

## 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:** 09/05/2018

**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:** United Way of Citrus County

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 59-2766815

	<b>c. Organizational DUNS:</b>	878896182	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1582 N Meadowcrest Blvd

**Street 2:**

**City:** Crystal River

**County:**

**State:** Florida

**Country:** United States

**Zip / Postal Code:** 34429

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Mrs.

**First Name:** Meghan

**Middle Name:**

**Last Name:** Pitzer

**Suffix:**

**Title:** COO

**Organizational Affiliation:** United Way of Citrus County

**Telephone Number:** (352) 795-5483

**Extension:**  
**Fax Number:** (352) 795-5480  
**Email:** [meghan.pitzer@citrusunitedway.org](mailto:meghan.pitzer@citrusunitedway.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Florida  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Rapid Rehousing Program

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

**a. Applicant:** FL-011

**b. Project:** FL-011

(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 09/01/2019

**b. End Date:** 08/31/2020

**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:** Mrs.

**First Name:** Amy

**Middle Name:**

**Last Name:** Meek

**Suffix:**

**Title:** CEO

**Telephone Number:** (352) 795-5483  
**(Format: 123-456-7890)**

**Fax Number:** (352) 795-5480  
**(Format: 123-456-7890)**

**Email:** amy.meek@citrusunitedway.org

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

**Date Signed:** 09/05/2018



# 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:** United Way of Citrus County

**Prefix:** Mrs.

**First Name:** Amy

**Middle Name:**

**Last Name:** Meek

**Suffix:**

**Title:** CEO

**Organizational Affiliation:** United Way of Citrus County

**Telephone Number:** (352) 795-5483

**Extension:**

**Email:** amy.meek@citrusunitedway.org

**City:** Crystal River

**County:**

**State:** Florida

**Country:** United States

**Zip/Postal Code:** 34429

**2. Employer ID Number (EIN):** 59-2766815

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

**4. Amount of HUD Assistance Requested/Received:** \$68,489.00

(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.** No

**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:** Amy Meek, CEO

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

**Date Signed:** 08/23/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** United Way of Citrus County

**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:** Mrs.

**First Name:** Amy

**Middle Name**

**Last Name:** Meek

**Suffix:**

**Title:** CEO

**Telephone Number:** (352) 795-5483  
**(Format: 123-456-7890)**

**Fax Number:** (352) 795-5480  
**(Format: 123-456-7890)**

**Email:** amy.meek@citrusunitedway.org

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

**Date Signed:** 09/05/2018

## **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:** United Way of Citrus County

**Name / Title of Authorized Official:** Amy Meek, CEO

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

**Date Signed:** 09/05/2018

# 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:** United Way of Citrus County  
**Street 1:** 1582 N Meadowcrest Blvd  
**Street 2:**  
**City:** Crystal River  
**County:**  
**State:** Florida  
**Country:** United States  
**Zip / Postal Code:** 34429

**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:** Mrs.

**First Name:** Amy

**Middle Name:**

**Last Name:** Meek

**Suffix:**

**Title:** CEO

**Telephone Number:** (352) 795-5483  
**(Format: 123-456-7890)**

**Fax Number:** (352) 795-5480  
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**Email:** amy.meek@citrusunitedway.org

