

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/16/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: AZ0038

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Tucson

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6000266

| | | | | |
|--|--------------------------------|-----------|---------------|--|
| | c. Organizational DUNS: | 072450869 | PLUS 4 | |
|--|--------------------------------|-----------|---------------|--|

d. Address

Street 1: 310 N Commerce Park Loop

Street 2: Santa Rita Building, First Floor

City: Tucson

County:

State: Arizona

Country: United States

Zip / Postal Code: 85726-7210

e. Organizational Unit (optional)

Department Name: Housing & Community Development

Division Name: Planning and Community Development

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

Prefix: Ms.

First Name: Jodie

Middle Name:

Last Name: Earll Barnes

Suffix:

Title: Project Supervisor

Organizational Affiliation: City of Tucson

Telephone Number: (520) 837-5363

Extension:

Fax Number: (520) 791-2529

Email: jodie.barnes@tucsonaz.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Pathways

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Sally

Middle Name:

Last Name: Stang

Suffix:

Title: Director

Telephone Number: (520) 791-4171
(Format: 123-456-7890)

Fax Number: (520) 791-5407
(Format: 123-456-7890)

Email: Sally.Stang@tucsonaz.gov

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

Date Signed: 08/16/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Tucson

Prefix: Mrs.

First Name: Sally

Middle Name:

Last Name: Stang

Suffix:

Title: Director

Organizational Affiliation: City of Tucson

Telephone Number: (520) 791-4171

Extension:

Email: Sally.Stang@tucsonaz.gov

City: Tucson

County:

State: Arizona

Country: United States

Zip/Postal Code: 85726-7210

2. Employer ID Number (EIN): 86-6000266

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$136,983.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Pathways 310 N Commerce Park Loop Tucson Arizona

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

Part I Threshold Determinations

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

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

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

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

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|--|
| State of Arizona - Cenpatico (RBHA) | Grant/Subsidy | \$306,982.00 | Admin., Supervisory support & occupancy costs. Case mgmt, support services (CPSA) |
| City of Tucson - ESG Funds | Grant/Subsidy | 15384.0 | Domestic violence support services (Emerge) |
| Housing Opportunities for People with AIDS & Ryan White Part B | Grant | \$82,858.00 | Case mgmt and Support Services (SAAF) |
| Pima County General Fund | Grant/Subsidy | \$25,000.00 | Admin assistance Mgmt Information Systems, Employment Asst through One Stop Career Center (Sullivan Jackson) |
| | | | |

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|---|--|---|---|--|
| City of Tucson | 86-6000266 | Grant money rental assistance/ Project Grantee | \$72,906.50 | 3% |
| CODAC Behavioral Health Services | 23-7086112 | Project Sponser | \$133,352.00 | 6% |
| Community Bridges Inc. | 94-2460211 | Project Sponser | \$244,914.61 | 10% |
| Community Partnership of Southern Arizona | 86-0792518 | Project Sponser | \$699,257.17 | 31% |
| COPE Behavioral Services, Inc. | 86-0363717 | Project Sponser | \$211,832.00 | 9% |

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: Sally Stang, Director

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

Date Signed: 08/11/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Tucson

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: | |
| <p>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.</p> | <p>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;</p> |
| <p>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.</p> | <p>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;</p> |
| <p>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.;</p> | <p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |
| <p>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;</p> | |

Sites for Work Performance.

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

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

X

accurate.

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

Authorized Representative

Prefix: Mrs.

