

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: 08/22/2018

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: Community Bridges, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2880847

	c. Organizational DUNS:	143328099	PLUS 4:	
--	-------------------------	-----------	---------	--

d. Address

Street 1: 1855 West Baseline Road, Ste 101

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85202

e. Organizational Unit (optional)

Department Name: Housing and Community Integration

Division Name:

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

Prefix: Ms.

First Name: Gabriella

Middle Name:

Last Name: Guerra

Suffix:

Title: Deputy Chief Clinical Programs Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (602) 791-1248

Applicant: Community Bridges, Inc.

143328099

Project: CBI Tucson PSH

168074

Extension:

Fax Number: (480) 831-7563

Email: gguerra@cbridges.com

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): Arizona
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CBI Tucson PSH

16. Congressional District(s):

a. Applicant: AZ-009

b. Project: AZ-003, AZ-002, AZ-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 02/01/2019

b. End Date: 01/31/2020

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: Dr.

First Name: Frank

Middle Name:

Last Name: Scarpati

Suffix:

Title: President/Chief Executive Officer

Telephone Number: (480) 831-7566
(Format: 123-456-7890)

Fax Number: (480) 831-7563
(Format: 123-456-7890)

Email: fscarpati@cbridges.com

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

Date Signed: 08/22/2018

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: Community Bridges, Inc.

Prefix: Dr.

First Name: Frank

Middle Name:

Last Name: Scarpati

Suffix:

Title: President/Chief Executive Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (480) 831-7566

Extension:

Email: fscarpati@cbridges.com

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip/Postal Code: 85202

2. Employer ID Number (EIN): 94-2880847

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$503,744.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	\$271,793.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	\$201,930.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	\$87,803.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	\$46,863.00	clinical services & mgmt support

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

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Kurtz, Karen	XXX-XX-6179	Grant writer	\$5,000.00	0%
HOM, Inc.	86-0767336	housing management, HQS inspection, client eligibility	\$219,600.00	9%

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: Frank Scarpati, President/Chief Executive Officer

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

Date Signed: 07/30/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Bridges, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Dr.

First Name: Frank

Middle Name

Last Name: Scarpati

Suffix:

Title: President/Chief Executive Officer

Telephone Number: (480) 831-7566
(Format: 123-456-7890)

Fax Number: (480) 831-7563
(Format: 123-456-7890)

Email: fscarpati@cbridges.com

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

Date Signed: 08/22/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Community Bridges, Inc.

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

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

Date Signed: 08/22/2018

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: Community Bridges, Inc.
Street 1: 1855 West Baseline Road, Ste 101
Street 2:
City: Mesa
County: Maricopa
State: Arizona
Country: United States
Zip / Postal Code: 85202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Dr.

First Name: Frank

Middle Name:

Last Name: Scarpati

Suffix:

Title: President/Chief Executive Officer

Telephone Number: (480) 831-7566
(Format: 123-456-7890)



Fax Number: (480) 831-7563
(Format: 123-456-7890)

Email: fscarpati@cbridges.com

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

Date Signed: 08/22/2018

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.

Since 2004, CBI has accumulated a wealth of experience providing outreach, peer support, housing placement and/or housing retention support to the homeless population in the Valley, including the Peer Support Recovery Program (PSRP), a SAMHSA grant-funded program, that started in 2007 and focuses on the use of peer support to engage chronically homeless individuals with substance use and behavioral health needs. This program has continued to evolve and has resulted in the placement of CBI peer support staff at several key locations that serve those experiencing homelessness. The Peer Support Recovery Program has had success in engaging homeless individuals and establishing relationships with Peer Support Specialists. The program launched into several other local, state, and federal grant opportunities to serve homeless individuals across Arizona, including: veterans, individuals with co-occurring disorders, and homeless individuals who access crisis services.

