

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:** 08/09/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** AZ0042

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

X

- 6. **Date Received by State:**
- 7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Pima County

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6000543

	c. Organizational DUNS:	033738662	PLUS 4	4000
--	--------------------------------	-----------	---------------	------

d. Address

Street 1: 2797 E. Ajo Way

Street 2: 400 East 26th Street

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip / Postal Code: 85713

e. Organizational Unit (optional)

Department Name: Community Services

Division Name: Employment and Training

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

Prefix: Mr.

First Name: Steven

Middle Name: D.

Last Name: Nelson

Suffix:

Title: Project Coordinator

Organizational Affiliation: Pima County

Telephone Number: (520) 724-7306

Applicant: Pima County

0337386624000

Project: Project Advent RRH Renewal Grant FY' 2018

162797

Extension:

Fax Number: (520) 724-7318

Email: Steve.Nelson@pima.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Project Advent RRH Renewal Grant FY' 2018

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: 07/01/2019

b. End Date: 06/30/2020

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: Mr.

First Name: Arnold

Middle Name:

Last Name: Palacios

Suffix:

Title: Department Director

Telephone Number: (520) 724-6742
(Format: 123-456-7890)

Fax Number: (520) 724-7318
(Format: 123-456-7890)

Email: Arnold.Palacios@pima.gov

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

Date Signed: 08/09/2018

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: Pima County

Prefix: Mr.

First Name: Arnold

Middle Name:

Last Name: Palacios

Suffix:

Title: Department Director

Organizational Affiliation: Pima County

Telephone Number: (520) 724-6742

Extension:

Email: Arnold.Palacios@pima.gov

City: Tucson

County: Pima

State: Arizona

Country: United States

Zip/Postal Code: 85713

2. Employer ID Number (EIN): 86-6000543

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$418,241.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project Advent RRH Renewal Grant FY' 2018
 2797 E. Ajo Way 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? Yes
 (For further information, see 24 CFR Sec. 4.3).

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
The Salvation Army of Tucson, Inc.	Cash	\$56,286.25	Cash Match
CODAC Inc.	Cash	35550.5	Cash Match
Compass Affordable Housing, Inc.	Cash & In-Kind	\$71,526.00	CashMatch
Tucson Preparatory School, Inc.	Cash	\$32,116.00	Cash Match
Pima County	Cash	\$119,473.00	Cash Match

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	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2018		Page 10		08/23/2018

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
Compass Affordable Housing, Inc.	86-0708645	Contractor	\$350,795.04	40%
Salvation Army of Tucson, Inc.	94-1156347	Contractor	\$246,809.06	28%
CODAC Inc.	23-7086112	Contractor	\$142,202.00	16%
Tucson Preparatory School	86-0913009	Contractor	\$128,464.00	15%

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: Arnold Palacios, Department Director

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

Date Signed: 08/03/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pima County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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: Mr.

First Name: Arnold

Middle Name

Last Name: Palacios

Suffix:

Title: Department Director

Telephone Number: (520) 724-6742
(Format: 123-456-7890)

Fax Number: (520) 724-7318
(Format: 123-456-7890)

Email: Arnold.Palacios@pima.gov

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

Date Signed: 08/09/2018

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: Pima County

Name / Title of Authorized Official: Arnold Palacios, Department Director

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

Date Signed: 08/09/2018

1J. SF-LLL

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

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

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

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

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

Legal Name: Pima County
Street 1: 2797 E. Ajo Way
Street 2: 400 East 26th Street
City: Tucson
County: Pima
State: Arizona
Country: United States
Zip / Postal Code: 85713

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: Mr.

First Name: Arnold

Middle Name:

Last Name: Palacios

Suffix:

Title: Department Director

Telephone Number: (520) 724-6742
(Format: 123-456-7890)

Fax Number: (520) 724-7318
(Format: 123-456-7890)

Email: Arnold.Palacios@pima.gov

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

Date Signed: 08/09/2018

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? No



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 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.

