

2017 Threshold Review Checklist

FAR APP export

Project Name/Identifier:

Date:

Flexible And Rapid Housing Project

8/29/2017

Project Eligibility Threshold (review ALL NEW projects to determine if they meet the following eligibility threshold requirements on a pass/fail standard)

Criteria	Pass/Fail/Insufficient Data	Page(s)	
1 Project meets eligibility requirements of CoC and provides evidence of such	Insufficient Data		Verification of non-profit status required
2 Project demonstrates financial and management capacity and experience	Fail	Page 18	Capacity not demonstrated
3 Project applicants must submit the required certifications as specified in this NOFA	Insufficient Data		Verification of non-profit status required
4 Population to be served meets program eligibility requirements and establishes eligibility	Pass	3	
5 Project is cost effective	Pass	1, 29	\$ 10,061.50 Grant Request Per Household
6 Project agrees to participate in HMIS (exception for victim service providers)	Pass	4	

Project Quality Threshold (review only NEW project applications or RENEWAL projects with compliance issues)

Criteria	Points awarded:	
1 New Permanent housing (PSH and RRH) projects must receive at least 3 out of the 4 points available:		
a Type of housing and number/configuration of units fits need of program participants (1 point)		
b Type of supportive services offered will ensure retention or help obtain permanent housing (1 point)		
c Specific plan for ensuring participants will be assisted to obtain mainstream benefits (1 point)		
d Participants are assisted to obtain and remain in permanent housing that fits their needs (1 point)		
2 New Joint TH and PH-RRH component project applications must receive at least 3 out of the 5 points available:		
a Type of housing and number/configuration of units fits need of program participants (1 point)	1	3
b Type of supportive services offered will ensure retention or help obtain permanent housing (1 point)	1	2
c Specific plan for ensuring participants will be assisted to obtain mainstream benefits (1 point)	1	2
d Participants are assisted to obtain and remain in permanent housing that fits their needs (1 point)	0	
e Whether the project adheres to a housing first model (1 point)	1	4
3 New SSO projects for centralized or coordinated assessment must receive at least 2 out of the 4 points available:		
a Centralized or coordinated assessment system is easily accessible for everyone (1 point)		
b There is a strategy for advertising the program designed specifically to reach homeless persons with highest barriers (1 point)		
c Whether there is a standardized assessment process (1 point)		
d The program ensures that participants are directed to appropriate housing and services (1 point)		
4 New HMIS projects must receive at least 3 out of the 4 points available:		
a How HMIS funds will be expended consistent with CoC's strategy and implementation (1 point)		
b Whether HMIS collects all UDEs as set forth in the Data Standards (1 point)		

c	Whether the HMIS un-duplicates client records (1 point)		▼
d	Whether HMIS produces all HUD-required reports and provides HUD reporting data needed (1 point)		▼

5	The Collaborative Applicant application for new CoC planning funds must receive at least 6 out of the 10 points available:		
a	Whether the CoC conducts meetings of entire membership with written governance charter (2 points)		▼
b	CoC-wide planning committees, subcommittees, workgroups to address homeless needs (2 points)		▼
c	Grant funded planning activities compliant with the provisions of 24 CFR 578.7 (4 points)		▼
d	Funds will improve ability to evaluate the outcome of Programs and ESG projects (2 points)		▼

6	Additionally, all new projects must meet all of the following minimum eligibility, capacity, timeliness and performance standards criteria:	Pass, Fail, N/A	
a	Applicants must have satisfactory capacity, drawdowns, and performance for existing grant(s)	Insufficient Data	▼
b	Expansion projects applicants clearly articulate part of the project that is being expanded and demonstrate they are not replacing other funding sources	N/A	▼
c	Applicants demonstrate ability to meet all timeliness standards per 24 CFR 578.85	Insufficient Data	▼

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TPCH HUD CoC Competition FY 2017 Bonus Project Proposal

Agency Information

The Sprout Foundation

Cindy Diaz, CEO
SproutFoundationTucson@gmail.com
520-990-8740

Quinn DeDanaan, Administrative Assistance
QuinnDed@gmail.com

Quinn DeDanaan, Administrative Assistant
QuinnDed@gmail.com
520-490-9847

DUNS # 080818150
SAM CAGE Code 7XJK4

Project Overview

Flexible And Rapid (FAR) Housing Project

No sub-recipients.

Joint TH and PH-RRH

FAR will serve homeless individuals as well as families of any make-up, proposing 6 units for households with children, and 6 units for households without children.

