

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: 09/20/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MN0389

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: West Central Minnesota Communities Action, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 41-0904808

| | | | | |
|--|--------------------------------|-----------|---------------|--|
| | c. Organizational DUNS: | 020494852 | PLUS 4 | |
|--|--------------------------------|-----------|---------------|--|

d. Address

Street 1: 411 Industrial Park Boulevard

Street 2:

City: Elbow Lake

County:

State: Minnesota

Country: United States

Zip / Postal Code: 56531

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name:

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

Prefix: Ms.

First Name: Carol

Middle Name:

Last Name: Boyer

Suffix:

Title: Chief Financial Officer

Organizational Affiliation: West Central Minnesota Communities Action, Inc.

Telephone Number: (218) 685-4486

Extension: 110

Fax Number: (218) 685-6741

Email: carolb@wcmca.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-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): Minnesota
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: WCMCA Rapid Rehousing Renewal 2019

16. Congressional District(s):

a. Applicant: MN-007
(for multiple selections hold CTRL key)

b. Project: MN-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Missy

Middle Name:

Last Name: Becker-Cook

Suffix:

Title: Chief Executive Officer

Telephone Number: (218) 685-4486
(Format: 123-456-7890)

Fax Number: (218) 685-6740
(Format: 123-456-7890)

Email: missyb@wcmca.org

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

Date Signed: 09/20/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: West Central Minnesota Communities Action, Inc.

Prefix: Ms.

First Name: Missy

Middle Name:

Last Name: Becker-Cook

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: West Central Minnesota Communities Action, Inc.

Telephone Number: (218) 685-4486

Extension:

Email: missyb@wcmca.org

City: Elbow Lake

County:

State: Minnesota

Country: United States

Zip/Postal Code: 56531

2. Employer ID Number (EIN): 41-0904808

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$46,251.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: WCMCA Rapid Rehousing Renewal 2019 411 Industrial Park Boulevard Elbow Lake Minnesota

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Missy Becker-Cook, Chief Executive Officer

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

Date Signed: 08/16/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: West Central Minnesota Communities Action, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency 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 certify that the information provided on this form and in any accompanying

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.



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

Authorized Representative

Prefix: Ms.

First Name: Missy

Middle Name

Last Name: Becker-Cook

Suffix:

Title: Chief Executive Officer

Telephone Number: (218) 685-4486
(Format: 123-456-7890)

Fax Number: (218) 685-6740
(Format: 123-456-7890)

Email: missyb@wcmca.org

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

Date Signed: 09/20/2019

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: West Central Minnesota Communities Action, Inc.

Name / Title of Authorized Official: Missy Becker-Cook, Chief Executive Officer

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

Date Signed: 09/20/2019

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: West Central Minnesota Communities Action, Inc.

Street 1: 411 Industrial Park Boulevard

Street 2:

City: Elbow Lake

County: Grant

State: Minnesota

Country: United States

Zip / Postal Code: 56531

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: Ms.

First Name: Missy

Middle Name:

Last Name: Becker-Cook

Suffix:

Title: Chief Executive Officer

Telephone Number: (218) 685-4486
(Format: 123-456-7890)

Fax Number: (218) 685-6740
(Format: 123-456-7890)

Email: missyb@wcmca.org

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

Date Signed: 09/20/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

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 Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, 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 combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen. No



Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 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) 2020, as confirmed on the FY 2019 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 2019 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: \$0

| Organization | Type | Type | Sub-Award Amount |
|-----------------------------|------|------|------------------|
| This list contains no items | | | |

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: MN0389

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

2a. CoC Number and Name: MN-508 - Moorhead/West Central Minnesota CoC

2b. CoC Collaborative Applicant Name: Housing & Redevelopment Authority of Clay County

3. Project Name: WCMCA Rapid Rehousing Renewal 2019

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

3B. Project Description

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

West Central’s Rapid Rehousing program is a rental subsidy program with case management services. Households enter the program from literal homelessness, or domestic violence situations, and are able to stay on the program for 3 months. In the case that the client or household is making great strides towards their self-sufficiency but has fallen upon unexpected hardships or setbacks, they will be given the opportunity to request an extension on the program for up to 24 months. This request can be submitted through the form of a letter written by the client to their case manager and will be discussed and either approved or denied at department meetings by all staff. In either case of approval or denial, households will be given a formal letter with explanation as to the results of their request. Each family is assigned a case manager who assists the household locate safe, permanent housing and provides case management and referral services in their home and at our office on a bi-weekly basis at minimum. The housing case manager works with the household to create and complete goals that are set by the household that will attribute to their housing stability and overall success such as employment, education, and social supports. The assigned case manager is also able to assist with budgeting practices, transportation and access to items such as gas cards, phone cards, bus passes, bicycles for transportation or other needs for the household to be able to gain self-sufficiency. Households are responsible for paying 30% of their monthly income towards their rent, and the program covers the remaining amount along with their deposit to gain housing. Rental subsidy and case management services will be provided until the family no longer chooses to receive the services, 30% of their income covers their entire rent for two consecutive months, or they have been on the program for a total of 24 months.

