

## Before Starting Technical Submission

HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Technical Submission.

### Technical Submission

Congratulations on your FY 2019 Continuum of Care (CoC) Program conditional New, CoC Planning or UFA Costs Project award. All conditionally selected New, CoC Planning, and UFA Costs grant recipients must go through a "Technical Submission" process before HUD can execute a grant agreement. This process includes the acknowledgment and resolution of Issues and Conditions, the submission of additional project detail concerning administration costs and project milestones, and in some cases, minor adjustments to project information.

Completing the Technical Submission process in e-snaps ensures that accurate and current project information is available to HUD and the recipient at all times and that it will be correct for the next competition in which the grant is eligible for renewal. The screens in e-snaps that follow are very similar to the screens from the Project Application, and so should be easy to navigate.

Communication between HUD and recipients is essential to proper and timely completion of the Technical Submission process. If you have questions about the specific information that you need to provide, contact your local HUD CPD field office for guidance. If you have technical questions about completing this form in e-snaps, please submit a question to the HUD Exchange via Ask A Question, which is accessible online at <https://hudexchange.info/ask-a-question/>.

#### Grant Agreements

HUD will enter into a grant agreement with the recipient who applied for and was conditionally awarded funding once the information provided at this step is received and approved by the local HUD CPD field office.

#### Things to Remember

- Only adjustments to project information submitted with the project application that resolve issues and conditions or reconcile budget changes made by HUD are allowed before grant agreement. Open conversation with the local HUD CPD field office is key to quickly addressing required adjustments and completing the technical submission. Adjustment requests must be addressed with HUD before submitting this form to make sure that the requests are eligible.
  - Throughout the Technical Submission you will see frequent reference to the following terms:
    - Form: The word "form" is used to describe the entire submission - e.g. The Technical Submission Form
    - Screen: The word "screen" is used to describe each screen within a Form - e.g. The Attachments Screen
    - Additional training resources can be found on the HUD Resource Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>.
    - Program policy questions and problems related to completing the Technical Submission in e-snaps may be directed to HUD through the HUD Exchange via Ask A Question, which is accessible online at <https://hudexchange.info/ask-a-question/>.
    - To ensure that this form is completed correctly, refer to 24 CFR 578, the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
    - All grant recipients should verify the accuracy of their applicant profile in e-snaps before submitting this form.

- HUD reserves the right to reject any New, CoC Planning, or UFA Costs Project that fails to acknowledge and then satisfy Issues and Conditions as listed on this form, or that fails to satisfy the requirements detailed in this technical submission request.

## Recipient Acknowledgement

### Instructions:

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions: This text box includes comments and alerts written by HUD for the grant recipient. These comments cannot be edited, and are meant to clarify issues, conditions, and other nuances of the post award process that HUD wishes to communicate.

A red message will display below the text box if Issues or Conditions were placed on this project by HUD and the recipient has not acknowledged them. As long as the message is visible, the recipient will not be able to submit the Issues and Conditions form. Additional red messaged may appear to alert the recipient to actions that must be taken using screens that appear later in this form or to expectations that HUD has set for the operation of the project (e.g. adhering to Housing First principles, if applicable).

For the itemized issues and conditions, three columns appear. The first column, "HUD Award," includes a check box for each row and each relevant issue or condition. Boxes in this column have been selected by HUD during the HUD application review. The second column, "Recipient Acknowledgement," includes a check box for each row. Recipients must click the check box for each relevant issue or condition selected by HUD to acknowledge the issue or condition. If #5 has been selected additional issues and conditions have been placed on the award using the 6 "Other" check boxes and text boxes at the bottom of the screen. Recipients must check the box(es) under #5 to acknowledge the "Other" conditions recorded at the bottom of the screen. The third column contains the actual issues and conditions.

#### Issues, Conditions, and Alerts

Issue - a concern or a point of clarification that may require HUD field office monitoring and may require the recipient to submit additional information to ensure compliance with program requirements. An issue may or may not be resolved before grant agreement execution.

Condition - a deficiency in the project application that is related to a regulation, statute, or program requirement and must be satisfied before a grant agreement can be executed.

Alert - a general comment or warning related to one or more potential problems with the recipient, subrecipient(s), or project application.

#### Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### **This text box presents comments and alerts, recorded by the Field Office, that do not qualify as issues or conditions.**

1. Match commitment documentation for this new conditionally awarded project must be attached in e-snaps. 15a above. Confirm staffing cost reasonableness in all funding categories - (e.g., for staffing: position title—1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits).
3. Environmental Review.