Budget

Operations	\$ 1,200.00
Supportive Services	\$ 25,838.00
Rental Assistance	\$ 92,520.00
Leasing	\$ 0.00
Administration	\$ 1,225.00
Total Funding Request	\$ 120,738.00
Matching Funds	\$ 7,066.00
Leverage	\$ 183,821.00
Total Project Budget	\$ 311,670.00

Budget Justification

Operations

Dedicated Office Equipment (One each: Computer, Phone, Fax, Printer)

Supportive Services

Substance Used Assessments, Movers, Security Deposits, Application Fees, Outreach, Navigation, Case Management, Child Care, GED Testing, Resumes, Interview Skills Training, Interview/Work Clothes, Supplemental Groceries, Housing Counseling, Landlord Intervention/Advocacy, Eviction-Related Legal Fees, “But-For” Legal Fees, Life Skills Training, Out-Patient Medical, Out-Patient Substance Abuse Treatment, Dental, Vision, Transportation.

Rental Assistance

6 units x \$ 532.00 = \$ 38,304.00

3 units x \$ 644.00 = \$ 23,184.00

3 units x \$ 862.00 = \$ 31,184.00

Leasing

This project does not have a leasing component.

Administration

HR & Payroll Support

Project Description

The Flexible And Rapid Housing Project (FAR) is designed to serve homeless individuals and families of all make-ups (with at least one adult), including those fleeing or attempting to flee domestic violence. FAR will utilize Coordinated Entry, conduct outreach activities, provide community navigation, coordinate with PSH programs to provide a variety of housing options dependent upon the needs of the individual/family (brief/crisis, TH, RRH, PH). Upon project entry, participants will be assessed and referred to additional supportive services as needed. In-house services include, education, assessment, counseling, transportation, food, life skills training, personal enrichment, relocation, and referrals to outside vendors. Vendor services include child care, dental, vision, legal, substance use treatment, clothing, HIV testing, and HepC testing.

Statutory and Regulatory Threshold Requirements

1. The Sprout Foundation is a local non-profit agency committed to improving the quality of life for the under-served in the community.
2. DUNS 080818150

3. SAMS CAGE Code 7XJK4
4. The Sprout Foundation has not been audited. It is due for an internal audit on 1/1/2020.
5. Both senior staff member who will be managing the projects and the services provide by the project have 25 years of experience managing grants for non-profit agencies, including 10 years of experience specifically managing HUD-funded PSH grants. The CEO of The Sprout Foundation has overseen the annual CoC Rating and Ranking process for 2 consecutive years.
6. This project was designed to be “top-heavy” in supportive services in order to provide the foundation for the participants to successfully stabilize and become self-sufficient. It is expected to be more cost-effective for the community and other housing providers over time.
7. FAR will be using 4 clustered sites, managed by private companies that rent to the general public, and located in various areas of Tucson. This will enable the participants to choose a location that best fits their needs.
8. This project will use Homeless Certification forms and Disability Verification forms consistent with 24CFR578.3 and consistent with other local projects.

Project Quality Threshold Requirements

1. In order to accommodate a variety of family configurations, FAR will provide 6 studio units, 3 1-BR units, and 3 2-BR units. These will house families of 1-5 persons.
2. This project will provide a wide variety of supportive services in order to meet the needs of each participant – from out-patient substance abuse treatment to food. (Please refer to Supportive Services and Project Description above.) Each service is specifically designed to make the participants more stable. The Sprout Foundation strongly believes that the basic human needs must be met before advancing.
3. FAR will provide a wide variety of services (from child care to interview clothing) in order to help the participants become more independent – with a special emphasis on increasing income enough to become self-sufficient. (Please refer to Supportive Services and Project Description above.)
4. This project is flexible enough to either provide individualized services or refer outside of the agency. Additionally, staff will provide information on free services provided publicly in the community.
5. It is estimated that 80% of the program participants will come from the shelters, Save Haven, places not meant for human habitation, or domestic violence situations. The

remaining 20% are expected to come from VA programs where the participant has retained their homeless status.

Additional Quality Threshold Requirements

1. The CEO of The Sprout Foundation will directly oversee the operations of the FAR project. She has had over ten years of experience managing a Housing First project – one of the first of its kind in Pima County. Participants will not be denied program entry on the basis of criminal history, substance abuse, or lack of income. Nor will participants be exited from the program for failure to follow participate in offered services.
2. Sprout staff have been attending community Outreach meetings and conducting VI-SPDATs in the field for nearly one year. Upon receiving TPCCH voting privileges, Sprout Staff will obtain an HMIS license in order to be able to receive housing matches through Coordinated Entry.
3. By spending more time up-front providing stabilizing support services, then adding on the assistance in securing a regular income source, the FAR project will prepare program participants to become self-sufficient – thus, ending their cycle of homelessness. In doing so, this project will reduce the strain on other community resources.
4. This is the first CoC grant for the Sprout Foundation, so there have been no monitorings or findings. There are also no sub-recipients of this project. The senior staff member, however, has past experience of drawing down over 100 monthly HUD Vouchers in a timely manner.
5. The senior staff member, who will be directly overseeing the operations of the FAR project, has past experience of drawing down over 100 monthly HUD Vouchers in a timely manner. Funds for this project will be drawn down on at least a monthly basis.

eSNAPs Application

An application for this project has been submitted in eSNAPs.