In October 2014, CBI worked with Maricopa County Community Development and the City of Phoenix to move 46 homeless individuals from the Men's Overflow Shelter (MOS) into scattered site housing using Federal Emergency Shelter Grant (ESG) funds and funds from the Department of Economic Security (DES) in just eight weeks. CBI continues to work with these same clients to move to permanent housing, obtain benefits and employment, and manage their resources to remain stably housed. A sample of CBI's other experiences working with chronically homeless and vulnerable adults includes the the following programs:

Project H3: In April 2010, CBI participated as part of the team of over 200 volunteers working in Phoenix, Mesa, Glendale and the Sunnyslope area to find and gather information from homeless individuals living on the streets. The survey team identified 262 individuals experiencing street homelessness, 106 of which were determined to be medically vulnerable. In August, 2010, the Department of Economic Security (DES) contracted with CBI to provide homeless navigator services to 15-20 individuals in Maricopa County who are living on the streets and ranked as one of the top 50 most medically vulnerable individuals according to the Vulnerability Index. CBI provided the Homeless Navigation services for the Phoenix H3 project since 2010. More than 90% of those housed through Project H3 remained in housing longer than one year.

Project H3 Vets: A team of thirteen Navigators worked with community agencies such as the Veteran's Administration to provide navigation services for 225 veterans through Project H3 Vets. The program achieved a 92% housing retention rate. Project H3 Vets received national recognition as Phoenix became the first city in the nation to reach functional zero for ending chronic homelessness among veterans.

Blueprints Program: Five Navigators worked with participants at the CASS shelter through CBI's Blueprints program to link participants in need of behavioral health services to CBI's behavioral health services and transition back to the community after receiving CBI services. Our Blueprints Peer Support Program has received national recognition from the Substance Abuse and Mental Health Services Administration (SAMHSA) for our demonstrated success in helping our participants maintain their recovery, support ongoing participation in treatment, find employment and secure housing. Currently, CBI has one case manager and 4.5 FTE Emergency Medical Technicians (EMT) serving at the CASS shelter and one Blueprints Navigator at the HSC welcome center. The EMT's at CASS provide 24/7 coverage and can link clients to hospitals when needed.

Arizona Housing Inc.: Seven Navigators work in four of Arizona Housing Inc.'s permanent housing locations to help tenants retain their housing.

Circle the City: One Navigator is co-located at Circle the City Medical Respite Center to provide peer-based educational groups, employment resources/preparation and connection to community-based resources.

Health Care for the Homeless/Lodestar Day Resource Center: One Peer Support Navigator and one EMT work with the Health Care for the Homeless program and one Navigator and one EMT work at the Lodestar Day Resource Center to provide crisis transition services. Crisis transition services help participants complete or follow up on an AHCCCS application, secure or maintain housing, access medical care, access behavioral health or SMI evaluation, obtain community resources such as clothing, identification, food boxes, benefits, transportation etc.), access employment or vocational services, and link to community-based social support networks (12-step, Faith-based, NAMI, etc.). The Navigators at Health Care for the Homeless can also assist participants with medications.

Strategic Targeted Response Opiates Outreach Project: Four Peer Support Navigators and One Peer Support Supervisor work with the Regional Behavioral Health Authority to provide outreach and engagement services for individuals experience opiate use. The project collaborates with law enforcement in Pima County to use outreach and engagement as a jail diversion intervention.

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

CBI collaborates closely with police, fire, homeless providers, the local Continuum of Care, Arizona Street Outreach Collaboration and Coalition to End Homelessness to coordinate outreach services and assist in locating the chronically homeless. In addition, CBI operates an extensive system of care that includes the mobile outreach teams throughout Pima County County, all of which are available 24/7 for after hours emergencies. CBI has staff stationed at the Tucson Toole location 24/7 that can link a participant to needed resources after hours.

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.

