
Chief Operating Officer  
Action Ministries, Inc.



**Breaking the Cycle of Homelessness**  
460 Edgewood Ave SE • Atlanta, GA 30312  
phone: 404.879.8001 • fax: 404.873.3489  
Atlantacss.org

August 7, 2018

Kelley Henderson  
President & CEO  
Action Ministries, Inc. (AMI)  
1700 Century Circle NE, Suite 200  
Atlanta, GA 30345

**Subj: Commitment to the AMI's DeKalb County Rapid Re-housing Program**

Dear Mr. Henderson:

Atlanta Center for Self Sufficiency (ACSS) established in 2010 is the largest and most successful provider of Workforce Development resources to homeless men and women in Atlanta. We are extremely happy to provide this letter in support of AMI's DeKalb County Rapid Re-housing program in partnership with the DeKalb County Continuum of Care (CoC). If funded, AMI will provide rapid re-housing services to approximately 90 households experiencing homelessness in DeKalb County to include individuals and families, veterans, and unaccompanied youth.

As an industry leader in the Metro Atlanta area, ACSS has been improving the lives of residents in Metro Atlanta by providing workforce development, veteran services, housing assistance and social enterprise services. As a committed community partners, ACSS is committing to partner with AMI to provide CareerWorks workforce development services to include but are not limited to:

- Employment readiness training
- Personalized case management
- Job search assistance
- Professional clothing
- Transportation assistance
- Housing placement assistance

In support of AMI and the 50 individuals that are projected to be referred, ACSS commits to providing these services in-kind valued at \$90,000 per year.

Again, ACSS as a leader with a proven track record of high quality service delivery in workforce development is happy to partner with AMI in helping the DeKalb County CoC to meet its goal of reducing homelessness in DeKalb County.

Sincerely,

Dana Inman, President and CEO  
Atlanta Center for Self Sufficiency





# NEW LIFE COMMUNITY MINISTRIES

A REFUGE OF HOPE AND POSSIBILITIES

*newlife*  
COMMUNITY MINISTRIES

August 7, 2018

Directors:

Pastor Marlin D. Harris  
Chairman/CEO

Michael Bryant  
Executive Director

J. Gabriel Banks  
Fulton County DA Office  
Attorney-at-Law

DerIn Dickerson  
Alston & Byrd  
Attorney-at-Law

Robert Dow  
Intercontinental Hotels  
Group (IHG)

B. Donovan Golden  
Golden Associates

Tara Hardy  
YMCA, Inc.

Scott Hughes  
DeKalb Hospital  
Authority

James Hutchinson  
Georgia Lottery

Gabrielle King  
Marketing  
Entrepreneur

Gregory B. Levett  
B. Levett & Company

Gerald McDowell  
Lilburn Community  
Improvement District

Deborah Spooner  
Solid Source Realty

Revl Williams  
Williams & Williams  
Attorney-at-Law

Kelley Henderson  
President & CEO  
Action Ministries, Inc. (AMI)  
1700 Century Circle NE, Suite 200  
Atlanta, GA 30345

**Subj: Commitment to the AMI's DeKalb County Rapid Re-housing Program**

Dear Mr. Henderson:

New Life Community Ministries is extremely happy to provide this letter in support of AMI's DeKalb County Rapid Re-housing program in partnership with the DeKalb County Continuum of Care (CoC). If funded, AMI will provide rapid re-housing services to approximately 90 households experiencing homelessness in DeKalb County to include individuals and families, veterans, and unaccompanied youth.

As a leader community services in the DeKalb County area, we have been improving the lives of residents in DeKalb County by providing workforce development, reentry support, housing assistance and substance abuse services. As a committed community partners, New Life is committing to partner with AMI to provide workforce development services to include but are not limited to:

- Employment readiness training and Job search assistance
- Personalized case management
- Professional clothing

In support of AMI and the 35 individuals that are projected to be referred, New Life commits to providing these services in-kind valued at \$5,250 per year.