***PLEASE DO NOT REPLY TO THIS EMAIL ***

D&B has fulfilled your D-U-N-S number request. Your D-U-N-S number is 080818150 .

For SAM registration, please enter your business name and address as follows:

Legal Business Name - Sprout Foundation, The

Address Line 1 – 2626 E 21st St

Tucson AZ 85716

Entity

Sprout Foundation, The

Status: **Active**



DUNS: **080818150**

CAGE Code: **7XJK4**

Has Active Exclusion?: **No**

DoDAAC:

Expiration Date: **08/23/2018**

Debt Subject to Offset? **No**

Purpose of Registration: **Federal Assistance Awards
Only**

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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- 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 2017 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: 08/26/2017

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: The Sprout Foundation

b. Employer/Taxpayer Identification Number (EIN/TIN): 82-0610225

	c. Organizational DUNS:	080818150	PLUS 4:	
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d. Address

Street 1: 2626 E 21st Street

Street 2:

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip / Postal Code: 85716

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Miss

First Name: Quinn

Middle Name: S

Last Name: DeDanaan

Suffix:

Title: Administrative Assistant

Organizational Affiliation: The Sprout Foundation

Telephone Number: (520) 490-9847

Extension:
Fax Number: (520) 792-3293
Email: QuinnDed@gmail.com

1C. SF-424 Application Details

9. Type of Applicant: N. Nonprofit without 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Flexible And Rapid Housing Project

16. Congressional District(s):

a. Applicant: AZ-007, AZ-008
b. Project: AZ-007, AL-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018
b. End Date: 09/30/2018

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Telephone Number: (520) 990-8740
(Format: 123-456-7890)

Fax Number: (520) 990-8740
(Format: 123-456-7890)

Email: SproutFoundationTucson@gmail.com

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

Date Signed: 08/26/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Sprout Foundation

Prefix: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Organizational Affiliation: The Sprout Foundation

Telephone Number: (520) 990-8740

Extension:

Email: SproutFoundationTucson@gmail.com

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip/Postal Code: 85716

2. Employer ID Number (EIN): 82-0610225

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$120,783.00

(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: Cindy Diaz, CEO

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

Date Signed: 08/25/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Sprout Foundation

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: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Telephone Number: (520) 990-8740
(Format: 123-456-7890)

Fax Number: (520) 990-8740
(Format: 123-456-7890)

Email: SproutFoundationTucson@gmail.com

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

Date Signed: 08/26/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: The Sprout Foundation

Name / Title of Authorized Official: Cindy Diaz, CEO

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

Date Signed: 08/26/2017

1J. SF-LLL

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

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

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

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

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

Legal Name: The Sprout Foundation
Street 1: 2626 E 21st Street
Street 2:
City: Tucson
County: Pima
State: Arizona
Country: United States
Zip / Postal Code: 85716

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Telephone Number: (520) 990-8740
(Format: 123-456-7890)

Fax Number: (520) 990-8740
(Format: 123-456-7890)

Email: SproutFoundationTucson@gmail.com

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

Date Signed: 08/26/2017

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.

Both senior staff member who will be managing the projects and the services provide by the project have 25 years of experience managing grants for non-profit agencies, including 10 years of experience specifically managing HUD-funded PSH grants. The CEO of The Sprout Foundation has overseen the annual CoC Rating and Ranking process for 2 consecutive years.

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

Both the CEO and the CFO have active and current ties to over a dozen local, public, and private entities. Two local properties have already agreed to contract with The Sprout Foundation and provide clustered rental units should this project receive funding. Negotiations have begin with two additional properties in order to provide more choice of location tot eh project participants.

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.

N/A. There will be no sub-recipient of funds for this project.

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: Flexible And Rapid Housing Project

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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

3B. Project Description

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

The Flexible And Rapid Housing Project (FAR) will utilize Coordinated Entry, conduct outreach activities, provide community navigation, coordinate with PSH programs to provide a variety of housing options dependent upon the needs of the individual/family (brief/crisis, TH, RRH, PH). Upon project entry, participants will be assessed and referred to additional supportive services as needed. In-house services include, education, assessment, counseling, transportation, food, life skills training, personal enrichment, relocation, and referrals to outside vendors. Vendor services include child care, dental, vision, legal, substance use treatment, clothing, HIV testing, and HepC testing.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

FAR expects to have all 12 units filled within 60 days. There is one staff member dedicated to outreach and navigation (.5 FTE for each activity), and one staff member dedicated to assessment and referrals (.5 FTE for each activity). This will streamline the intake process.

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

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.

