

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 09/12/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** DeKalb County Government

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 58-6000814

	<b>c. Organizational DUNS:</b>	061420535	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 750 Commerce Drive

**Street 2:** Suite 401

**City:** Decatur

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip / Postal Code:** 30030

### e. Organizational Unit (optional)

**Department Name:** Community Development Department

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Ann

**Middle Name:**

**Last Name:** Pope

**Suffix:**

**Title:** Sr. Special Projects Coordinator

**Organizational Affiliation:** DeKalb County Government

**Telephone Number:** (404) 371-2627

**Extension:**  
**Fax Number:** (404) 371-2742  
**Email:** [adpope@dekalbcountyga.gov](mailto:adpope@dekalbcountyga.gov)

## 1C. SF-424 Application Details

**9. Type of Applicant:** B. County Government

**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:** Coordinated Entry 2017 - Expansion

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

**a. Applicant:** GA-006, GA-005, GA-004, GA-013  
**b. Project:** GA-006, GA-005, GA-004, GA-013  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 04/01/2019  
**b. End Date:** 03/31/2020

**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:** Ms.

**First Name:** Melvia

**Middle Name:**

**Last Name:** Richards

**Suffix:**

**Title:** Housing Manager

**Telephone Number:** (404) 371-2625  
**(Format: 123-456-7890)**

**Fax Number:** (404) 371-2742  
**(Format: 123-456-7890)**

**Email:** mwrichards@dekalbcountyga.gov

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

**Date Signed:** 09/12/2018



# 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:** DeKalb County Government

**Prefix:** Ms.

**First Name:** Melvia

**Middle Name:**

**Last Name:** Richards

**Suffix:**

**Title:** Housing Manager

**Organizational Affiliation:** DeKalb County Government

**Telephone Number:** (404) 371-2625

**Extension:**

**Email:** mwrichards@dekalbcountyga.gov

**City:** Decatur

**County:** DeKalb

**State:** Georgia

**Country:** United States

**Zip/Postal Code:** 30030

**2. Employer ID Number (EIN):** 58-6000814

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

**4. Amount of HUD Assistance Requested/Received:** \$74,644.00

(Requested amounts will be automatically entered within applications)

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

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
DeKalb County Community Development Department 3486 Covington Highway, Decatur, GA 30032	CDBG	\$74,506.00	Match for Coordinate Entry and Planning Grant
N/A			
N/A			
N/A			
N/A			

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

**Part III Interested Parties**

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You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%
N/A				
N/A				
N/A				
N/A				

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Melvia Richards, Housing Manager

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

**Date Signed:** 08/28/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** DeKalb County Government

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

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

X
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**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Melvia

**Middle Name**

**Last Name:** Richards

**Suffix:**

**Title:** Housing Manager

**Telephone Number:** (404) 371-2625  
**(Format: 123-456-7890)**

**Fax Number:** (404) 371-2742  
**(Format: 123-456-7890)**

**Email:** mwrichards@dekalbcountyga.gov

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

**Date Signed:** 09/12/2018

## **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:** DeKalb County Government

**Name / Title of Authorized Official:** Melvia Richards, Housing Manager

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

**Date Signed:** 09/12/2018

# 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:** DeKalb County Government  
**Street 1:** 750 Commerce Drive  
**Street 2:** Suite 401  
**City:** Decatur  
**County:** DeKalb  
**State:** Georgia  
**Country:** United States  
**Zip / Postal Code:** 30030

**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:** Ms.

**First Name:** Melvia

**Middle Name:**

**Last Name:** Richards

**Suffix:**

**Title:** Housing Manager

**Telephone Number:** (404) 371-2625  
**(Format: 123-456-7890)**

**Fax Number:** (404) 371-2742  
**(Format: 123-456-7890)**

**Email:** mwrichards@dekalbcountyga.gov

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

**Date Signed:** 09/12/2018

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

This grant is an enhancement to the DeKalb County Coordinated Entry 2018 grant that is awarded to the DeKalb County Community Development Department (the Department). The DeKalb Community Development Department, as Collaborative Applicant for the DeKalb County CoC administers the Coordinated Entry System, maintains the prioritized “By-Name List” of homeless individuals and households, ensures that referrals occur in a coordinated and systematic fashion, and collaborates with agencies to ensure that all parties seeking housing and services are housed and served. Therefore the DeKalb Community Development Department is the appropriate entity for this grant.