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: \$271,494

Organization	Type	Type	Sub-Award Amount
Salvation Army of Tucson Inc.	M. Nonprofit with 501C3 IRS Status		\$134,793
CODAC Health, Recovery and Wellness	M. Nonprofit with 501C3 IRS Status		\$136,701

2A. Project Subrecipients Detail

a. Organization Name: Salvation Army of Tucson Inc.

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

c. Employer or Tax Identification Number: 94-1156347

	* d. Organizational DUNS:	10-1720758	PLUS 4	
--	----------------------------------	------------	---------------	--

e. Physical Address

Street 1: 1002 N. Main Avenue

Street 2:

City: Tucson

State: Arizona

Zip Code: 85705

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

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$134,793

j. Contact Person

Prefix: Mrs.

First Name: Jamie

Middle Name:

Last Name: Snyder

Suffix:
Title: Social Service Director
E-mail Address: jamie.snyder@usw.salvationarmy.org
Confirm E-mail Address: jamie.snyder@usw.salvationarmy.org
Phone Number: 520-448-5512
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: CODAC Health, Recovery and Wellness

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

c. Employer or Tax Identification Number: 23-7086112

	* d. Organizational DUNS:	139453005	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 1650 E. Ft. Lowell Rd. #202

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: \$136,701

j. Contact Person

Prefix: Mrs.

First Name: Amy

Middle Name:

Last Name: Mendoza

Suffix:

Title: Vice President for Utilization Management

E-mail Address: amunoz@codac.org

Confirm E-mail Address: amunoz@codac.org

Phone Number: 520-202-1759

Extension:

Fax Number:

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AZ0042

(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: Project Advent RRH Renewal Grant FY' 2018

4. Project Status: Standard

5. Component Type: PH

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

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

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

3B. Project Description

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

Project Advent is a collaboration between Sullivan Jackson Employment Center, The Salvation Army, and CODAC Behavioral Health Services, Inc. to use a Housing First approach to rapidly connect families and individuals experiencing homelessness to permanent housing. Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. Case management services will be provide in all allocation of financial resources and program participants will meet with case management at least once a month. Case managers will employ "progressive engagement" techniques to determine if program participants can benefit from other, non-financial service needs such as employment assistance and job training in order to sustain permanent housing once rental assistance has ended. The fundamental goal of rapid rehousing is to reduce the amount of time an individual or family is homeless. Project Advent will also employ the principles associated with the "Transition-in-Place" model. The lease will be between the landlord and the program participant and when financial assistance has been achieved, the program participant will remain in the leased housing and transition in place. The Tucson Pima Collaboration to end Homelessness, as the Continuum of Care, used planning funds to contract with OrgCode Consulting to perform a complete Gaps Analysis of the housing and services within the Continuum of Care. One of the findings in the Gap Analysis study was that Transitional Housing was "for the past six years, transitional housing has been under-utilized. This trend is compelling in that the community has considerably more transitional housing than it needs, and the conversion of transitional housing to other forms of support are long over-due." At Pima County's request, HUD has reclassified Project Advent and the CASA CoC Programs in response to this finding in the Gaps Analysis in a continuing effort to employ evidenced-based Rapid Re-Housing principles to end homelessness in our community. The Project plans to enroll 60 eligible homeless individuals and families during the course of the year.

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

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

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>

Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input 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

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		
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Monthly
Child Care		
Education Services		
Employment Assistance and Job Training	Applicant	As needed
Food		
Housing Search and Counseling Services	Applicant	As needed
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services	Applicant	Daily
Substance Abuse Treatment Services		
Transportation	Applicant	Monthly
Utility Deposits	Applicant	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 Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

4B. Housing Type and Location

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 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: 30

Total Beds: 38

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	30	38

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: 30

b. Beds: 38

3. Address

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

Street 1: 400 E 26th St

Street 2:

City: Tucson

State: Arizona

ZIP Code: 85713

**4. 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	5	25	0	30

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	20		24
Adults ages 18-24	1	5		6
Accompanied Children under age 18	8		0	8
Unaccompanied Children under age 18			0	0
Total Persons	13	25	0	38