N/A. This project will use existing properties.

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

The project will actively participate in Coordinated Entry, with 1 staff member dedicated to outreach and navigation. This project will follow the Housing First Model, reducing as many housing barriers as possible, and shortening the wait-time to be housed. Living skills training will be provided to assist participants in re-integrating into the community and strengthen relations between neighbors and landlords. Advocacy between participants and landlords will be provided as needed.

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

The needs of each participant will be assessed upon entry in order to provide the appropriate services and/or referrals. Participants will be assisted in identifying, securing, and maintaining a source of legal income. This assistance may be in the form of completing GED or vocational certification program, applying for SSDI/SSI, and job searches. Transportation will be provided for these activities.

**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
Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Non-Partner	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
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. Use of a single application form for four or more mainstream programs? No

5c. 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 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.

	TH	RRH	Total
Total Units:	6	6	12
Total Beds:	12	12	24
Housing Type	Units		Beds
Clustered apartments	3		15
Clustered apartments	3		3
Clustered apartments	6		6

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

Is this a private or semi private room? Yes

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

a. Units: 3

b. Beds: 15

3. Address

Street 1: 5201 E 2nd St

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85712

***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)**

049019 Pima County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

Is this a private or semi private room? Yes

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

a. Units: 3

b. Beds: 3

3. Address

Street 1: 3660 E 3rd St

Street 2: Tucson AZ

City: Tucson

State: Arizona

ZIP Code: 85716

- *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)**

049019 Pima County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

Is this a private or semi private room? Yes

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

a. Units: 6

b. Beds: 6

3. Address

Street 1: 4425 E 22nd St

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85711

- *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)

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	3	9	0	12
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	4	10		14
Adults ages 18-24	2	2		4
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
Total Persons	12	12	0	24

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	3	1	0	2	0	2	1	1	0	0
Adults ages 18-24	2	0	0	1	0	1	0	0	0	0
Children under age 18	6			0	0	0	0	0	0	0
Total Persons	11	1	0	3	0	3	1	1	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	9	1	0	5	1	5	1	1	0	0
Adults ages 18-24	2	0	0	1	0	1	1	0	0	0
Total Persons	11	1	0	6	1	6	2	1	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.

35%	Directly from the street or other locations not meant for human habitation.
35%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
10%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
20%	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.

Staff will actively participate in Coordinated Entry and Coordinated Outreach in the community. Staff will attend public event designed to attract homeless persons - including Stand Downs and Homeless Connects.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Permanent Housing 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 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:			\$92,520
Total Units:			12
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Tucson, AZ MSA (0401999999)	6	\$38,304
PRA	AZ - Tucson, AZ MSA (0401999999)	3	\$23,184
SRA	AZ - Tucson, AZ MSA (0401999999)	3	\$31,032

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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)
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SRO		x	\$399	x	12	=	\$0
0 Bedroom	6	x	\$532	x	12	=	\$38,304
1 Bedroom	0	x	\$644	x	12	=	\$0
2 Bedrooms	0	x	\$862	x	12	=	\$0
3 Bedrooms		x	\$1,256	x	12	=	\$0
4 Bedrooms		x	\$1,480	x	12	=	\$0
5 Bedrooms		x	\$1,702	x	12	=	\$0
6 Bedrooms		x	\$1,924	x	12	=	\$0
7 Bedrooms		x	\$2,146	x	12	=	\$0
8 Bedrooms		x	\$2,368	x	12	=	\$0
9 Bedrooms		x	\$2,590	x	12	=	\$0
Total Units and Annual Assistance Requested	6						\$38,304
Grant Term							1 Year
Total Request for Grant Term							\$38,304

Click the 'Save' button to automatically calculate totals.

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: PRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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	\$399	x 12	= \$0
0 Bedroom	x	\$532	x 12	= \$0
1 Bedroom	3 x	\$644	x 12	= \$23,184
2 Bedrooms	x	\$862	x 12	= \$0
3 Bedrooms	x	\$1,256	x 12	= \$0
4 Bedrooms	x	\$1,480	x 12	= \$0
5 Bedrooms	x	\$1,702	x 12	= \$0
6 Bedrooms	x	\$1,924	x 12	= \$0
7 Bedrooms	x	\$2,146	x 12	= \$0
8 Bedrooms	x	\$2,368	x 12	= \$0
9 Bedrooms	x	\$2,590	x 12	= \$0
Total Units and Annual Assistance Requested	3			\$23,184
Grant Term				1 Year
Total Request for Grant Term				\$23,184

Click the 'Save' button to automatically calculate totals.