First Name: Sally

Middle Name

Last Name: Stang

Suffix:

Title: Director

Telephone Number: (520) 791-4171
(Format: 123-456-7890)

Fax Number: (520) 791-5407
(Format: 123-456-7890)

Email: Sally.Stang@tucsonaz.gov

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

Date Signed: 08/16/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

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

Applicant's Organization: City of Tucson

Name / Title of Authorized Official: Sally Stang, Director

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

Date Signed: 08/16/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? Yes

1. Type of Federal Action: Grant

2. Status of Federal Action: Application

3. Report Type: Initial Filing

4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: AZ-003, AZ-002, AZ-001

6. Federal Department/Agency: Department of Housing and Urban Development

7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)

8. Federal Action Number: FR-5900-N-18B

9. Award Amount: \$125,184.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Bracy, Tucker, Brown and Valanzano(BTBV)
1615 L. Street NW, Suite 520

Washington, DC 20036

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

Tucker, Tracy
Bracy, Terry
Avila, Brandon

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.

Authorized Representative

Prefix: Mrs.

First Name: Sally

Middle Name:

Last Name: Stang

Suffix:

Title: Director

Telephone Number: (520) 791-4171
(Format: 123-456-7890)

Fax Number: (520) 791-5407
(Format: 123-456-7890)

Email: Sally.Stang@tucsonaz.gov

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

Date Signed: 08/16/2018

Information About Submission without Changes

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Sub-recipients under spent by a combination of \$427.50 which was not sufficient enough to add another client to the program and sustain the rental amount for a full 12 month period.

Renewal Grant Consolidation Screen

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

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No
If “No” click on “Next” or “Save & Next” below to move to the next screen.

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: \$126,604

| Organization | Type | Type | Sub-Award Amount |
|---|------------------------------------|------------------------------------|------------------|
| Community Partnership of Southern Arizona | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$55,389 |
| Southern Arizona AIDS Foundation | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$71,215 |

2A. Project Subrecipients Detail

a. Organization Name: Community Partnership of Southern Arizona

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 86-0792518

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 015294259 | PLUS 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 44 E. Broadway Blvd. Ste.100

Street 2:

City: Tucson

State: Arizona

Zip Code: 85701

f. Congressional District(s): AZ-003, AZ-002, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$55,389

j. Contact Person

Prefix: Mrs.

First Name: Cloe

Middle Name: M.

Last Name: Levinson

Suffix:

Title: Director of Home and Community-Based Services

E-mail Address: chloe.levinson@CommunityPartnersInc.org

Confirm E-mail Address: chloe.levinson@CommunityPartnersInc.org

Phone Number: 520-901-6817

Extension:

Fax Number: 520-618-6694

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Southern Arizona AIDS Foundation

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 86-0864100

| | | | |
|--|----------------------------------|-----------|---------------|
| | * d. Organizational DUNS: | 197335730 | PLUS 4 |
|--|----------------------------------|-----------|---------------|

e. Physical Address

Street 1: 375 S. Euclid Ave

Street 2:

City: Tucson

State: Arizona

Zip Code: 85719

f. Congressional District(s): AZ-003, AZ-002, AZ-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$71,215

j. Contact Person

Prefix: Mr.

First Name: Luis

Middle Name:

Last Name: Ortega

Suffix:

Title: Director of Programs

E-mail Address: LOrtega@saaf.org

Confirm E-mail Address: LOrtega@saaf.org

Phone Number: 520-628-7223

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

**1. Project Identification Number (PIN) of AZ0038
expiring grant:**

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AZ-501 - Tucson/Pima County CoC