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	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	0	0	2	0	0	0	0	0	0	2
Adults ages 18-24	0	0	0	1	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	8
Total Persons	0	0	2	1	0	0	0	0	0	10

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	0	0	10	2	0	0	2	0	0	6
Adults ages 18-24		0	0	3	0	0	0	0	0	2
Total Persons	0	0	10	5	0	0	2	0	0	8

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	0

Describe the unlisted subpopulations referred to above:

The subpopulations consist of populations of people experiencing homelessness that are not chronic, do not have substance abuse problems, are not severely mentally ill, and are not disabled.

5C. Outreach 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. Enter the percentage of project participants that will be coming from each of the following locations.

20%	Directly from the street or other locations not meant for human habitation.
80%	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:
- | | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. 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:		\$193,176	
Total Units:		30	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Tucson, AZ MSA (0401999999)	30	\$193,176

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? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	\$413	\$0	x		=	\$0
0 Bedroom	10	x	\$550	\$443	x		=	\$53,160
1 Bedroom	14	x	\$652	\$530	x		=	\$89,040
2 Bedrooms	6	x	\$867	\$708	x		=	\$50,976
3 Bedrooms	0	x	\$1,262	\$0	x		=	\$0
4 Bedrooms	0	x	\$1,493	\$0	x		=	\$0
5 Bedrooms	0	x	\$1,717	\$0	x		=	\$0
6 Bedrooms	0	x	\$1,941	\$0	x		=	\$0
7 Bedrooms	0	x	\$2,165	\$0	x		=	\$0
8 Bedrooms	0	x	\$2,389	\$0	x		=	\$0
9 Bedrooms	0	x	\$2,613	\$0	x		=	\$0
Total Units and Annual Assistance Requested	30							\$193,176
Grant Term								1 Year
Total Request for Grant Term								\$193,176

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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 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:	\$104,560
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$104,560

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Cash sources	08/02/2016	\$104,560

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:** Cash sources
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/02/2016
- 6. Value of Written Commitment:** \$104,560

6E. Summary 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 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	\$193,176
3. Supportive Services	\$198,590
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$391,766
7. Admin (Up to 10%)	\$26,475
8. Total Assistance plus Admin Requested	\$418,241
9. Cash Match	\$104,560
10. In-Kind Match	\$0
11. Total Match	\$104,560
12. Total Budget	\$522,801

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Advent Subrecipie...	08/18/2017
2) Other Attachmenbt	No	Cash Match Letters	08/09/2018
3) Other Attachment	No		

Attachment Details

Document Description: Advent Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Cash Match Letters

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 Arnold Palacios

Date: 08/09/2018

Title: Department Director

Applicant Organization: Pima County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent 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 type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input type="checkbox"/>

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" 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):

The second line in the Rental Assistance Budget Detail was empty and without any numerical information. Make Changes allow for the item to be deleted. 3c. did not transfer properly and a "Make Changes" selection had to be made to allow for the establishment of a "Housing First" approach for Project Advent as in years past.

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	08/02/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/09/2018
Renewal Project Application FY2018	Page 49 08/23/2018

1E. SF-424 Compliance	08/02/2018
1F. SF-424 Declaration	08/03/2018
1G. HUD-2880	08/03/2018
1H. HUD-50070	08/03/2018
1I. Cert. Lobbying	08/03/2018
1J. SF-LLL	08/03/2018
Recipient Performance	08/02/2018
Renewal Grant Consolidation	08/02/2018
2A. Subrecipients	08/02/2018
3A. Project Detail	08/03/2018
3B. Description	08/06/2018
4A. Services	08/02/2018
4B. Housing Type	08/02/2018
5A. Households	08/02/2018
5B. Subpopulations	08/02/2018
5C. Outreach	08/02/2018
6A. Funding Request	08/02/2018
6C. Rental Assistance	08/02/2018
6D. Match	08/02/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/09/2018
7B. Certification	08/06/2018
Submission Without Changes	08/06/2018

OGDEN UT 84201-0029

In reply refer to: 4077591934
Feb. 24, 2015 LTR 4168C 0
94-1156347 000000 00

00031928
BODC: TE


THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% TERRY O HUGHES
180 E OCEAN BLVD FL 9
LONG BEACH CA 90802

111363

Employer Identification Number: 94-1156347
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 27, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 2011.