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: SRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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	\$399	x 12	= \$0
0 Bedroom	x	\$532	x 12	= \$0
1 Bedroom	x	\$644	x 12	= \$0
2 Bedrooms	3 x	\$862	x 12	= \$31,032
3 Bedrooms	x	\$1,256	x 12	= \$0
4 Bedrooms	x	\$1,480	x 12	= \$0

5 Bedrooms		x	\$1,702	x	12	=	\$0
6 Bedrooms		x	\$1,924	x	12	=	\$0
7 Bedrooms		x	\$2,146	x	12	=	\$0
8 Bedrooms		x	\$2,368	x	12	=	\$0
9 Bedrooms		x	\$2,590	x	12	=	\$0
Total Units and Annual Assistance Requested		3					\$31,032
Grant Term							1 Year
Total Request for Grant Term							\$31,032

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	Substance Use Assessments	\$360
2. Assistance with Moving Costs	Movers, Security Deposits, Applications	\$900
3. Case Management	As needed	\$3,858
4. Child Care	Child Care for Employment Supports	\$1,200
5. Education Services	GED Testing	\$300
6. Employment Assistance	Resumes, Interview Skills Training, Clothes	\$360
7. Food	Supplemental Food Items x 24 household members	\$600
8. Housing/Counseling Services	As needed	\$2,000
9. Legal Services	Eviction-Related Legal Fees, "But-For" Legal Fees	\$600
10. Life Skills	Individualized Trainings	\$300
11. Mental Health Services		\$0
12. Outpatient Health Services	Dental, Vision, Outpatient Substance Abuse, Outpatient Medical	\$1,200
13. Outreach Services	.5 FTE	\$12,000

14. Substance Abuse Treatment Services		\$0
15. Transportation	Bus Passes, Mileage	\$360
16. Utility Deposits	Deposits / Hook-Up Fees	\$600
17. Operating Costs	Computer, Phone, Fax Machine, Printer	\$1,200
Total Annual Assistance Requested		\$25,838
Grant Term		1 Year
Total Request for Grant Term		\$25,838

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair		\$0
2. Property Taxes and Insurance		\$0
3. Replacement Reserve		\$0
4. Building Security		\$0
5. Electricity, Gas, and Water		
6. Furniture		\$0
7. Equipment (lease, buy)	Computer, phone, fax, printer	\$1,200
Total Annual Assistance Requested		\$1,200
Grant Term		1 Year
Total Request for Grant Term		\$1,200

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:	\$7,066
Total Value of In-Kind Commitments:	\$183,821
Total Value of All Commitments:	\$190,887

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Cash	08/25/2017	\$7,066
Yes	In-Kind	Private	Leverage	08/25/2017	\$183,821

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: Cash
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/25/2017
- 6. Value of Written Commitment: \$7,066

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Leverage
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/25/2017
- 6. Value of Written Commitment: \$183,821

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	\$92,520	1 Year	\$92,520
4. Supportive Services	\$25,838	1 Year	\$25,838
5. Operating	\$1,200	1 Year	\$1,200
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$119,558
8. Admin (Up to 10%)			\$1,225
9. Total Assistance Plus Admin Requested			\$120,783
10. Cash Match			\$7,066
11. In-Kind Match			\$183,821
12. Total Match			\$190,887
13. Total Budget			\$311,670

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match & Leverage ...	08/26/2017

Attachment Details

Document Description: Match & Leverage Letter 2017

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 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.

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

1-Year Operation Rule.

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

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: Cindy Diaz

Date: 08/26/2017

Title: CEO

Applicant Organization: The Sprout Foundation

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)	08/25/2017
1E. SF-424 Compliance	08/25/2017
1F. SF-424 Declaration	08/25/2017
1G. HUD 2880	08/25/2017
1H. HUD 50070	08/25/2017
1I. Cert. Lobbying	08/25/2017
1J. SF-LLL	08/25/2017
2A. Subrecipients	No Input Required
2B. Experience	08/26/2017
3A. Project Detail	08/25/2017
3B. Description	08/26/2017
3C. Expansion	08/25/2017
4A. Services	08/25/2017
4B. Housing Type	08/25/2017
5A. Households	08/25/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/25/2017
6A. Funding Request	08/25/2017
6E. Rental Assistance	08/25/2017
6F. Supp Srvcs Budget	08/26/2017
6G. Operating	08/25/2017
6I. Match	08/25/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required

7A. In-Kind MOU Attachment	08/26/2017
7D. Certification	08/26/2017

The Sprout Foundation

SproutFoundationTucson@gmail.com
2626 E 21st Street
Tucson AZ 85716
520.990.8740

August 25, 2017

To Whom It May Concern:

The Sprout Foundation is a private, non-profit agency committed to improving the quality of life for the underserved in our community. To that end we are excited to provide a total commitment of \$190,887.00 to provide the following services for the Flexible And Rapid Housing Project to operate in 2018-2019.