2b. CoC Collaborative Applicant Name: Community Partnership of Southern Arizona

3. Project Name: Pathways

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

**7. Will this renewal project be part of a new No
application for a Renewal Expansion Grant?**

3B. Project Description

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

The Pathways program will provide 16 DedicatedPLUS units of permanent housing, giving the program sub recipients more flexibility in being able to house not only chronically homeless, disabled persons in conjunction with supportive services but to expand eligibility to the individuals and families with a long history of homelessness and severe service needs who would not meet the definition of Chronically Homeless at project entry. Housing is administered through two agencies; Community Partnership (CPSA) and Southern Arizona AIDS Foundation. The populations served are chronically homeless persons, persons with serious mental illness, persons with special needs such as HIV/AIDS- related services and persons with a chronic substance abuse disorder. Agencies provide outreach to engage clients and use the VI-SPDAT tool to prioritize chronically homeless persons according to the level of vulnerability of the individual. Utilizing HMIS and the coordinated entry system, the individual with the highest needs assessment is offered the next vacancy in housing. The Housing First model approach is followed; removing barriers to entering housing. The agencies provide wrap-around supportive services through leveraging & matching funds. Services are optional and can include intensive case management, development of an Individual Service Plan, psychiatric appointments where needed, assistance with acquiring mainstream services such as food stamps, SSI or veterans benefits and substance abuse treatment. Agencies have staff that are trained in the SOAR (SSI/SSDI Outreach, Access and Recovery) program through The Substance Abuse and Mental Health Services Administration (SAMHSA) to link clients with benefits where possible. SOAR seeks to end homelessness through increasing access to SSI/SSDI income supports and also extends beyond these and encourages employment as a means to increase individual income, promote recovery and the highest level of self-sufficiency. Agencies have a designated staff person to ensure children are enrolled in school and connected to the appropriate services within the community, including early childhood programs to ensure children of a chronically homeless family’s needs are met. All units must pass a Housing Quality Standards Inspection before the execution of the assisted lease and then are inspected at least annually to ensure the program provides decent, safe and sanitary housing. Housing units may be apartments, houses, or duplexes at scattered sites. Our Public Housing Authority (PHA) continues to work in conjunction with agencies to identify clients residing in the Pathways program who are no longer in need of supportive services and are able to “move on” to housing supported through our PHA. Agencies continue making referrals to the PHA; this increases the number of beds available in permanent supportive housing in our Continuum which frees up more units for chronically homeless persons on our Coordinated Entry list.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |

| | |
|-------------------|--------------------------|
| None of the above | <input type="checkbox"/> |
|-------------------|--------------------------|

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

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

2. Please identify whether the project includes the following activities:



2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 16

Total Beds: 20

Total Dedicated CH Beds: 20

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 7 | 10 |
| Scattered-site apartments (...) | --- | 9 | 10 |

4B. Housing Type and Location Detail

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

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

a. **Units:** 7

b. **Beds:** 10

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 10

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. **Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 44 E. Broadway Blvd. Ste.100

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85701

5. **Select the geographic area(s) associated with the address:**
(for multiple selections hold CTRL Key)

040492 Tucson, 049019 Pima County

4B. Housing Type and Location Detail

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

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

a. Units: 9

b. Beds: 10

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 10

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 375 W. Euclid Ave

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85719

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

040492 Tucson, 049019 Pima County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 0 | 16 | 0 | 16 |

| 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 | 0 | 20 | | 20 |
| Adults ages 18-24 | 0 | 0 | | 0 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 20 | 0 | 20 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not repre sented by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|---|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not repre sented by listed subpopu lations |
|----------------------|--|---|---|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|---|
| Adults over age 24 | 0 | | 0 | 10 | 11 | 9 | 0 | 0 | 0 | 0 |
| Adults ages 18-24 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Persons | 0 | 0 | 0 | 10 | 11 | 9 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic ally Homeles s Non- Veterans | Chronic ally Homeles s Veterans | Non- Chronic ally Homeles s Veterans | Chronic Substan ce Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domesti c Violence | Physical Disabilit y | Develop mental Disabilit y | Persons not repre sented by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |

| | | | | | | | | | | |
|----------------------|---|--|--|---|---|---|---|---|---|---|
| Total Persons | 0 | | | 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. |
| 65% | Directly from emergency shelters. |
| 0% | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| 0% | Directly from transitional housing eliminated in a previous CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program. |
| 100% | Total of above percentages |