The Department collaborates with agencies to identify specific needs of target groups, (chronically homeless, households with children, youth, DV victims, the mentally ill, substance abusers, and veterans) and ensure that appropriate housing and services are available in the CoC to satisfy the identified needs. The Department works to ensure that the assessment tool aptly identified the special needs and the referral system (through a system of algorithms tied to the assessment) facilitates appropriate referrals. The Department’s 2016 success in leading the CoC to achieving the USICH, HUD, VA award of Function Zero status is evidence of the Department’s experience in addressing target populations.

The Department first developed a coordinated entry system in 2011 and successfully applied the system to the HPRP program. HUD recognized this implementation as a “Best Practice”, taped interviews of Department and collaborating agency representatives, and placed the recording on the HUD’s website.

The Department manages all HUD grants (CDBG, ESG, HOME) received by DeKalb County. The Department was the recipient of the HPRP stimulus grant. During the more than 20 year period of managing grants, the Department has never received significant monitoring findings, nor did HUD require it to repay funds. The Department employs a staff of highly trained individuals, including financial officers with in-depth training accounting experience and training. County systems, personnel, and policy requirements provide checks and balances. For example, before amounts can be drawn from ELOCCS, an approved purchase order must have been entered into the ORACLE system and staff must provide first-party documentation of charges that are approved by the Department Director. The finance team examines all documentation and enters it into the system. After this occurs, the County finance team examines the transaction. After the County approves the transaction for payment, the amount can be drawn from ELOCCS.

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

As a recipient of HOME, CDBG and ESG funds, the Community Development Department has extensive experience in leveraging State, local, and private sector funds. For example, in the last year, the Department used its HOME funds to leverage Federal tax credits, private funds, and local concessions for the development of affordable housing projects valued at more than a total of \$55 million. The Department uses a portion of its CDBG- Public Services allocation to entice agencies to provide homelessness services by granting CDBG funds to sub-recipients who add funds from other sources to serve the homeless

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

DeKalb County Development Department is a departmental unit of the DeKalb County Government. The Board of Commissioners serves as the legislative branch. The Board is comprised of seven part-time commissioners, all elected to a four year term.

The administrative arm is headed by an elected Chief Executive Officer (CEO). The CEO is elected for a 4 year term and is limited to serving two terms. The Chief Financial Officer and Chief Operating Officer report directly to the CEO. Thirty-four Department Directors report to the Deputy Chief Operating Officer or the Infrastructure Officer.

The Community Development Director reports to the Deputy Chief Operating Officer. The Community Development Planning Manager, Principal Financial Officer, Financial Assistant, and Housing Manager report to the Community Development Department Director. Departmental employees report to either the Housing Manager or Planning Manager.

The Community Development Department acts as the Collaborative Applicant for the DeKalb CoC. The Housing Manager is responsible for Collaborative Applicant activities and supervises all County and who work on homelessness initiatives.

As the recipient of all County HUD allocations, the Community Development Department is monitored by HUD. County internal auditors audit the Departments operations annually. Additionally, the County retains external auditors who audit the Department's financial and management operations annually.

The County deploys an ORACLE financial management system. This system is used in managing all grants. Shown below are County Accounting, Auditing, and Financial Reporting Policies

Accounting, Auditing, and Financial

1. An independent audit in compliance with Generally Accepted Auditing Standards will be performed annually by a qualified external auditor in accordance with applicable State Law and the DeKalb County Code.