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

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

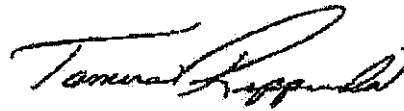
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third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

4077591934
Feb. 24, 2015 LTR 4168C 0
94-1156347 000000 00
00031929

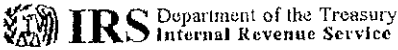
THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
% TERRY O HUGHES
180 E OCEAN BLVD FL 9
LONG BEACH CA 90802

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

Sincerely yours,



Tamera Ripperda
Director, Exempt Organizations



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077550279
Feb. 18, 2015 LTR 4168C 0
23-7086112 000000 00

00025758

BODC: TE

CODAC BEHAVIORAL HEALTH SERVICES OF
PIMA COUNTY
1650 E FORT LOWELL RD STE 202
TUCSON AZ 85719-2378



038763

Employer Identification Number: 23-7086112
Person to Contact: S BROWN
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 29, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in February 1971.

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

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

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



9 August, 2018

TO WHOM IT MAY CONCERN

SUBJECT: Cash Match Letter for the Project Advent Rapid Re-Housing Program

Pima County Sullivan Jackson Employment Center will allocate \$34,504 in Cash Match funds for the Project Advent Rapid Re-Housing Program. The Cash Match will be allocated through the Pima County Homeless Services General Fund. These funds will be available to the Project Advent Rapid Re-Housing Program from 1 July, 2019 through 30 June, 2020 to provide for the costs of the day- to - day operation of the supportive facility, including maintenance, repair, building security, furniture, utilities and equipment which are eligible as a supportive service.

If you have any questions regarding this matter, please call me at 520-724-7309

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Daniel P. Sullivan".

Daniel P. Sullivan, Program Manager





8/7/18

Steve Nelson
Pima County Sullivan Jackson Employment Center
400 E. 26th St.
Tucson AZ 85713

Subject: Advent Cash Match Agreement
Grant Year: July 1, 2019 – June 30, 2020

CODAC Health, Recovery & Wellness will allocate \$35,212 to the 1 year renewal for the Advent Continuum of Care Program as follows:

Commitment will be used towards: Match

Type of Contribution: In -Kind

Name of source commitment:

Type of Source: Private

Value of written Commitment: \$35, 212

These funds will be available for the 1 year period of this grant. If you have any further questions regarding this matter, please call me at (520) 327-4505.

Sincerely,

Dennis Regnier, CEO/President
CODAC Health, Recovery & Wellness

Date:

8/7/2018

Improving Health, Transforming Lives.

1650 East Fort Lowell Road | Suite 202 | Tucson, AZ 85719 | T 520.327.4505 , F 520.202.1889 | CODAC.org





TUCSON AREA COORDINATION OFFICE

1002 N. Main Ave.
Tucson AZ 85705-7610

P.O. Box 43790
Tucson AZ 85733-3790

(520) 795-9671 Office
(520) 881-7546 Fax

August 8, 2018

Mr. Steve Nelson
Jackson Employment Center
400 W. 26th St.
Tucson, Az. 85713

Dear Mr. Nelson:

HUD SHP Funded ADVENT Project
July 1, 2019 – June 30, 2020

The Salvation Army will support this project in matched funds of \$34,844.00.
These funds will be used in the following ways.

Private funds originating from The Salvation Army that are used for our Emergency Shelter will be used as matched funds. Funding will be available from the date of the signed contract.

Sincerely,

Jamie Snyder
Social Services Director

A handwritten signature in black ink, appearing to read "Jamie Snyder", written over a horizontal line.