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following 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: | | \$125,184 | |
|--------------------------------------|----------------------------------|-----------------------|---------------|
| Total Units: | | 16 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | AZ - Tucson, AZ MSA (0401999999) | 16 | \$125,184 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Tucson, AZ MSA (0401999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$413 | \$413 | x | | = | \$0 |
| 0 Bedroom | | x | \$550 | \$550 | x | | = | \$0 |
| 1 Bedroom | 16 | x | \$652 | \$652 | x | | = | \$125,184 |
| 2 Bedrooms | | x | \$867 | \$867 | x | | = | \$0 |
| 3 Bedrooms | | x | \$1,262 | \$1,262 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,493 | \$1,493 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,717 | \$1,717 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,941 | \$1,941 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,165 | \$2,165 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,389 | \$2,389 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,613 | \$2,613 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 16 | | | | | | | \$125,184 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$125,184 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

| | |
|--|----------|
| Total Value of Cash Commitments: | \$20,345 |
| Total Value of In-Kind Commitments: | \$13,901 |
| Total Value of All Commitments: | \$34,246 |

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

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|--------------|--------------------|----------------------|
| Yes | In-Kind | Private | CPSA | 08/09/2018 | \$13,901 |
| Yes | Cash | Government | SAAF | 08/13/2018 | \$18,020 |
| Yes | Cash | Government | General Fund | 08/15/2018 | \$2,325 |

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

5. Date of Written Commitment: 08/09/2018

6. Value of Written Commitment: \$13,901

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: SAAF
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/13/2018

6. Value of Written Commitment: \$18,020

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: General Fund
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2018

6. Value of Written Commitment: \$2,325

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|--|--|
| 1a. Leased Units | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$125,184 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$125,184 |
| 7. Admin (Up to 10%) | \$11,799 |
| 8. Total Assistance plus Admin Requested | \$136,983 |
| 9. Cash Match | \$20,345 |
| 10. In-Kind Match | \$13,901 |
| 11. Total Match | \$34,246 |
| 12. Total Budget | \$171,229 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | 501(c)(3) letters... | 08/16/2018 |
| 2) Other Attachmenbt | No | NOFA 2018 Match L... | 08/16/2018 |
| 3) Other Attachment | No | | |

Attachment Details

Document Description: 501(c)(3) letters and Certification of a Drug Free Workplace

Attachment Details

Document Description: NOFA 2018 Match Letters

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Sally Stang

Date: 08/16/2018

Title: Director

Applicant Organization: City of Tucson

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

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

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

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- * 2A - Updated CPSA's contact person's information
- * 3A - Accidentally marked in error
- * 3B - Updated Description and under that 3C - checked one more box to correct 3D to read "yes"
- * 3C - Dedicated Plus designation made for the Pathways project
- * 4B - Updated address for CPSA (location detail)
- * 5C - Checked in error
- * 6D - Updated Match dollar amounts
- * 6E - Increased Admin dollars being requested for NOFA 2018

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

| Page | Last Updated |
|------------------------------------|--------------------|
| 1A. SF-424 Application Type | 08/07/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |
| Renewal Project Application FY2018 | Page 55 08/23/2018 |

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/16/2018 |
| 1E. SF-424 Compliance | 08/07/2018 |
| 1F. SF-424 Declaration | 08/07/2018 |
| 1G. HUD-2880 | 08/11/2018 |
| 1H. HUD-50070 | 08/11/2018 |
| 1I. Cert. Lobbying | 08/11/2018 |
| 1J. SF-LLL | 08/11/2018 |
| Recipient Performance | 08/16/2018 |
| Renewal Grant Consolidation | 08/11/2018 |
| 2A. Subrecipients | 08/13/2018 |
| 3A. Project Detail | 08/11/2018 |
| 3B. Description | 08/15/2018 |
| 3C. Dedicated Plus | 08/13/2018 |
| 4A. Services | 08/07/2018 |
| 4B. Housing Type | 08/16/2018 |
| 5A. Households | 08/07/2018 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 08/07/2018 |
| 6A. Funding Request | 08/07/2018 |
| 6C. Rental Assistance | 08/07/2018 |
| 6D. Match | 08/16/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/16/2018 |
| 7A. In-Kind Match MOU Attachment | No Input Required |
| 7B. Certification | 08/16/2018 |
| Submission Without Changes | 08/16/2018 |