- 2. DeKalb County will maintain an internal audit function and conducts financial, operational, compliance, and performance audits on a periodic basis.
- 3. DeKalb County will prepare a Comprehensive Annual Financial Report (CAFR) in accordance with Generally Accepted Accounting Principles (GAAP). DeKalb County will strive to prepare the CAFR to meet the standards of the GFOA Certificate of Achievement in Financial Reporting Program, and will submit the CAFR annually for a certificate review.
- 4. DeKalb County will establish and maintain professional accounting practices. Accounting systems will conform to the County's budget basis, with conversions to GAAP provided in the CAFR.
- 5. DeKalb County will maintain accurate records of fixed assets to insure proper stewardship of public property.
- 6. An ongoing system of financial reporting will be maintained to meet the needs of the County. The system will promote budgetary control and comparative analysis.

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

### 3A. Project Detail

**1a. CoC Number and Name:** GA-508 - DeKalb County CoC

**1b. CoC Collaborative Applicant Name:** DeKalb County, Georgia

**2. Project Name:** Coordinated Entry 2017 - Expansion

**3. Project Status:** Standard

**4. Component Type:** SSO

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

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

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

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

This project will expand the renewal Coordinated Entry project by adding two positions: a Coordinated Entry Access point Specialist to enhance general accessibility to system entry and a Housing Navigator to connect vulnerable clients to housing expediently. These two positions are needed to accomplish the following:

- Broaden access to Coordinated Entry
- Increase triage capacity to divert those at risk of homelessness from becoming homeless
- Improve performance by reducing length of time from engagement to housing
- Reduce returns to homelessness

The project will provide one part-time Housing Navigator to work with clients who, in the assessment process, are identified to have severe housing barriers (former evictions, lengthy homeless history, language barriers, lack of required documents), and one full-time Coordinated Entry Access Point Specialist to triage clients as they contact access points. The Navigator will serve approximately 168 households during a grant period.

The Housing Navigator will connect people (identified via the CoC By-Name list) who are on the street, in emergency shelter, or places not intended for human habitation to permanent supportive housing and rapid re-housing quickly. The Navigator will provide this assistance following the DeKalb County CoC Coordinated Entry process. Also the Navigator will assist households to become document ready for permanent placement. The Coordinated Entry Access Point Specialist will service approximately 947 households during a grant period.

A key objective of the CoC is to reduce the number of returns to homelessness. To accomplish this objective, the Navigator will identify households at risk of returns to homelessness using the Comprehensive Assessment. Identification is based on factors including the following:

- Number of times homeless
- Income level (No/low income)
- Household size
- Disabling Conditions

The Navigator will collaborate with CoC, ESG and other-funded PSH, RRH and service intensive transitional housing provider and update available housing inventory. The Navigator connects households to the best matched housing, based on eligibility and client housing choice. Once referral for housing is accomplished, the Navigator case conferences with the housing providers to develop a housing stability plan which includes a long-term plan for continuing self-sufficiency at subsidy end.

The Coordinated Entry Access Point Specialist will triage clients seeking homelessness assistance. Based on the initial prescreen, the Specialist refers to appropriate housing/service providers based on need. A key gap in the DeKalb Coordinated Entry process is connecting an enormous volume of households to emergency and prevention services. The Specialist will collaborate with ESG, ESFP, VA, faith-based, PHA, Domestic Violence, Outreach, and emergency shelters.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	0			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			
Rehabilitation completed?	0			
New construction started?	0			
New construction completed?	0			

**\* 3. Please identify the project's specific population focus.**

**(Select ALL that apply)**

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



**4. Please select the type of SSO project:** Coordinated Entry

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

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

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

DeKalb County CE participating agencies are required to affirmatively market their housing and supportive services projects to eligible persons who are least likely to apply in the absence of special outreach. This is regardless of race, color, national origin, religion, sex, age, familial status, marital status, handicap, actual or perceived sexual orientation, or gender identity (CoC Program interim rule: 24 CFR 578.93(c) and ESG Program interim rule: 24 CFR 576.407(a) and (b)). To ensure the coordinated entry process assists CoC Program and ESG Program recipients in meeting this requirement, a marketing strategy was developed.