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

**Date Signed:** 09/05/2018



## 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.**

The United Way of Citrus County has been offering services to the community for thirty-one (31) years. In 1986, three local businessmen; Steve Lamb, Gerry Mulligan and Wilson Burns, had a dream to start a United Way in Citrus County. Their passion for helping others launched an organization that provided fiscal oversight for the community’s philanthropic needs. Throughout the years, the United Way has raised millions of dollars and invested in countless programs that have significantly improved lives across Citrus County. In 2012, the United Way adopted a Community Impact model that led to the development of internal programs designed to serve the greatest unmet needs of the community. The first impact program, the Prosperity Center, was launched in partnership with the Black Diamond Foundation. The United Way Prosperity Center program assists local adults to earn degrees and diplomas that lead to family-sustaining income. With increased education, individuals’ earning potential is greatly improved thus improving their chances of long term stability. In 2015, the United Way expanded services through the procurement of several grants. This funding allowed for the development of the Reading Pals program and Rapid Rehousing Program. Reading Pals supports the development of reading skills in preschool and Kindergarten students. Through the involvement of nearly 200 volunteers, Reading Pals has successfully improved school readiness skills, phonological awareness, and letter and sound recognition. The Rapid Rehousing Program allows the United Way to assist homeless individuals and families to move into a permanent housing and obtain needed supportive services. This allows individuals and families to attain safety and sustainability while attaining self-selected goals. In 2017, United Way launched a new program designed to serve local Veterans. Mission United is dedicated to serving those who have served, successfully housing homeless Veterans, connecting Veterans with services and supporting ancillary needs. All of this great work is centered around the United Way’s Mission Statement Radically Improving Lives, While Creating Lasting Change. All programs allow for the achievement of the United Way’s vision for a More Prosperous, Better Educated, Healthier Citrus County.

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

Chief Executive Officer, Amy Meek, has a history of administering federal, state and local dollars since her tenure at the United Way of Citrus County. The United Way has received local and state grant and donations for numerous years to manage and support their many programs including the Rapid Rehousing Program, Prosperity Center, Reading Pals, Mission United, and other beneficial programs for the residents of Citrus County. From 2013 to

present, more than of \$400,000 has been raised in private and foundation grant funding from Duke Energy, Black Diamond Foundation, Children’s movement of Florida, Crystal Auto Group and Volunteer Florida grants. United Way has also successfully administered Federal Emergency Food and Shelter Program (EFSP) for the past 14 years. In recent years, the United Way realized the need in the community to assist those that are homeless or at risk of being homeless. With well-established working partnerships and funding by Challenge Grant and ESG funds, this was made possible. The United Way has been offering rapid rehousing and prevention services to individuals and families that were homeless or at risk of being homeless for the past two years. Both years, The United Way received additional funds prior to the end of the grant term to serve additional clients in Citrus County. SHIP funds were also awarded to serve the homeless or at risk of being homeless in Citrus County.

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

The Board of Trustees composed of community volunteers representing Citrus county governs The United Way of Citrus County. This Board is responsible for setting policy, approval of the Strategic Plans, financial management and general oversight of all United Way programs and corporate activities. The full Board of Trustees meet monthly with the four council committees (Basic needs, Income, Education and Health) meeting quarterly. These committees must be chaired by a Board member but membership is open to those not serving on the board.

Serving under the guidance of the Board, Amy Meek (CEO) is responsible for the direct oversight of daily operations of the United Way. The Chief Operating Officer, Meghan Pitzer, assists with oversight of the agency’s operations. Mrs. Meek and Mrs. Pitzer have fiscal signing authority up to \$2,500. Amounts granter than \$2,500 requires two signatures. The signers must be either the CEO or COO and one of the following Board members; Board chair, Vice-Chair, Treasurer or Secretary. All funds are tracked and monitored by the program and account number. Financial recording is reviewed by the CEO and are presented to the Board. An independent audit is completed annually.

Under Mrs. Meek’s direction is a qualified team of Directors, Coordinators, support staff and volunteers. They are charged with the daily task of running and operating the programs day to day task and client contacts. For the Rapid Rehousing, program staff interviews the clients to determine the eligibility of the client as stated in the guidelines of the grant. When eligibility is confirmed and financial needs are determined a check disbursement form is sent to be approved by either the CEO or the COO. Once approved, the check request is sent to the accounting office. The check is mailed directly to the landlord or utility company.

**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:** FL-520 - Citrus, Hernando, Lake, Sumter Counties CoC

**1b. CoC Collaborative Applicant Name:** Mid Florida Homeless Coalition, Inc.

**2. Project Name:** Rapid Rehousing Program

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

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

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

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

The United Way’s proposed project will provide Rapid Rehousing services including rental assistance in scattered sites throughout Citrus County for at least 6 households of homeless individuals/families. Eligible households will be assisted in finding affordable permanent housing quickly without spending long periods of time in emergency shelters, living on the streets or places not meant for human habitation.