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: SEP 21 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA (CPSA) INC.
343 W FRANKLIN
TUCSON, AZ 85701

Employer Identification Number:

86-0792518

Case Number:

755214001

Contact Person:

ANNETTE SMITH

Contact Telephone Number:

(214) 767-6023

Accounting Period Ending:

June 30

Foundation Status Classification:

509(a)(2)

Advance Ruling Period Begins:

February 10, 1995

Advance Ruling Period Ends:

June 30, 1999

Addendum Applies:

Yes

RECEIVED

SEP 26 1995

CPSA
FINANCE

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in section 509(a)(2).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

COMMUNITY PARTNERSHIP OF SOUTHERN

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1964, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

COMMUNITY PARTNERSHIP OF SOUTHERN

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Bobby E. Scott
District Director

Enclosure(s):
Form 872-C

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 29 1995

COMMUNITY PARTNERSHIP OF SOUTHERN
ARIZONA CPSA INC
4575 EAST BROADWAY BLVD
TUCSON, AZ 85711

Employer Identification Number:
86-0792518
DLN:
17053268722019
Contact Person:
DIANA L BOYNTON
Contact Telephone Number:
(877) 829-5500
Our Letter Dated:
September, 1995
Addendum Applies:
No

RECEIVED
ID# 31384
DEC 6 6 1995
FINANCE

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

COMMUNITY PARTNERSHIP OF SOUTHERN

In this letter, we have not determined the effect on your tax-exempt status of financing your activities with the proceeds of tax-exempt bonds since you have not indicated that you intend to use such methods now or in the future.

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 24 1997

SOUTHERN ARIZONA AIDS FOUNDATION
C/O ANNE MALEY
151 S TUCSON BLVD STE 211
TUCSON, AZ 85716

Employer Identification Number:
86-0864100

DLN:
17053225035007

Contact Person:
EO CUSTOMER SERVICE

Contact Telephone Number:
(213) 894-2289

Accounting Period Ending:
June 30

Foundation Status Classification:
170(b)(1)(A)(vi)

Advance Ruling Period Begins:
January 1, 1997

Advance Ruling Period Ends:
June 30, 2001

Addendum Applies:
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

SOUTHERN ARIZONA AIDS FOUNDATION

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

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

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for

SOUTHERN ARIZONA AIDS FOUNDATION

the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

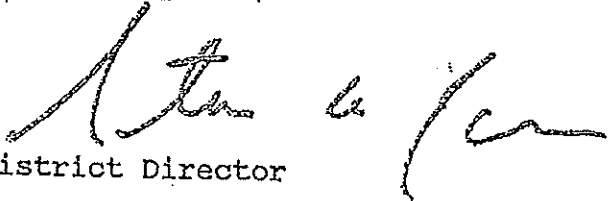
Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

SOUTHERN ARIZONA AIDS FOUNDATION

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

Enclosure(s):
Form 872-C

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

City of Tucson - Housing and Community Development Department

Program/Activity Receiving Federal Grant Funding

Continuum of Care Program - Pathways

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.

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.

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.;

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;

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;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

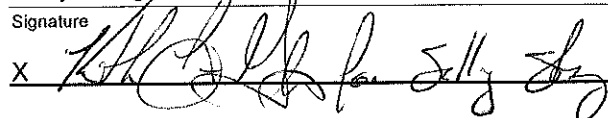
- 310 N. Commerce Park Loop, Tucson, Pima County, Arizona 85745
- 44 E. Broadway Blvd. Ste. 100, Tucson, Pima County, Arizona 85701
- 2502 N. Dodge, Ste. 100, Tucson, Pima County, Arizona 85716
- 375 S. Euclid Avenue, Tucson, Pima County, Arizona 85719
- 4600 S. Park Ave. #8, Tucson, Pima County, Arizona 85714

Check here if there are workplaces on file that are not identified on the attached sheets.