1. Identify special populations and subpopulations in the CoC jurisdiction who are eligible for CE services but have historically not participated, enrolled, and entered in CoC or ESG programs in rates commensurate with overall subpopulation prevalence.
2. Outline an outreach program that includes special measures designed to attract those groups identified as least likely to apply and other efforts designed to attract persons from the total population. The outreach team conducts weekly efforts to engage those on the streets who are resistant to services.
3. Advertise in locations or via media (community free newspapers, churches, shelters, feeding programs, outreach centers, courthouses, DFACS offices) that are used and viewed or listened to by those identified as least likely to enter CE services and housing.
4. Market homeless and at risk of homelessness services and housing to specific community, religious, support organizations or other groups frequented by those least likely to enter CoC services and housing.

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

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

The coordinated entry process includes uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services (HUD

Coordinated Entry Notice: Section II.B.3). Projects participating in the coordinated entry process do not screen potential project participants out for assistance based on perceived barriers related to housing or services (HUD Coordinated Entry Notice: Section II.B.3). CoC and ESG funded projects use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs (HUD Coordinated Entry Notice: Section I.B). Non HUD-funded agencies participating in the coordinated entry process are encouraged to fill project vacancies only through referrals from DeKalb County CoC CE agencies. Each CE participating project establishes and makes available to the DeKalb County CoC specific eligibility criteria the project uses to make enrollment determinations (HUD Coordinated Entry Notice: Section II.B.3). The eligibility requirements are compiled into a spreadsheet which is used to matching of housing and services. The CoC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process. Currently, the resource guide is a soft copy and can be found online at [www.dekalbcountyga.gov](http://www.dekalbcountyga.gov) under Community Development Department. The CoC is in the process of developing an online database for resources.

#### Referral Process

##### Referrals for Pre-Screen Assessments

Refer people requesting assistance, i.e. shelter, prevention, permanent housing to one of the access point locations (See Appendix). At an access point location, clients are enrolled in DeKalb County CE program in ClientTrack and complete the pre-screen.

Please note that DeKalb County's goal is to reduce barriers for accessing the coordinated assessment system. Therefore lead agencies (See Appendix) who encounter a client can still enroll the household in DeKalb CE project in ClientTrack and complete the pre-screen. If the client is literally homeless and in need of permanent housing, then the lead agency can go ahead and conduct the comprehensive assessment in the same engagement.

##### Referrals after Pre-screen Assessments

After completing the pre-screen, an email is received by the interviewer. The link for the referral can be found either with the pre-screen results or in the email. When filling out the referral, it pre-populates client information from the pre-screen. Additionally, the referral matches the household with the best options for services and that corresponding agency. The interviewer chooses from the generated list and makes any notes regarding the household situation that is critical for assisting the client in the comments section. After submitting the referral, an email, along with the referral request form, is sent to both the receiving and sending agency staff person. For further details on the referral procedures using ClientTrack and Google Form, please see the Intake Manual.

Based on pre-screen results, referrals are made as needed:

- DV assistance - refer directly to Women's Resource Center,
- For prevention assistance - refer to CE navigators,
- For HoH ages 24 and younger - refer to Chris180,
- For households that need shelter - refer to CE navigators,
- For households that need PSH, RRH or service intensive TH - refer to lead agencies for a comprehensive assessment to be prioritized for this housing, and/or
- Please make referrals for households that need additional services such as transportation, food or job assistance to those providers.