Again, New Life as a leader with a proven track record of high quality service delivery in workforce development is happy to partner with AMI in helping the DeKalb County CoC to meet its goal of reducing homelessness in DeKalb County.

Sincerely,

Michael Bryant, Executive Director  
New Life Community Ministries

WWW.NLCC-ATL.ORG | WWW.NEWLIFE-ATL.ORG

(770) 322-6262 | Ofc.  
(770) 322-0554 | Fax

INFO@NEWLIFE-ATL.ORG

3592 FLAT SHOALS RD  
DECATUR GA 30034



# CaringWorks

HOUSING · HELP · HOPE

August 7, 2018

Kelley Henderson  
President & CEO  
Action Ministries, Inc. (AMI)  
1700 Century Circle NE, Suite 200  
Atlanta, GA 30345

**Subj: Commitment to the AMI's Consolidated DeKalb County Rapid Re-housing Program**

Dear Mr. Henderson:

CaringWorks, an agency working to end homelessness and one who sees clients for their inherent potential and human dignity rather than the situation in which they find themselves is extremely happy to provide this letter in support of AMI's Consolidated DeKalb County Rapid Re-housing program in partnership with the DeKalb County Continuum of Care (CoC). If funded, AMI will provide rapid re-housing services to approximately 90 households experiencing homelessness in DeKalb County to include individuals and families, veterans, and unaccompanied youth.

CaringWorks, a state-certified, behavioral health agency was built on the single idea that every citizen, no matter social or economic standing, should have a chance to improve their quality of life. Since our founding we've focused on a suite of services aimed at providing permanent, proven solutions for people facing homelessness to include but not limited to substance abuse treatment and mental health counseling and therapy. As a committed community partner, CaringWorks is committing to partner with AMI to provide the following therapeutic services through our CaringWorks Treatment and Recovery Services (CTRS):

Mental Health Therapy & Counseling  
Substance Abuse Treatment

In support of AMI and the 35 individuals (20 for mental health treatment and 15 for substance abuse treatment) that are projected to be referred, CaringWorks commits to providing these services in-kind valued at \$30K per year.

Again, CaringWorks as a leader with a proven track record of high quality service delivery in the area of mental health and addiction is happy to partner with AMI in helping the DeKalb County CoC to meet its goal of reducing homelessness in DeKalb County.

Sincerely,

Carol Collard, PhD, LMSW  
President and CEO





**Executive Committee**

Aaron Goldman, Chair  
Perennial Properties

Sara Haas, Secretary  
Enterprise Community Partners

Kelley Henderson, Treasurer  
Action Ministries

**Board of Directors**

Richard Berman  
University of South Florida

Shea Campbell  
CBRE

Brett Finkelshtein  
CF Real Estate Services

Robert LaChapelle  
CBRE Finance

Marc Lefar  
RentPath

Dave Loeffel  
Highlands Residential

Jake Maguire  
Community Solutions

John Marti  
Hammond Residential Group

Lee McComb  
Marketing Strategist

Sonny Morris  
Morris, Manning & Martin

Ed Powers  
Hope Atlanta

Matt Shulman  
The Ardent Companies

Paul Vetter  
Bernadia

**Executive Director**

Matthew Hurd, LCSW

321 W. Hill Street, Ste 2E,  
Decatur, GA 30030

[info@opendoorsatl.org](mailto:info@opendoorsatl.org)

[OpenDoorsATL.org](http://OpenDoorsATL.org)

August 7, 2018

**Kelley Henderson**  
**President & CEO**  
**Action Ministries, Inc. (AMI)**  
1700 Century Circle NE, Suite 200  
Atlanta, GA 30345

**Subj: Commitment to the AMI's DeKalb County Rapid Re-housing Program**

Dear Mr. Henderson:

Open Doors Atlanta which was born out of Atlanta Real Estate Collaborative (AREC) works to bring together people who desperately need housing and property owners who need tenants and have a desire to help eradicate the issue of homelessness in the State of Georgia. In doing so, Open Doors Atlanta works to identify property owners and gain their commitment to make available to homeless individuals and families decent, safe and affordable units while administering an application/rental process that forgives past rental indiscretions. We are extremely happy to provide this letter in support of AMI's DeKalb County Rapid Re-housing program in partnership with the DeKalb County Continuum of Care (CoC). If funded, AMI will provide rapid re-housing services to approximately 90 households experiencing homelessness in DeKalb County to include individuals and families, veterans, and unaccompanied youth.