CBI incorporated in Mesa as a private non-profit, 501(c)(3) organization in 1982 as the East Valley Addiction Council and was renamed to Community Bridges, Inc. as the agency grew to serve communities outside of Mesa. CBI has a 32-year history of providing comprehensive, medically-integrated behavioral health programs that include prevention, education, and treatment services using cutting edge, nationally recognized treatment models. CBI operates 29 programs throughout Arizona all of which are licensed by the Arizona Department of Health Services-Division of Behavioral Health. All of CBI's prevention and clinical programs received accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

CBI has managed HUD Supportive Housing Program (and later CoC) funds since 2003 with the construction of and subsequent operation of Center for Hope (CFH). CBI also has been a recipient of several SAMHSA grants. In all cases, the agency has managed the funds to the satisfaction of the granting agencies including appropriate draw down of funds and fiscal and programmatic reporting. CBI complies with A-133 audit requirements and is audited annually.

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: AZ-501 - Tucson/Pima County CoC

1b. CoC Collaborative Applicant Name: Community Partnership of Southern Arizona

2. Project Name: CBI Tucson PSH

3. Project Status: Standard

4. Component Type: PH

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

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.

CBI will provide peer support services for up to 37 households (individuals and families) experiencing chronic homelessness living in Pima County. CBI's Homeless Navigation Service will provide intensive, targeted intervention to chronically homeless participants based on referrals from the Continuum of Care coordinated assessment process. Two certified Peer Support Navigators will identify and establish relationships with a minimum of 37 individuals and families experiencing chronic homelessness, an 18-to-1 participant to staff ratio.

CBI's Homeless Navigators locate and establish relationships with homeless individuals, facilitate their voluntary relocation into housing, assist with locating other services and benefits, and provide the support and advocacy necessary to help individuals maintain a stable, permanent living arrangement once in housing. Once Navigators assist participants with entering housing, they conduct a full SPDAT assessment at move in and at least quarterly. Navigators and participants create a plan to address other non-housing needs to support permanent housing stability. The depth of issues participants present determines the frequency of follow up contact with Navigators.

CBI's programs use the evidence-based practices of Housing First, Harm Reduction, Motivational Interviewing and Assertive Outreach. Housing First places individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way. Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The method assists an individual to recognize their own resourcefulness, understanding and skills to make changes. Assertive Outreach involves meeting individuals in non-traditional settings essentially going to where they are rather than waiting for them to come to a specific location for services. Assertive outreach is designed to meet people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support).

Taken together, these practices have proven effective in reaching hard to serve adults who are homeless and have substance use, mental health, and chronic health conditions. A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with people who are chronically homeless.

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

New Project Application FY2018	Page 23	08/25/2018
--------------------------------	---------	------------

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?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	45			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

(Select ALL that apply)

Chronic Homeless	<input 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 type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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.

NA

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

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

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.

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

Participants eligible for permanent supportive housing complete a housing eligibility process and housing program orientation with help from CBI. Navigators assist participants in compiling the information needed for the housing application and accompany participants to the housing orientation. The Navigator assists the participant in the housing search and interactions with the landlord like understanding his lease, and helps arrange for move-in. The Navigator will visit the participant in his new housing within 24 hours and as frequently as needed to support a successful transition. Once housed, the Navigator completes a full SPDAT assessment with the participant. The SPDAT will assist the Navigator and the participant in identifying other needs that will support a path to permanent housing stability. The Navigator reviews the SPDAT quarterly after move-in. The depth of the issues the participant presents will determine the follow up contact the Navigator provides.

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

Navigators work directly with staff from Maricopa County's Workforce Development program to assist participants with job training and job placement including helping them prepare resumes or prepare for job interviews, assist with obtaining and completing job applications, as well as transporting participants to submit applications or to a job interview. Navigators refer participants to job training, typically to Sullivan Jackson Employment Center or

the integrated care agency has an Employment Specialist.

A key component to keeping participants on a path to permanent housing stability is to keep participants connected to their routine medical care, which decreases the use of hospitals and the crisis system, their medications, behavioral health provider if applicable, and connected to their benefits such as social security, health insurance and Veteran's benefits. The Navigator assists participants in completing applications for benefits, keeping appointments for services and benefits, completing necessary paperwork, or pursuing an appeal of a decision about benefits. All of CBI's Navigators are trained for the SOAR Program to conduct a pre-screen evaluation to assess entry in the SOAR Program for Social Security Administration resources.

