

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/11/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: 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

| | | | | |
|--|--------------------------------|-----------|---------------|--|
| | c. Organizational DUNS: | 198895125 | PLUS 4 | |
|--|--------------------------------|-----------|---------------|--|

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.
Project: DeKalb Rapid Re-housing

198895125
166780

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: 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: 11/01/2019

b. End Date: 10/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: 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: 09/11/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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: \$71,645.00

(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: 08/06/2018

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: 09/11/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

| |
|---|
| X |
|---|

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

Applicant's Organization: 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: 09/11/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: 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: 09/11/2018

Information About Submission without Changes

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

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

Recipient Performance

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

Renewal Grant Consolidation Screen

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

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **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? **Individual**

Click on “Save & Next” to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

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 | | | |

3A. Project Detail

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

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 10 households in this project. Of the 10 households to be served, the chronically homeless will take precedence followed by veterans, youth, and then others. The proposed unit configuration will consist of 2 three-bedroom units, 1 two-bedroom unit and 1 one-bedroom unit at full capacity. We expect to continue rehousing within 30 days at a rate of 82% of assisted households (achieving an 82% housing stability rate) and to continue 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"/> |
| 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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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 | Housing Type (JOINT) | 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

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 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 |
| Total Persons | 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 | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | 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 |
| Total Persons | 3 | 2 | 2 | 3 | 0 | 3 | 1 | 0 | 0 | 11 |

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

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

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

| Total Request for Grant Term: | | \$53,352 | |
|--------------------------------------|--|-----------------------|---------------|
| Total Units: | | 4 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | GA - Atlanta-Sandy Springs-Roswell, G... | 4 | \$53,352 |

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 | \$614 | \$614 | x | | = | \$0 |
| 0 Bedroom | 0 | x | \$818 | \$818 | x | | = | \$0 |
| 1 Bedroom | 1 | x | \$858 | \$858 | x | | = | \$10,296 |
| 2 Bedrooms | 1 | x | \$990 | \$990 | x | | = | \$11,880 |
| 3 Bedrooms | 2 | x | \$1,299 | \$1,299 | x | | = | \$31,176 |
| 4 Bedrooms | 0 | x | \$1,599 | \$1,599 | x | | = | \$0 |
| 5 Bedrooms | 0 | x | \$1,839 | \$1,839 | x | | = | \$0 |
| 6 Bedrooms | 0 | x | \$2,079 | \$2,079 | x | | = | \$0 |
| 7 Bedrooms | 0 | x | \$2,319 | \$2,319 | x | | = | \$0 |
| 8 Bedrooms | 0 | x | \$2,558 | \$2,558 | x | | = | \$0 |
| 9 Bedrooms | 0 | x | \$2,798 | \$2,798 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 4 | | | | | | | \$53,352 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$53,352 |

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: | \$7,000 |
| Total Value of In-Kind Commitments: | \$59,250 |
| Total Value of All Commitments: | \$66,250 |

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 | \$27,000 |
| Yes | In-Kind | Private | New Life Communit... | 08/07/2018 | \$5,250 |
| Yes | In-Kind | Private | Caring Works | 08/07/2018 | \$15,000 |
| Yes | In-Kind | Private | Open Doors | 08/07/2018 | \$12,000 |
| Yes | Cash | Private | AMI Match Commitment | 08/13/2018 | \$7,000 |

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:** \$27,000
- 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:** \$15,000

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:** \$12,000

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: 08/13/2018

6. Value of Written Commitment: \$7,000

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 | \$53,352 |
| 3. Supportive Services | \$18,293 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$71,645 |
| 7. Admin (Up to 10%) | |
| 8. Total Assistance plus Admin Requested | \$71,645 |
| 9. Cash Match | \$7,000 |
| 10. In-Kind Match | \$59,250 |
| 11. Total Match | \$66,250 |
| 12. Total Budget | \$137,895 |

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 ... | 08/13/2018 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: 501c3 Letter

Attachment Details

Document Description: Match Commitment Letter

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description: Dekalb I 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: 09/11/2018

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.

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

| | |
|--|-------------------------------------|
| 6E. Summary Budget | <input type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input 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):

The changes in this application reflect updated 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 |
|---------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/06/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 51 | 09/14/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/11/2018 |
| 1E. SF-424 Compliance | 08/06/2018 |
| 1F. SF-424 Declaration | 08/06/2018 |
| 1G. HUD-2880 | 08/06/2018 |
| 1H. HUD-50070 | 08/06/2018 |
| 1I. Cert. Lobbying | 08/06/2018 |
| 1J. SF-LLL | 08/06/2018 |
| Recipient Performance | 08/13/2018 |
| Renewal Grant Consolidation | 08/09/2018 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 08/13/2018 |
| 3B. Description | 08/13/2018 |
| 4A. Services | 08/06/2018 |
| 4B. Housing Type | 08/06/2018 |
| 5A. Households | 08/06/2018 |
| 5B. Subpopulations | 08/06/2018 |
| 5C. Outreach | 08/06/2018 |
| 6A. Funding Request | 08/06/2018 |
| 6C. Rental Assistance | 08/06/2018 |
| 6D. Match | 08/13/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/06/2018 |
| 7A. In-Kind Match MOU Attachment | 08/13/2018 |
| 7B. Certification | 08/13/2018 |
| Submission Without Changes | 08/13/2018 |

**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.

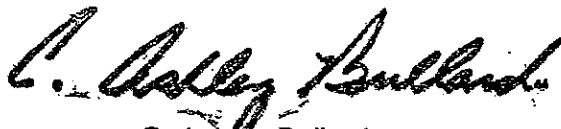
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and 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



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 20 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 15 individuals that are projected to be referred, ACSS commits to providing these services in-kind valued at \$27,000 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,

A handwritten signature in blue ink, appearing to read "Dana Inman", is written over a faint, larger version of the signature.

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

Revi 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 20 households experiencing domestic violence and homelessness in DeKalb County.

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 DeKalb County I 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 DeKalb County I 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 70 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 25 individuals (10 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 \$15K 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
CaringWorks, Inc.



Executive Committee

Aaron Goldman, Chair
Perennial Properties

Sara Haas, Secretary
Enterprise Community Partners

Kelley Henderson, Treasurer
Action Ministries

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University of South Florida

Shea Campbell
CBRE

Brett Finkelstein
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
Berkadia

Executive Director

Matthew Hurd, LCSW

321 W. Hill Street, Ste 2E;

Decatur, GA 30030

info@opendoorsatl.org

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 I 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 20 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 20 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 \$12,000 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
University of South Florida

Shea Campbell
CBRE

Brett Finkelstein
CF Real Estate Services

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", with a stylized flourish at the end.

Matthew Hurd, LCSW
Executive Director

Robert LaChapelle
CBRE Finance

Marc Lefar
RentPath

Dave Loeffel
Highlands Residential

Jake Maguire
Community Solutions

John Marti
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[E info@opendoorsatl.org](mailto:info@opendoorsatl.org)

OpenDoorsATL.org