<u>Type</u>	<u>Amount</u>	<u>Purpose</u>
Match	\$ 7,066.00	Outreach, food, clothing.
Leverage	\$ 183,821.00	SOAR, vehicle, office space, phone/internet/fax service, dental, out-patient medical, vision, individual and family counseling, substance use assessments, out-patient substance abuse treatment, life skills training, licenses, education, identification documents, transportation, child care, utilities.

If you have any questions or desire additional information, please do not hesitate to call me at 520.990.8740.

Sincerely,



Cindy Diaz,
Chief Executive Officer

CJD:qsd



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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- 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 2017 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: 08/26/2017

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: The Sprout Foundation

b. Employer/Taxpayer Identification Number (EIN/TIN): 82-0610225

	c. Organizational DUNS:	080818150	PLUS 4:	
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d. Address

Street 1: 2626 E 21st Street

Street 2:

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip / Postal Code: 85716

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Miss

First Name: Quinn

Middle Name: S

Last Name: DeDanaan

Suffix:

Title: Administrative Assistant

Organizational Affiliation: The Sprout Foundation

Telephone Number: (520) 490-9847

Extension:
Fax Number: (520) 792-3293
Email: QuinnDed@gmail.com

1C. SF-424 Application Details

9. Type of Applicant: N. Nonprofit without 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Flexible And Rapid Housing Project

16. Congressional District(s):

a. Applicant: AZ-007, AZ-008
b. Project: AZ-007, AL-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018
b. End Date: 09/30/2018

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Telephone Number: (520) 990-8740
(Format: 123-456-7890)

Fax Number: (520) 990-8740
(Format: 123-456-7890)

Email: SproutFoundationTucson@gmail.com

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

Date Signed: 08/26/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Sprout Foundation

Prefix: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Organizational Affiliation: The Sprout Foundation

Telephone Number: (520) 990-8740

Extension:

Email: SproutFoundationTucson@gmail.com

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip/Postal Code: 85716

2. Employer ID Number (EIN): 82-0610225

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$120,783.00

(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: Cindy Diaz, CEO

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

Date Signed: 08/25/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Sprout Foundation

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: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Telephone Number: (520) 990-8740
(Format: 123-456-7890)

Fax Number: (520) 990-8740
(Format: 123-456-7890)

Email: SproutFoundationTucson@gmail.com

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

Date Signed: 08/26/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: The Sprout Foundation

Name / Title of Authorized Official: Cindy Diaz, CEO

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

Date Signed: 08/26/2017

1J. SF-LLL

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

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

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

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

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

Legal Name: The Sprout Foundation

Street 1: 2626 E 21st Street

Street 2:

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip / Postal Code: 85716

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Cindy

Middle Name: J

Last Name: Diaz

Suffix:

Title: CEO

Telephone Number: (520) 990-8740
(Format: 123-456-7890)

Fax Number: (520) 990-8740
(Format: 123-456-7890)

Email: SproutFoundationTucson@gmail.com

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

Date Signed: 08/26/2017

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.

Both senior staff member who will be managing the projects and the services provide by the project have 25 years of experience managing grants for non-profit agencies, including 10 years of experience specifically managing HUD-funded PSH grants. The CEO of The Sprout Foundation has overseen the annual CoC Rating and Ranking process for 2 consecutive years.

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

Both the CEO and the CFO have active and current ties to over a dozen local, public, and private entities. Two local properties have already agreed to contract with The Sprout Foundation and provide clustered rental units should this project receive funding. Negotiations have begin with two additional properties in order to provide more choice of location tot eh project participants.

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.

N/A. There will be no sub-recipient of funds for this project.

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: Flexible And Rapid Housing Project

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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

3B. Project Description

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

The Flexible And Rapid Housing Project (FAR) will utilize Coordinated Entry, conduct outreach activities, provide community navigation, coordinate with PSH programs to provide a variety of housing options dependent upon the needs of the individual/family (brief/crisis, TH, RRH, PH). Upon project entry, participants will be assessed and referred to additional supportive services as needed. In-house services include, education, assessment, counseling, transportation, food, life skills training, personal enrichment, relocation, and referrals to outside vendors. Vendor services include child care, dental, vision, legal, substance use treatment, clothing, HIV testing, and HepC testing.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

FAR expects to have all 12 units filled within 60 days. There is one staff member dedicated to outreach and navigation (.5 FTE for each activity), and one staff member dedicated to assessment and referrals (.5 FTE for each activity). This will streamline the intake process.

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

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.

N/A. This project will use existing properties.

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

The project will actively participate in Coordinated Entry, with 1 staff member dedicated to outreach and navigation. This project will follow the Housing First Model, reducing as many housing barriers as possible, and shortening the wait-time to be housed. Living skills training will be provided to assist participants in re-integrating into the community and strengthen relations between neighbors and landlords. Advocacy between participants and landlords will be provided as needed.