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 checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input checked="" 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

**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 | Applicant | Bi-weekly |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Applicant | Weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Partner | As needed |
| Housing Search and Counseling Services | Non-Partner | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Non-Partner | As needed |
| Mental Health Services | Non-Partner | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Applicant | Monthly |
| Substance Abuse Treatment Services | Non-Partner | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Partner | 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: 3

Total Beds: 7

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 3 | 7 |

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: 3

b. Beds: 7

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:

Street 2:

City:

State:

ZIP Code:

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

279121 Pope County, 279149 Stevens County,
279051 Grant County, 279155 Traverse County,
279041 Douglas County

5A. Project Participants - Households

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|----------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 2 | 1 | 0 | 3 |

| 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 | 1 | 1 | | 2 |
| Persons ages 18-24 | 1 | | | 1 |
| Accompanied Children under age 18 | 4 | | 0 | 4 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 6 | 1 | 0 | 7 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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 represent ed by listed subpopu lations |
|-----------------------|--|---|---|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | 1 | | | |
| Persons ages 18-24 | | | | | | | | | | 1 |
| Children under age 18 | | | | | | | 2 | | | 2 |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 3 |

Click Save to automatically calculate totals

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 represent ed by listed subpopu lations |
|----------------------|--|---|---|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| Adults over age 24 | | | | | | | 1 | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 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 represent ed by listed subpopu lations |
|-------------------------------------|--|---|---|-----------------------------------|-----------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| 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:

Unlisted subpopulations include youth and families. Our CoC is currently working towards ending family and youth homelessness by 2020 so we wanted to put priority on those subpopulations as well as DV households.

6A. Funding Request

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? Yes
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: | | \$29,364 | |
|-------------------------------|--------------------------------------|-----------------------|---------------|
| Total Units: | | 3 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | MN - Douglas County, MN (2704199999) | 3 | \$29,364 |

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MN - Douglas County, MN (2704199999)

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 | \$389 | \$389 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$519 | \$519 | x | 12 | = | \$0 |
| 1 Bedroom | 1 | x | \$612 | \$612 | x | 12 | = | \$7,344 |
| 2 Bedrooms | 1 | x | \$814 | \$814 | x | 12 | = | \$9,768 |
| 3 Bedrooms | 1 | x | \$1,021 | \$1,021 | x | 12 | = | \$12,252 |
| 4 Bedrooms | | x | \$1,434 | \$1,434 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,649 | \$1,649 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,864 | \$1,864 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,079 | \$2,079 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,294 | \$2,294 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,510 | \$2,510 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 3 | | | | | | | \$29,364 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$29,364 |

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: | \$15,000 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$15,000 |

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 | Minnesota Housing... | 07/01/2019 | \$15,000 |

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:** Minnesota Housing Finance Agency
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/01/2019
- 6. Value of Written Commitment:** \$15,000

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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 | \$29,364 |
| 3. Supportive Services | \$12,724 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$42,088 |
| 7. Admin (Up to 10%) | \$4,163 |
| 8. Total Assistance plus Admin Requested | \$46,251 |
| 9. Cash Match | \$15,000 |
| 10. In-Kind Match | \$0 |
| 11. Total Match | \$15,000 |
| 12. Total Budget | \$61,251 |

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

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 Missy Becker-Cook

Date: 09/20/2019

Title: Chief Executive Officer

Applicant Organization: West Central Minnesota Communities Action,

Inc.

PHA Number (For PHA Applicants Only):

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

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

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 checked="" type="checkbox"/> |
| 4B. Housing Type | <input checked="" type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input checked="" type="checkbox"/> |
| 5B. Subpopulations | <input checked="" type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" 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"/> |
| 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):

- Our payroll systems has moved from using Blackbaud to Kronos.
- Minor edits to our program budget to adjust to the requested amount.
- Additional information provided for case management practices.
- Removed barriers from our program to follow the Housing First approach.
- Target populations will now focus on youth, families and victims of domestic violence. Youth and DV clients could be single or families.

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 | 08/16/2019 |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/19/2019 |
| Renewal Project Application FY2019 | Page 42 09/27/2019 |

| | |
|------------------------------------|-------------------|
| 1E. SF-424 Compliance | 08/15/2019 |
| 1F. SF-424 Declaration | 08/16/2019 |
| 1G. HUD-2880 | 08/16/2019 |
| 1H. HUD-50070 | 08/15/2019 |
| 1I. Cert. Lobbying | 08/15/2019 |
| 1J. SF-LLL | 08/16/2019 |
| Recipient Performance | 08/16/2019 |
| Renewal Expansion | 09/20/2019 |
| Renewal Grant Consolidation | 09/20/2019 |
| 2A. Subrecipients | No Input Required |
| 3A. Project Detail | 08/16/2019 |
| 3B. Description | 08/20/2019 |
| 4A. Services | 08/19/2019 |
| 4B. Housing Type | 08/20/2019 |
| 5A. Households | 08/20/2019 |
| 5B. Subpopulations | 08/20/2019 |
| 6A. Funding Request | 08/15/2019 |
| 6C. Rental Assistance | 08/20/2019 |
| 6D. Match | 08/19/2019 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | No Input Required |
| 7B. Certification | 08/19/2019 |
| Submission Without Changes | 08/21/2019 |