### Referrals for Permanent Housing

After completion of the comprehensive assessment by the lead agency or coordinator, the household is automatically placed on the prioritization list for stable housing. Based on availability and eligibility, the next household on the priority list is matched with the housing opportunity. The CES then makes a referral to the housing agency that has availability via email. If the household is eligible for more than one project, then CES contacts the household directly or the case manager working with the household to let them know of the options and to make a choice between programs.

### Receiving Referrals

The receiving agency acknowledges receipt of the referral via email within 48 business hours. Once the receiving agency has determined eligibility, they complete the referral outcome section of the referral form and reply back to the CE navigator. Later, once the household is housed, the receiving agency completes the referral outcome section of the referral form again with a move-in date and destination.

The referral email subject line for prevention, emergency shelter and permanent housing includes "DeKalb CE". Email Subject Line Examples:

- DeKalb CE Referral for ES: H. Smith 112233, or
- DeKalb CE Referral for Single Male: H. Smith 112233.

### Referral Form

People making referrals for services to participating agencies fill out the top section of the referral form. In the comments section, please provide details that are related to the household's need or eligibility for that particular service. The referral form is then be emailed to the receiving agency. The referral email subject line needs to read as DeKalb CE Referral.

### Declining Referral Policy

Both providers and program participants may deny or reject referrals. All service denials by providers should be infrequent and must be documented in HMIS with specific justification as prescribed by the CoC. One of the guiding principles of CE is participant choice. Households being referred have the right to refuse acceptance into any program without repercussions.

### Participant Declined Referrals

In regards to emergency shelter, adults are able to turn down a referral for shelter and continue to sleep in a place not meant for human habitation. However, it is against CoC policy for children ages seventeen and younger to sleep in a place not meant for human habitation. If shelter space is available, a household cannot turn down an emergency shelter referral to be placed in a hotel/motel. Vouchers are only available for special cases as determined by the CE team. To keep their place on the priority PH list, households must maintain their literally homeless status.

Individuals and families are given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations and available resources. Of the options available, participants are afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available. If head of household keeps turning down referred programs, then the CES informs household of limited options for housing and that multiple rejections could impact availability.

### Provider Declined Referrals

Allowable criteria for an agency denying a stable housing referral includes:

- Does not meet required criteria for program eligibility,
- Unresponsive to multiple communication attempts,
- Resolved crisis without assistance,
- Danger to self or others if allowed to stay at this particular project,
- Services available through the project are not sufficient to address the intensity and scope of participant need,
- Project is at capacity and is not available to accept referrals at this time,
- Not suitable for unit because not in line with housing standards, or
- Completed that program or any other CE housing program within the previous year.

Per HUD (Coordinated Entry Notice: Section II.B.14), prohibited criteria for an agency denying a permanent housing referral:

- Too little or no income,
- Active or history of substance abuse,
- Domestic violence history,
- Resistance to receiving services,
- Type of extent of a disability-related services or supports that are needed,
- History of evictions or poor credit,
- Lease violations or history of not being a lease holder, or
- Criminal record.

The agency rejecting a referral needs to inform the coordinated entry housing navigators within two business days. The provider must notify the CE navigators why the referral was rejected, how the referred participant was informed, and whether the project staff foresee additional, similar refusals occurring in the future. A denial from a particular program does not mean a rejection from the coordinated entry process. Instead, the information provided by the agency is reviewed by the CE team to discuss and decide on the most appropriate next steps.

All denial of services by agencies are to be tracked by the navigators to determine if there is an underlying issue that the CoC needs to address. Housing providers restricting access to projects based on specific client attributes or characteristics need to provide documentation to the CoC providing a justification for their enrollment policy. If a program is consistently declining referrals without justification (more than three out of every five), they need to meet with the DeKalb County CoC to discuss the issue(s) that is causing the declines.