Financial assistance will include rental and utility assistance as well as assistance with some transportation and moving expenses. Each client’s needs will be assessed on an individual basis. The United Way strongly believes in a housing first approach. By using housing first, client’s immediate needs are quickly addressed allowing for long term needs assessment and planning to begin. Once assessed, supportive services are provided to ensure clients maintain permanent housing. United Way will participate and accept client referrals through the Coordinated Intake and Assessment entry process maintained by the Mid Florida Homeless Coalition. Once a referral is received, the case manager will work closely with each program participant to locate, obtain and retain stable permanent housing. Participants may select housing at a fare market rate within Citrus County that is deemed affordable for their income or projected income. Staff will assist households with understanding leases, securing utilities and making moving arrangement. A housing inspection and W9 form must be completed prior to client receiving approval to sign a lease, move in and/or funds being paid on the client’s behalf. Providing this documentation ensures a safe suitable living environment for clients and reduces fraud. The United Way will meet the CoC’s funding priority needs by offering supportive services, case management and financial assistance to the more vulnerable in the community . Case management will include but will not be limited to assessment, developing a service plan and ensuring permanent housing stability. The service plan will be strength based, progress driven and made jointly with the client. The service plan will be reviewed with the client at least quarterly to monitor and record progress and reassess goals. Service plans may include but are not limited to: increase education, increase employability skills, employment attainment, obtain/maintain/increase income, budgeting, sobriety, benefit attainment, increase self-determination and any other needs the client may have or wish to address. The United Way will coordinate with local agencies and community partners to help connect clients to services. All client progress will continually be evaluated and documented in the clients file. Staff will maintain at least monthly contact with the client for a minimum of a year to ensure the client remains permanently housed. This will be accomplished through a combination of home visits, office visits and phone calls.

**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?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

**(Select ALL that apply)**

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

**Other:** homeless

**5. Housing First**

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

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

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

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

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

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

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

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

**8. Will more than 16 persons live in one structure?** No

### **3C. Project Expansion Information**

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



## 4A. Supportive Services for Participants

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

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

X

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

United Way staff will assist eligible clients to identify safe and affordable housing within reasonable proximity to transportation, employment, schools, stores, recreation, places of worship, health and social services. The program staff will identify any adverse condition in the area that could have a negative impact on the households' stability. Together the program staff and client will develop a service plan that addresses those supports needed to maintain stable housing and increase self-sufficiency. Program staff will develop budgets with clients to meet the goals in their service plan. Budgets will be reviewed monthly with the client to discuss improvements made, needs and areas of concern to ensure clients continue to work towards self-sufficiency. Service plans are reviewed at least quarterly to also ensure clients are moving towards stability and self-sufficiency.

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

Employment and increased income is important for individuals who are homeless and is important to maintaining stable housing in the future. Program staff will complete a comprehensive assessment of all households being assisted. From there, a service plan will be developed to address the supports needed to achieve permanent housing and self-sufficiency. Program staff will make appropriate referrals for employment to local organization such as Career Source and Vocational Rehabilitation. For those that are not able to work, program staff will assist the client in preparing applications for benefit programs

in which they may be eligible. Such programs include but not limited to Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Social Security Retirement, Food Stamps, Medicaid and/or Medicare and Temporary assistance to needy families (TANF).

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

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

**5. Please identify whether the project will include the following activities:**

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



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

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

**6a. Has the staff person providing the** Yes

**technical assistance completed SOAR  
training in the past 24 months.**

## 4B. Housing Type and Location

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

**Total Units: 6**

**Total Beds: 18**

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	6	18

## 4B. Housing Type and Location Detail

**1. Housing Type:** Single family homes/townhouses/duplexes

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

**a. Units:** 6

**b. Beds:** 18

### 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:** 1582 N Meadowcrest Blvd

**Street 2:**

**City:** Crystal River

**State:** Florida

**ZIP Code:** 34429

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

129017 Citrus County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	3	3		6
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Adults over age 24</b>	2	2		4
<b>Adults ages 18-24</b>	1	1		2
<b>Accompanied Children under age 18</b>	12			12
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	15	3	0	18