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

The needs of each participant will be assessed upon entry in order to provide the appropriate services and/or referrals. Participants will be assisted in identifying, securing, and maintaining a source of legal income. This assistance may be in the form of completing GED or vocational certification program, applying for SSDI/SSI, and job searches. Transportation will be provided for these activities.

**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
Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Non-Partner	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
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. Use of a single application form for four or more mainstream programs? No

5c. 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 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.

	TH	RRH	Total
Total Units:	6	6	12
Total Beds:	12	12	24
Housing Type	Units		Beds
Clustered apartments	3		15
Clustered apartments	3		3
Clustered apartments	6		6

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

Is this a private or semi private room? Yes

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

a. Units: 3

b. Beds: 15

3. Address

Street 1: 5201 E 2nd St

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85712

***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)**

049019 Pima County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

Is this a private or semi private room? Yes

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

a. Units: 3

b. Beds: 3

3. Address

Street 1: 3660 E 3rd St

Street 2: Tucson AZ

City: Tucson

State: Arizona

ZIP Code: 85716

***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)**

049019 Pima County

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

Is this a private or semi private room? Yes

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

a. Units: 6

b. Beds: 6

3. Address

Street 1: 4425 E 22nd St

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85711

***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)

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	3	9	0	12
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	4	10		14
Adults ages 18-24	2	2		4
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
Total Persons	12	12	0	24

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	3	1	0	2	0	2	1	1	0	0
Adults ages 18-24	2	0	0	1	0	1	0	0	0	0
Children under age 18	6			0	0	0	0	0	0	0
Total Persons	11	1	0	3	0	3	1	1	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	9	1	0	5	1	5	1	1	0	0
Adults ages 18-24	2	0	0	1	0	1	1	0	0	0
Total Persons	11	1	0	6	1	6	2	1	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.

35%	Directly from the street or other locations not meant for human habitation.
35%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
10%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
20%	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.

Staff will actively participate in Coordinated Entry and Coordinated Outreach in the community. Staff will attend public event designed to attract homeless persons - including Stand Downs and Homeless Connects.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Permanent Housing 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 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:			\$92,520
Total Units:			12
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Tucson, AZ MSA (0401999999)	6	\$38,304
PRA	AZ - Tucson, AZ MSA (0401999999)	3	\$23,184
SRA	AZ - Tucson, AZ MSA (0401999999)	3	\$31,032

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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	\$399	x	12	=	\$0
0 Bedroom	6	x	\$532	x	12	=	\$38,304
1 Bedroom	0	x	\$644	x	12	=	\$0
2 Bedrooms	0	x	\$862	x	12	=	\$0
3 Bedrooms		x	\$1,256	x	12	=	\$0
4 Bedrooms		x	\$1,480	x	12	=	\$0
5 Bedrooms		x	\$1,702	x	12	=	\$0
6 Bedrooms		x	\$1,924	x	12	=	\$0
7 Bedrooms		x	\$2,146	x	12	=	\$0
8 Bedrooms		x	\$2,368	x	12	=	\$0
9 Bedrooms		x	\$2,590	x	12	=	\$0
Total Units and Annual Assistance Requested	6						\$38,304
Grant Term							1 Year
Total Request for Grant Term							\$38,304

Click the 'Save' button to automatically calculate totals.

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: PRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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	\$399	x 12	= \$0
0 Bedroom	x	\$532	x 12	= \$0
1 Bedroom	3 x	\$644	x 12	= \$23,184
2 Bedrooms	x	\$862	x 12	= \$0
3 Bedrooms	x	\$1,256	x 12	= \$0
4 Bedrooms	x	\$1,480	x 12	= \$0
5 Bedrooms	x	\$1,702	x 12	= \$0
6 Bedrooms	x	\$1,924	x 12	= \$0
7 Bedrooms	x	\$2,146	x 12	= \$0
8 Bedrooms	x	\$2,368	x 12	= \$0
9 Bedrooms	x	\$2,590	x 12	= \$0
Total Units and Annual Assistance Requested	3			\$23,184
Grant Term				1 Year
Total Request for Grant Term				\$23,184

Click the 'Save' button to automatically calculate totals.