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

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

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 Yes

benefits are received and renewed?

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

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

4B. Housing Type and Location

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

Total Units: 37

Total Beds: 52

Total Dedicated CH Beds: 52

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	37	52

4B. Housing Type and Location Detail

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

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

a. **Units:** 37

b. **Beds:** 52

3. **How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?** 52

This includes both the “dedicated” and “prioritized” beds.

4. 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: 250 S. Toole Ave

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85710

***5. 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)**

040492 Tucson, 049019 Pima County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	13	24		37
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	13	24		37
Adults ages 18-24				0
Accompanied Children under age 18	15			15
Unaccompanied Children under age 18				0
Total Persons	28	24	0	52

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	13									
Adults ages 18-24										
Children under age 18	15									
Total Persons	28	0	0	0	0	0	0	0	0	0

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	24									
Adults ages 18-24										
Total Persons	24	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
40%	Directly from emergency shelters.
5%	Directly from safe havens.
5%	Persons fleeing domestic violence.
100%	Total of above percentages

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

CBI Navigators work closely with the Pima County Coordinated Entry System. After a Coordinated Entry match is received the Navigators use the information from the match to locate the match. Pima County has put excellent resources in HMIS to help Navigators successfully outreach. CBI attends the weekly case conferencing and case conferencing is an another excellent resource for locating matches. CBI also works closely with our community partners at locations that serve those experiencing homelessness: Sonora House (Safe Haven), LFC/RAPP (PATH), Primavera Shelters, Gospel Rescue Mission, Sister Jose's Shelter and clinics of agency providers. After a match is located the Navigator begins the engagement process using techniques from Assertive Outreach, Harm Reduction, Motivational Interviewing and Housing First.

6A. Funding Request

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

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



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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input 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:			\$332,508
Total Units:			37
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Tucson, AZ MSA (0401999999)	37	\$332,508

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: AZ - Tucson, AZ MSA (0401999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$413	x	12	=	\$0
0 Bedroom		x	\$550	x	12	=	\$0
1 Bedroom	24	x	\$652	x	12	=	\$187,776

2 Bedrooms	11	x	\$867	x	12	=	\$114,444
3 Bedrooms	2	x	\$1,262	x	12	=	\$30,288
4 Bedrooms		x	\$1,493	x	12	=	\$0
5 Bedrooms		x	\$1,717	x	12	=	\$0
6 Bedrooms		x	\$1,941	x	12	=	\$0
7 Bedrooms		x	\$2,165	x	12	=	\$0
8 Bedrooms		x	\$2,389	x	12	=	\$0
9 Bedrooms		x	\$2,613	x	12	=	\$0
Total Units and Annual Assistance Requested	37						\$332,508
Grant Term							1 Year
Total Request for Grant Term							\$332,508

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	10% of 2 FTE Navigators and ancillary costs	\$12,690
2. Assistance with Moving Costs		
3. Case Management	20% of 2 FTE Navigators and ancillary costs	\$20,983
4. Child Care		
5. Education Services		
6. Employment Assistance	20% of 2 FTE Navigators and ancillary costs	\$20,983
7. Food		
8. Housing/Counseling Services	20% of 2 FTE Navigators and ancillary costs	\$20,983
9. Legal Services		
10. Life Skills	20% of 2 FTE Navigators and ancillary costs	\$20,983
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	10% of 2 FTE Navigators and ancillary costs	\$12,691

14. Substance Abuse Treatment Services		
15. Transportation	Vehicle lease, insurance, navigation, mileage x 2	\$16,961
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$126,274
Grant Term		1 Year
Total Request for Grant Term		\$126,274

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:	\$125,936
Total Value of All Commitments:	\$125,936