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24				1		1	1	2		
Adults ages 18-24										1
Children under age 18							4			8
<b>Total Persons</b>	0	0	0	1	0	1	5	2	0	9

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	2			2		1				
Adults ages 18-24										1
<b>Total Persons</b>	2	0	0	2	0	1	0	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										
<b>Total Persons</b>	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

This represents the non-disabled member of the households

## 5C. Outreach for Participants

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

90%	Directly from the street or other locations not meant for human habitation.
5%	Directly from emergency shelters.
	Directly from safe havens.
5%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

The United Way will participate and accept clients referred to them through the Coordinated Intake and Assessment by the HMIS system, maintained by the Mid Florida Homeless Coalition. Outreach will include going to food pantries, homeless camps, partner agencies and anywhere needed to reach the targeted population. Once a household has been successfully screened and referred for appropriate program services they will be asked to come to the office to meet with staff in person in person to complete the intake process. If the client is unable to travel to the office, the staff will travel to the client's location or a location within the community convenient for the client.



## 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 + Bonus



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

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

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

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

## 6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$51,684
Total Units:			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	FL - Homosassa Springs, FL MSA (12017...	6	\$51,684

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** FL - Homosassa Springs, FL MSA (1201799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$432	x	12	=	\$0
0 Bedroom		x	\$576	x	12	=	\$0
1 Bedroom	3	x	\$580	x	12	=	\$20,880

<b>2 Bedrooms</b>	2	x	\$766	x	12	=	\$18,384
<b>3 Bedrooms</b>	1	x	\$1,035	x	12	=	\$12,420
<b>4 Bedrooms</b>		x	\$1,290	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,483	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,677	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,871	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,064	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,258	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	6						\$51,684
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$51,684

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

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	CM 0.05 FTE (Salary \$36,833 x .05 x 80% = \$1,473)	\$1,473
2. Assistance with Moving Costs		
3. Case Management	CM 0.15 FTE (Salary \$36,833 x .15 x 80% = \$4419)	\$4,419
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	CM 0.10 FTE (Salary \$36,833 x .10 x 80% = \$2946)	\$2,946
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>	Client Assistance buss pass, gas cards	\$304
<b>16. Utility Deposits</b>	Client Assistance utility deposits	\$1,440
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$10,582
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$10,582

**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:	\$17,122
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$17,122

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	United Way donati...	08/01/2018	\$17,122

## 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:** United Way donations  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/01/2018
- 6. Value of Written Commitment:** \$17,122



## 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)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$0	1 Year	\$0
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$51,684	1 Year	\$51,684
<b>4. Supportive Services</b>	\$10,582	1 Year	\$10,582
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$62,266
<b>8. Admin (Up to 10%)</b>			\$6,223
<b>9. Total Assistance Plus Admin Requested</b>			\$68,489
<b>10. Cash Match</b>			\$17,122
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$17,122
<b>13. Total Budget</b>			\$85,611

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

## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. Certification

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

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Amy Meek

**Date:** 09/05/2018

**Title:** CEO

**Applicant Organization:** United Way of Citrus County

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

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

X

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

## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2018	Page 47
	09/07/2018

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/06/2018
<b>1E. SF-424 Compliance</b>	08/06/2018
<b>1F. SF-424 Declaration</b>	08/06/2018
<b>1G. HUD 2880</b>	08/06/2018
<b>1H. HUD 50070</b>	08/06/2018
<b>1I. Cert. Lobbying</b>	08/06/2018
<b>1J. SF-LLL</b>	08/06/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/07/2018
<b>3A. Project Detail</b>	08/06/2018
<b>3B. Description</b>	08/07/2018
<b>3C. Expansion</b>	08/06/2018
<b>4A. Services</b>	08/07/2018
<b>4B. Housing Type</b>	08/06/2018
<b>5A. Households</b>	08/06/2018
<b>5B. Subpopulations</b>	08/06/2018
<b>5C. Outreach</b>	08/07/2018
<b>6A. Funding Request</b>	09/05/2018
<b>6E. Rental Assistance</b>	08/06/2018
<b>6F. Supp Srvcs Budget</b>	08/07/2018
<b>6I. Match</b>	08/07/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	08/07/2018