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: SRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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	\$399	x 12	= \$0
0 Bedroom	x	\$532	x 12	= \$0
1 Bedroom	x	\$644	x 12	= \$0
2 Bedrooms	3 x	\$862	x 12	= \$31,032
3 Bedrooms	x	\$1,256	x 12	= \$0
4 Bedrooms	x	\$1,480	x 12	= \$0

5 Bedrooms		x	\$1,702	x	12	=	\$0
6 Bedrooms		x	\$1,924	x	12	=	\$0
7 Bedrooms		x	\$2,146	x	12	=	\$0
8 Bedrooms		x	\$2,368	x	12	=	\$0
9 Bedrooms		x	\$2,590	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$31,032
Grant Term							1 Year
Total Request for Grant Term							\$31,032

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	Substance Use Assessments	\$360
2. Assistance with Moving Costs	Movers, Security Deposits, Applications	\$900
3. Case Management	As needed	\$3,858
4. Child Care	Child Care for Employment Supports	\$1,200
5. Education Services	GED Testing	\$300
6. Employment Assistance	Resumes, Interview Skills Training, Clothes	\$360
7. Food	Supplemental Food Items x 24 household members	\$600
8. Housing/Counseling Services	As needed	\$2,000
9. Legal Services	Eviction-Related Legal Fees, "But-For" Legal Fees	\$600
10. Life Skills	Individualized Trainings	\$300
11. Mental Health Services		\$0
12. Outpatient Health Services	Dental, Vision, Outpatient Substance Abuse, Outpatient Medical	\$1,200
13. Outreach Services	.5 FTE	\$12,000

14. Substance Abuse Treatment Services		\$0
15. Transportation	Bus Passes, Mileage	\$360
16. Utility Deposits	Deposits / Hook-Up Fees	\$600
17. Operating Costs	Computer, Phone, Fax Machine, Printer	\$1,200
Total Annual Assistance Requested		\$25,838
Grant Term		1 Year
Total Request for Grant Term		\$25,838

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the 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 operating the housing or supportive services facility.

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. Maintenance/Repair		\$0
2. Property Taxes and Insurance		\$0
3. Replacement Reserve		\$0
4. Building Security		\$0
5. Electricity, Gas, and Water		
6. Furniture		\$0
7. Equipment (lease, buy)	Computer, phone, fax, printer	\$1,200
Total Annual Assistance Requested		\$1,200
Grant Term		1 Year
Total Request for Grant Term		\$1,200

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:	\$7,066
Total Value of In-Kind Commitments:	\$183,821
Total Value of All Commitments:	\$190,887

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Cash	08/25/2017	\$7,066
Yes	In-Kind	Private	Leverage	08/25/2017	\$183,821

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: Cash
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/25/2017
- 6. Value of Written Commitment: \$7,066

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Leverage
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/25/2017
- 6. Value of Written Commitment: \$183,821

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	\$92,520	1 Year	\$92,520
4. Supportive Services	\$25,838	1 Year	\$25,838
5. Operating	\$1,200	1 Year	\$1,200
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$119,558
8. Admin (Up to 10%)			\$1,225
9. Total Assistance Plus Admin Requested			\$120,783
10. Cash Match			\$7,066
11. In-Kind Match			\$183,821
12. Total Match			\$190,887
13. Total Budget			\$311,670

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match & Leverage ...	08/26/2017

Attachment Details

Document Description: Match & Leverage Letter 2017

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 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.

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

1-Year Operation Rule.

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

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: Cindy Diaz

Date: 08/26/2017

Title: CEO

Applicant Organization: The Sprout Foundation

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)	08/25/2017
1E. SF-424 Compliance	08/25/2017
1F. SF-424 Declaration	08/25/2017
1G. HUD 2880	08/25/2017
1H. HUD 50070	08/25/2017
1I. Cert. Lobbying	08/25/2017
1J. SF-LLL	08/25/2017
2A. Subrecipients	No Input Required
2B. Experience	08/26/2017
3A. Project Detail	08/25/2017
3B. Description	08/26/2017
3C. Expansion	08/25/2017
4A. Services	08/25/2017
4B. Housing Type	08/25/2017
5A. Households	08/25/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/25/2017
6A. Funding Request	08/25/2017
6E. Rental Assistance	08/25/2017
6F. Supp Srvcs Budget	08/26/2017
6G. Operating	08/25/2017
6I. Match	08/25/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required

7A. In-Kind MOU Attachment	08/26/2017
7D. Certification	08/26/2017

The Sprout Foundation

SproutFoundationTucson@gmail.com
2626 E 21st Street
Tucson AZ 85716
520.990.8740

August 25, 2017

To Whom It May Concern:

The Sprout Foundation is a private, non-profit agency committed to improving the quality of life for the underserved in our community. To that end we are excited to provide a total commitment of \$190,887.00 to provide the following services for the Flexible And Rapid Housing Project to operate in 2018-2019.

<u>Type</u>	<u>Amount</u>	<u>Purpose</u>
Match	\$ 7,066.00	Outreach, food, clothing.
Leverage	\$ 183,821.00	SOAR, vehicle, office space, phone/internet/fax service, dental, out-patient medical, vision, individual and family counseling, substance use assessments, out-patient substance abuse treatment, life skills training, licenses, education, identification documents, transportation, child care, utilities.

If you have any questions or desire additional information, please do not hesitate to call me at 520.990.8740.

Sincerely,



Cindy Diaz,
Chief Executive Officer

CJD:qsd