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	CBI	08/11/2018	\$125,936

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: CBI
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/11/2018

6. Value of Written Commitment: \$125,936

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	\$332,508	1 Year	\$332,508
4. Supportive Services	\$126,274	1 Year	\$126,274
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$458,782
8. Admin (Up to 10%)			\$44,962
9. Total Assistance Plus Admin Requested			\$503,744
10. Cash Match			\$0
11. In-Kind Match			\$125,936
12. Total Match			\$125,936
13. Total Budget			\$629,680

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CBI 501 c3 letter	08/15/2018
2) Other Attachment(s)	No	CBI Tucson PSH Bo...	08/15/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: CBI 501 c3 letter

Attachment Details

Document Description: CBI Tucson PSH Bonus Match Letter

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: Frank Scarpati

Date: 08/22/2018

Title: President/Chief Executive Officer

Applicant Organization: Community Bridges, Inc.

PHA Number (For PHA Applicants Only):

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

X

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



8B. Submission Summary

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

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
1D. SF-424 Congressional District(s)	08/22/2018
1E. SF-424 Compliance	08/10/2018
1F. SF-424 Declaration	08/10/2018
1G. HUD 2880	08/10/2018
1H. HUD 50070	08/10/2018
1I. Cert. Lobbying	08/10/2018
1J. SF-LLL	08/10/2018
2A. Subrecipients	No Input Required
2B. Experience	08/22/2018
3A. Project Detail	08/22/2018
3B. Description	08/22/2018
3C. Expansion	08/11/2018
4A. Services	08/14/2018
4B. Housing Type	08/22/2018
5A. Households	08/22/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/11/2018
6E. Rental Assistance	08/13/2018
6F. Supp Srvcs Budget	08/14/2018
6I. Match	08/11/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/15/2018
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	08/11/2018

Applicant: Community Bridges, Inc.

143328099

Project: CBI Tucson PSH

168074

--



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00

00019262
BODC: TE

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202



014273

Employer Identification Number: 94-2880847
Person to Contact: Ms. Johnson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 28, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1983.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

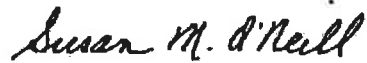
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00
00019263

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

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

Sincerely yours,



Susan M. O'Neill, Department Mgr.
Accounts Management Operations

014273.422730.48383.4404 1 AB 0.406 530



 COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

014273

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.


 The IRS address must appear in the window.

BODCD-TE

0248205661

Use for payments

Letter Number: LTR4168C
Letter Date : 2014-03-11
Tax Period : 000000

INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201




942880847

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

942880847 CR COMM 00 2 000000 670 000000000000



1855 W. Baseline Rd., Ste. 101, Mesa, AZ 85202
Phone: 480-831-7566
Fax: 480-831-7563
TTY: 480-962-7711

August 10, 2018

Tucson Pima Collaboration to End Homelessness (TPCH)
Attn: Sasha Hawman, Collaborative Applicant Representative
Community Partners Integrated Health Care
44 East Broadway, Suite #100
Tucson, AZ 85701

Subject: Sources of Match/Leverage Detail – for NOFA 2018
TPCH Bonus Project – PSH Dedicated Chronically Homeless

Community Bridges, Inc., will commit the following funds:

- 1. This commitment will be used towards: Leverage Match
- 2. Type of Contribution: Cash In-Kind
- 3. Type of Source: Government Private
- 4. Name the Source of the Commitment: CBI will provide matching support services; Outreach, Case Management, Life Skills, Alcohol and Drug Abuse Services, Mental Health Services, Education, and Housing Placement.
- 5. Date of written Commitment: August 10, 2018
- 6. \$ Value of written Leverage Commitment: \$125,936.00.

These funds will be available for the 1-year starting the funding period in the 2019-2020.

If you have any questions regarding this matter, please call Megan Lee at 1-520-262-1998.

Sincerely,


Dr. Frank Scarpati
President/CEO
Community Bridges, Inc.