

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/12/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** West Central Minnesota Communities Action, Inc.

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

	<b>c. Organizational DUNS:</b>	020494852	<b>PLUS 4:</b>	
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### 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 TH-RRH 2019

**16. Congressional District(s):**

**a. Applicant:** MN-007  
**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:** 09/12/2019

# 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: \$52,001.00**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

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

**Part I Threshold Determinations**

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

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

**Certification**

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

I certify that 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:** 09/12/2019

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

### 2. Sites for Work Performance.

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

I certify that the information provided on this 

X
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**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.**

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:** 09/12/2019

## **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
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**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:** 09/12/2019

# 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:**

**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 Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/12/2019

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		



## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

### **1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

West Central MN Communities Action Inc. receives a variety of funding for projects, including HUD Continuum of Care funds, Head Start, and Assets For Independence. Head Start funds have been received and effectively managed since 1966, and now total \$3,697,786 per year. West Central has been able to operate Head Start in the counties of Douglas, Grant, Pope, Stevens, and Traverse Counties. In 2013, West Central's history of strong leadership and implementation earned them an additional grant to serve the counties of Otter Tail and Wadena, as well as offer Early Head Start in multiple communities. West Central also serves as the grantee for the statewide Assets for Independence project known as Family Assets for Independence in Minnesota. These funds are received through the Department of Health and Human Services: Administration for Children and Families. This statewide initiative has been operated since 1999, and West Central has coordinated the effort through six, 5-year grant cycles since that time. The current AFI grant, received in May of 2016, totals \$1,000,000. WCMCA has been a grant recipient of HUD CoC funding since before 2010.

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

West Central MN Communities Action Inc. is well-versed in cultivating program leveraging, both cash and in-kind. Head Start and the Family Assets for Independence in Minnesota program receive dollar-for-dollar state funding to match the federal funds received. This includes competitive grant writing to state entities, information to state legislators, and garnering support from partners statewide. In regards to the Assets for Independence, funding cycles have included raising funds from the private sector to provide cash match for participants' savings as well as dollars to support the staffing of financial education and coaching. This has been received from Twin Cities United Way, Bremer Bank, McKnight Foundation, US Bank, Bank of the West, and more. Both Head Start and Assets for Independence build strong programming through the leveraging of community in-kind donations, which utilizes the skills and resources of partners. This has included Habitat for Humanity, Horizon Public Health, Lutheran Social Services, United Way, University of Minnesota Extension Services, and many more. For HUD CoC funds, we have successfully leveraged Office of Economic Opportunity and United Way for our Transitional Housing Program.

### **3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and**

**external coordination and an adequate financial accounting system.**

West Central MN Communities Action Inc. has a 15 member Board of Directors who oversee our Chief Executive Officer and Chief Financial Officer. The board is made up of various members of the five counties that we serve. The CEO and CFO directly oversee the department managers who are in charge of the staff in their respective departments. All finances are directed through our fiscal department that is managed by the CFO. Blackbaud is used for accounts payable, all general ledger activities and to run balance sheets and income statements. Kronos is used for our payroll system.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** No

### 3A. Project Detail

**1a. CoC Number and Name:** MN-508 - Moorhead/West Central Minnesota CoC

**1b. CoC Collaborative Applicant Name:** Housing & Redevelopment Authority of Clay County

**2. Project Name:** WCMCA TH-RRH 2019

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

### **3B. Project Description**

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

The WCMCA TH RRH 2019 program is a rental subsidy program with case management services in which households enter the program from Domestic Violence situations. This program is dedicated to Domestic Violence due to the increasing need we are seeing within our communities. For our 2018-2019 HUD RRH grant period, it was projected that we would serve 3 households. We were able to serve 7 households in total, 3 of which included households of DV. Our FHPAP program also saw a large amount of DV applicants over its 2017-2019 grant term. Within this term, we documented that 28.41% of households were victims or survivors of domestic violence. Of those 28.41%, 34% were currently fleeing, 16% were victims within the last 3-6 months, 14% within the last 6-12 months and 36% within the last year. This was up 6.64% from the 2015-2017 grant term where 21.77% of households reported DV. Of the 8 households currently enrolled in our Transitional Housing Program, 37.5% entered upon fleeing DV. Our Coordinated Entry list currently has 56 households on it. Of those households, 10 reported to be fleeing DV. Our case managers work very closely with our local Someplace Safe offices, human service entities, hospitals and clinics along with law enforcement to ensure that all households who are victims of DV are assisted in any way possible, including rental assistance and case management.

This program is projected to last 3-4 months per household once housing is secured. Extensions are available for households to assure they do not return to homelessness due to any circumstances or setbacks, as the client's self-sufficiency is at the utmost importance of this program. These extensions can go up to but will not exceed 24 months. An extension will simply be granted by the request of the client or if the case manager sees that the extension is needed. Each household is assigned a case manager who assists with locating safe, permanent housing and provides case management and referral services in their home and at our office on a bi-weekly basis. Meeting times can range from business hours or any time before or after to work accordingly with the household's schedule. Staff work with each household to create unique goal plans that will attribute to their housing stability and overall success. Staff are able to assist with budgeting practices, transportation and access to items such as gas cards, phone cards, bus passes and other needs for the households to be able to gain self-sufficiency. Households are responsible for paying 30% of their monthly income towards their rent and the program subsidizes the remaining amount along with their deposit to gain housing. Rental subsidy will be provided until the family no longer chooses to receive the services, 30% of their income covers the entirety of rent for two consecutive months or they have been on the program for a total of 24 months. Case management services remain available even after an exit from the program.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave**