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

Name of Authorized Official
Sally Stang

Title
Director

Signature
X 

Date
8/15/18



August 9, 2018

Melissa Scaff
City of Tucson
Housing and Community Development Department
Planning and Community Development Division
310 N Commerce Park Loop
Tucson, AZ 85745

Subject: Pathways Match Detail for FY2018 NOFA

Community Partnership of Southern Arizona (CPSA) commits \$13,901.00 in match funds for the one-year renewal of the Pathways Permanent Supportive Housing Project as follows:

Match:

Commitment: \$13,901.00

Type: In-kind, private

Effective Date: April 1, 2019 – March 31, 2020

Description: CPSA management staff; operation costs not covered by U.S. Department of Housing and Urban Development (HUD); and State behavioral health funding for housing-based supportive services provided through CPSA's partner agency, Community Partners Integrated Healthcare (CPIH), with whom we have a Memorandum of Understanding (MOU).

Sincerely,

Vanessa M. Seaney
President/Chief Executive Officer



Board of Directors

Juliet Yardy
President

Irish Kortlas
1st Vice President

Asst. Chief Carla Johnson
2nd Vice President

Kevin McCoy
Secretary/Treasurer

Robert Baker
Miguel Cruz

Mary Dorais

Alexandra Gerardo

Manny Maldonado

Pam Meichel

Mo Mosien

Kimi Petra

Hon. Fred Bonstait

Adette Stevens Castaño

Gwen Valentine

Julia Wieland

Wendell Hicks
ex officio

Honorary Board

danny Blake

Kevin Cannichael

Kaheley Clements

Jim Click

Thomas Donohue

Steve Gottlieb

Jim Kolbe

Czarina Lopez

Aime Malley-Schaffner

Med Norris, Jr.

Lute Olson

Pat Pettis

Steve Quinlan

Robert E. Walkup

Andrew Weil

Posthumous

Honorary Board

Tommy Gin

George Miller

Rose Mofford

Cete Peterson

Esther Tang

August 13, 2018

To Whom It May Concern:

The Southern Arizona AIDS Foundation (SAAF) is providing this letter as verification of providing matching funds for the City of Tucson Pathways (AZ0038L9T011710) Continuum of Care Program.

SAAF is providing cash matching funds in the amount of \$18,020 for the project from Ryan White Part B case management funds we receive from the Arizona Department of Health Services for case management and supportive services for persons living with HIV/AIDS.

SAAF is also providing leverage in the amount of \$108,119 for the project that we receive from Ryan White Part B case management funds we receive from the Arizona Department of Health Services for case management and supportive services for persons living with HIV/AIDS.

Our date of commitment for this project is August 13, 2018. Our match commitment will extend from April 1, 2019 to March 31, 2020.

If you have any questions, please contact me at whicks@saaf.org or at 520-547-6096.

Sincerely,

Wendell Hicks
Executive Director

520.628.7223 (Office)

520.628.7277 (Fax)

375 South Euclid Avenue

Tucson, Arizona 85710

www.saaf.org



CITY OF TUCSON
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING AND COMMUNITY DEVELOPMENT

August 15, 2018

U.S. Department of Housing and Urban
Development Office of Community Planning and
Development
Washington D.C.

Subject: Match for NOFA 2018

The City of Tucson Housing and Community Development Department will allocate **\$2,324.75** to **match** for the 1-year Renewal for the Pathways Program as follows:

Type of Contribution: Cash In-Kind
Type of Source: Government Private

Name the Source of the Commitment: General Funds
\$ Value of written Commitment: \$2,324.75

These funds will be available April 1, 2019 for the 1-year period of the grant. If you have any questions regarding this matter, please call Melissa Scaff (520) 837-5319.

Sincerely,

Sally Stang
Director
Housing and Community Development Department