As an industry leader in the Metro Atlanta area, Open Doors Atlanta has been working to improve the lives of residents in Metro Atlanta by developing partnerships with property owners, educating them on the homeless issue in the State of Georgia and gaining their commitments to make available units for homeless individuals and families. Additionally, Open Doors Atlanta has developed a technology solution for its affiliate agencies that give them the ability to quickly identify available units around the state and guiding clients through the application process from their smartphones. This technology makes housing search easy for agency staff and clients and is designed to end the homeless episode as quickly as possible for the client.

Action Ministries is a registered affiliate of Open Doors Atlanta and a user of Open Doors Atlanta's services to include:

- Use of Open Doors Atlanta's online property database
- Access and use of the Open Doors Atlanta property locator app
- Technical assistance and training

In support of AMI and the 90 households that are projected to be assisted with quickly identifying and securing stable housing, Open Doors Atlanta commits to providing these services in-kind valued at \$54,000 per year.



**Executive Committee**

Aaron Goldman, Chair  
Perennial Properties

Sara Haas, Secretary  
Enterprise Community Partners

Kelley Henderson, Treasurer  
Action Ministries

**Board of Directors**

Richard Berman  
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CBPE

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CF Real Estate Services

Robert LaChapelle  
CBRE Finance

Marc Lefar  
RentPath

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Hammond Residential Group

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Morris, Manning & Martin

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Hope Atlanta

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Paul Vetter  
Berlinda

**Executive Director**

Matthew Hurd, LCSW

321 W. Hill Street, Ste 2E,

Decatur, GA 30030

[info@opendoorsatl.org](mailto:info@opendoorsatl.org)

[OpenDoorsATL.org](http://OpenDoorsATL.org)

Again, Open Doors Atlanta as a leader with a proven track record of aiding agencies in quickly ending homelessness for individuals and families, we are happy to partner with AMI in helping the DeKalb County CoC to meet its goal of reducing homelessness in DeKalb County.

Sincerely,

A handwritten signature in black ink, appearing to read "MH", written over a light blue circular stamp.

**Matthew Hurd, LCSW**  
**Executive Director**



August 8, 2018

Kelley Henderson  
President & CEO  
Action Ministries, Inc. (AMI)  
1700 Century Circle NE, Suite 200  
Atlanta, GA 30345

**Subj: Commitment to the AMI's DeKalb Rapid Re-housing Program**

Dear Mr. Henderson:

Corners Outreach is happy to provide this letter in support of AMI's DeKalb Rapid Re-housing program in partnership with the Balance of State Continuum of Care (CoC). If funded, AMI will provide rapid re-housing services to approximately 45 households experiencing homelessness in the DeKalb CoC to include individuals and families, veterans, and unaccompanied youth.

As a community service provider in the DeKalb County area, we have been improving the lives of residents in DeKalb County by providing educational enrichment and workforce opportunities. Corners Outreach is committing to partner with AMI to provide educational enrichment services may include but not limited to:

- After-school and summer programming for children and youth
- Mentorship for youth
- Job opportunities for parents
- ESOL classes
- Translation Services

In support of AMI and the 25 individuals that are projected to be referred to our DeKalb programs, Corners Outreach commits to providing these services in-kind, valued at \$25,000 per year.

Corners Outreach children and is happy to partner with AMI in helping the DeKalb CoC to meet its goal of reducing homelessness by providing quality services in the communities we both serve.

Sincerely,



Larry Campbell, Executive Director  
Corners Outreach  
2 Sun Court, Suite 220  
Peachtree Corners, GA 30092