### Participant Autonomy

The coordinated assessment system uses a person-centered approach in the referral process. A person centered approach includes participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics including assessment processes that provide options and recommendations that guide and inform participant choice. Clear expectations concerning where participants are being referred, entry requirements and services provided are to be communicated. For example, an unaccompanied youth can be offered youth specific services or services for individual adults. Thoroughly explain both options so that the person can make own decision.

### Nondiscrimination Referrals

All agencies participating in the DeKalb County CoC coordinated entry process comply with the equal access and nondiscrimination provisions of Federal civil

rights laws. The referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children (HUD Coordinated Entry Notice: Sections I.D and II.B.3).

**4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?** Yes

### 3C. Project Expansion Information

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** Yes

**2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?** Yes

**Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.**

**Eligible Renewal Grant PIN Number:** GA0325

**Eligible Renewal Grant Project Name:** Coordinated Entry 2017

**3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.** Coordinated entry

#### Additional supportive services to homeless persons

**Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."** Coordinated entry

**Describe the reason for the supportive service increase indicated above.**

A key objective of the CoC is to reduce the number of returns to homelessness. To accomplish this objective, the expansion project will allow for the identification households at risk of returns to homelessness using the Comprehensive Assessment. Identification is based on factors including the following:

- Number of times homeless
- Income level (No/low income)
- Household size
- Disabling Conditions

A key gap in the DeKalb Coordinated Entry process is connecting an enormous

volume of households to emergency and prevention services. The expansion project will facilitate collaboration with ESG, ESFP, VA, faith-based, PHA, Domestic Violence, Outreach, and emergency shelters.

This project will expand the renewal Coordinated Entry project by adding two positions: a Coordinated Entry Access point Specialist to enhance general accessibility to system entry and a Housing Navigator to connect vulnerable clients to housing expediently. These two positions are needed to accomplish the following:

- Broaden access to Coordinated Entry
- Increase triage capacity to divert those at risk of homelessness from becoming homeless
- Improve performance by reducing length of time from engagement to housing
- Reduce returns to homelessness

## 6A. Funding Request

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

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

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

**4. Select a grant term:** 1 Year

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

**Supportive Services**



## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	1 FTE - Access Point Specialist @ \$45,000 including benefits and .5 FTE Housing Navigator @ \$25,000 annually	\$70,000
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>		
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>	PC, cell phone, travel, training	\$3,000
<b>Total Annual Assistance Requested</b>		\$73,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$73,000

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

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$18,661
Total Value of All Commitments:	\$18,661

**1. Will 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	Government	CDBG	08/17/2018	\$18,661

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment:** CDBG  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/17/2018
- 6. Value of Written Commitment:** \$18,661

**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.**

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$73,000	1 Year	\$73,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$73,000
8. Admin (Up to 10%)			\$1,644
9. Total Assistance Plus Admin Requested			\$74,644
10. Cash Match			\$0
11. In-Kind Match			\$18,661
12. Total Match			\$18,661
13. Total Budget			\$93,305

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

## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		



## Attachment Details

### Document Description:

## 7D. Certification

### **A. For all projects: Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Melvia Richards

**Date:** 09/12/2018

**Title:** Housing Manager

**Applicant Organization:** DeKalb County Government

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

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X

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

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

  

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<b>1D. SF-424 Congressional District(s)</b>	09/12/2018
<b>1E. SF-424 Compliance</b>	08/17/2018
<b>1F. SF-424 Declaration</b>	08/17/2018
<b>1G. HUD 2880</b>	08/17/2018
<b>1H. HUD 50070</b>	08/17/2018
<b>1I. Cert. Lobbying</b>	08/17/2018
<b>1J. SF-LLL</b>	08/17/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/12/2018
<b>3A. Project Detail</b>	08/17/2018
<b>3B. Description</b>	09/12/2018
<b>3C. Expansion</b>	09/12/2018
<b>6A. Funding Request</b>	09/10/2018
<b>6F. Supp Srvcs Budget</b>	09/12/2018
<b>6I. Match</b>	09/12/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/17/2018