**the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	15			
Participant enrollment in project begins?		30		
Participants begin to occupy leased units or structure(s), and supportive services begin?			45	
Leased or rental assistance units or structure, and supportive services near 100% capacity?				90
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

(Select ALL that apply)

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

**5. Housing First**

**a. Will the project quickly move participants into permanent housing?** Yes

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

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

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Will the project follow a "Housing First" approach?** Yes  
 (Click 'Save' to update)

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**8. Will more than 16 persons live in one structure?** No

## 3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

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

Case managers work diligently with participants to find housing as soon as they present to us. Transportation assistance is provided as needed to search for housing, as well as any other assistance needed for the clients to obtain housing such as filling out applications. Once participants have secured housing, we begin the process of helping them maintain their housing by identifying their areas of risk and helping to reduce them. Case managers work with households to set at least 3 goals that will help to maintain permanent housing such as landlord/tenant education, employment, health and wellness and social supports. Goals continue to be added as others are achieved until the families and case managers agree that they are ready to maintain their housing without financial support from WCMCA. Case management services remain available for households to utilize to help brainstorm and reduce barriers to maintaining housing that arise.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Case managers are extremely knowledgeable of all community resources within our five counties and within our agency. Our agency works very closely with each county's social service department and the different departments within. Case managers keep close contact with each client's worker(s) to assist with SNAP benefits, cash assistance, child support or any other services offered. Our case managers are all also certified MNsure Navigators which allows them the ability to assist all households with their health insurance needs if they are



not offered or enrolled in coverage through an employer including Medical Assistance and MNcare. We also have relationships with local clinics, hospitals and mental health providers to allow for referrals to be made if needed. Staff are also aware of different employment programs and staffing agencies for clients to utilize such as Equipped to Work through United Way, Work Force Center, Pro Staff, Doherty and many others. With this grant we are also able to provide transportation to clients including our agency vehicle, bus passes and gas cards so they are able to make all needed appointments and work towards their self-sufficiency.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	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	Applicant	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	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Partner	As needed

**5. Please identify whether the project will include the following activities:**



**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

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

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

## 4B. Housing Type and Location

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

**List all CoC-funded and Non CoC-funded units and beds for this project**

	TH	RRH	Total
<b>Total Units:</b>	0	3	3
<b>Total Beds:</b>	0	7	7
Housing Type	Housing Type (JOINT)	Units	Beds
---	Scattered-site ap...	3	7

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH RRH  
portion or the RRH portion of the project?

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

3. What is the funding source for these units CoC  
and beds?  
(If multiple sources, select "Mixed" from the  
dropdown menu)

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

a. Units: 3

b. Beds: 7

### 5. 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:** 411 Industrial Park Blvd

**Street 2:**

**City:** Elbow Lake

**State:** Minnesota

**ZIP Code:** 56531

6. Select the geographic area(s) associated with the address. For new  
projects, select the area(s) expected to be covered.

**(for multiple selections hold CTRL key)**

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

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	1		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	2	1		3
Persons ages 18-24				0
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18				0
<b>Total Persons</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>7</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							2			
Persons ages 18-24										
Children under age 18							4			
<b>Total Persons</b>	0	0	0	0	0	0	6	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							1			
Persons ages 18-24										
<b>Total Persons</b>	0	0	0	0	0	0	1	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** DV Bonus

**Only RRH, SSO and JOINT component types can apply for this funding**

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

**4. Select a grant term:** 1 Year



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

<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

**6. If awarded, will this project require an initial grant term greater than 12 months?** No



## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

<b>Total Request for Grant Term:</b>			\$29,364
<b>Total Units:</b>			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

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

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

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
New Project Application FY2019		Page 34		09/27/2019

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

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	Intake and Service Assessment	\$1,500
2. Assistance with Moving Costs		
3. Case Management	1 Staff at \$30.52/hr Salary/Fringe 10-15 hrs per household per month	\$13,537
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Gas Cards/Bus Passes/Bicycles/Vehicle Repairs for Households	\$1,000
16. Utility Deposits		
17. Operating Costs	Office Space/Supplies/Utilities for Case Management Staff	\$1,910
<b>Total Annual Assistance Requested</b>		<b>\$17,947</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$17,947</b>

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$13,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$13,000

1. Will 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	\$13,000

## 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:** \$13,000

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$29,364	1 Year	\$29,364
4. Supportive Services	\$17,947	1 Year	\$17,947
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$47,311
8. Admin (Up to 10%)			\$4,690
9. Total Assistance Plus Admin Requested			\$52,001
10. Cash Match			\$13,000
11. In-Kind Match			\$0
12. Total Match			\$13,000
13. Total Budget			\$65,001

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

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



## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Missy Becker-Cook

**Date:** 09/12/2019

**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.**

## 8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

New Project Application FY2019	Page 45	09/27/2019
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<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/12/2019
<b>1E. SF-424 Compliance</b>	09/09/2019
<b>1F. SF-424 Declaration</b>	09/09/2019
<b>1G. HUD 2880</b>	09/09/2019
<b>1H. HUD 50070</b>	09/09/2019
<b>1I. Cert. Lobbying</b>	09/09/2019
<b>1J. SF-LLL</b>	09/09/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/09/2019
<b>3A. Project Detail</b>	09/09/2019
<b>3B. Description</b>	09/10/2019
<b>3C. Expansion</b>	09/10/2019
<b>4A. Services</b>	09/10/2019
<b>4B. Housing Type</b>	09/10/2019
<b>5A. Households</b>	09/10/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/10/2019
<b>6E. Rental Assistance</b>	09/10/2019
<b>6F. Supp Srvcs Budget</b>	09/10/2019
<b>6I. Match</b>	09/10/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	09/10/2019