### **Additional alert(s) for recipients:**

**Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.**

|                                |        |            |
|--------------------------------|--------|------------|
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|--------------------------------|--------|------------|

| HUD Award  | Recipient Acknowledgement           | Conditions Applicable to ALL Projects  |
|--|-------------------------------------|--|
| <b>1. Match amount update needed in e-snaps and/or match documentation required. (Condition)</b>   |                                     |  |
| <input type="checkbox"/>   | <input type="checkbox"/>            | a. Additional match commitment amount is required to be added to the esnaps Match Screen due to a budget increase.   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | b. In-kind match commitment contributions provided by a third party must attach MOU documentation in e-snaps.        |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> | c. Match commitment documentation for this new conditionally awarded project must be attached in e-snaps.            |
| <p>a. The applicant must increase the match commitment amount on Screen 6D to reflect the budget increase. Match must be cash or in-kind contributions for no less than 25 percent of the total conditionally awarded amount, excluding leasing funds (if applicable), as provided under 24 CFR 578.73.</p> <p>b. For new and renewal conditionally awarded projects that indicate match commitments from in-kind contributions provided by a third party to be used as match must attach a memorandum of understanding (MOU) between the applicant and the third party on Screen 7A. The attached MOU(s) must meet the criteria as provided under 24 CFR 578.73(c)(3).</p> <p>c. For new conditionally awarded projects, the applicant must attach match commitment documentation in e-snaps on Screen 7A. The attached documentation must show match commitment (cash or in-kind contributions) for no less than 25 percent of the total grant amount, excluding leasing funds (if applicable), as provided under 24 CFR 578.73.</p> |                                     |  |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <b>2. Code of Conduct not on file with HUD or does not comply with 2 CFR part 200. (Condition)</b>                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | <b>3. HUD SF 2880 - Incomplete Recipient Disclosure/Update Report. (Condition)</b>                                   |
| <b>5. Performance or capacity concern(s). The applicant should provide a written management plan addressing the capacity concern(s) identified below. (Issue)</b>  |                                     |  |
| <input type="checkbox"/>   | <input type="checkbox"/>            | a. Applicant has a history of consistently submitting late APRs.   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | b. Applicant has a history of consistent drawdown issues or poor financial management.                               |
| <input type="checkbox"/>   | <input type="checkbox"/>            | c. Applicant has a history of consistent unresolved HUD monitoring or audit findings.                                |
| <input type="checkbox"/>   | <input type="checkbox"/>            | d. Other capacity concerns (details specified below in #22).   |
| <b>15. Eligible Costs (Issue)</b>  |                                     |  |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/> | a. One or multiple cost requests lacks sufficient detail necessary for HUD to determine if the cost is reasonable.   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | b. One or multiple cost requests have been determined to be ineligible and the project application has been reduced. |
| <p>Although this project passed threshold, HUD is requesting updates to the item(s) identified.</p> <p>a. The applicant must provide clarification to the cost Quantity and Description details in e-snaps budgets to be in compliance with 24 CFR 578.53, 578.55, and 578.57. The applicant can clarify the cost Quantity and Description or allocate these costs to another eligible cost item for HUD approval.</p> <p>b. The amount of a requested cost has been removed from the project application and amount requested has been reduced from the conditional award. Refer to 24 CFR 578.53, 578.55, and 578.57. The applicant must confirm agreement that the project remains viable with the revised budget.</p>  |                                     |  |
| <b>17. CoC Planning project application must confirm compliance with the requirements identified below. (Issue)</b>  |                                     |  |

|   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/>                                | <input type="checkbox"/>            | a. Persons experiencing or formerly experiencing homelessness must be included on the CoC's Board.  |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | b. CoC's must conduct meetings of the entire CoC membership that are inclusive and open to members.   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | c. CoC must have a written governance charter in place that includes CoC policies.  |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | d. CoC must describe sufficient CoC-wide planning committees, subcommittees, or workgroups to address homeless needs in the CoC's geographic area that recommends and sets policy priorities for the CoC. |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | e. Proposed budgets must only contain CoC planning activities that are compliant with the provisions of 24 CFR 578.7.   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | f. Clarity that the funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects.  |
| <b>22. Other policy and program related conditions:</b> |                                     |   |
| <input checked="" type="checkbox"/>                     | <input checked="" type="checkbox"/> | Other 1   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | Other 2   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | Other 3   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | Other 4   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | Other 5   |
| <input type="checkbox"/>                                | <input type="checkbox"/>            | Other 6   |

Other 1

15a above. Confirm staffing cost reasonableness in all funding categories - (e.g., for staffing: position title—1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Environmental Review.

Other 2

Other 3

Other 4

Other 5

Other 6

## Attachments

### Instructions:

Under the “Document Type” heading, select the most appropriate slot related to the document you are uploading.

01) Match Documentation: (Required) Upload the match documentation for this grant

Match Documentation confirms the match commitments entered into for the project application. Before grant execution, cash and in-kind services to be provided by a third party must be documented between the recipient or subrecipient and the third party that will provide the services. For more information, please review 24 CFR 578.73.

02) – 05) Attachments: Upload any other documents that specifically address issues and conditions being reconciled by the recipient. If there are not enough links for all of your attachments, use a zip file to attach multiple documents.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

| Document Type         | Required? | Document Description | Date Attached |
|-----------------------|-----------|----------------------|---------------|
| * Match Documentation | Yes       | Match Documentation  | 12/07/2020    |
| Attachment 2          | No        | Environmental Rev... | 11/17/2020    |
| Attachment 3          | No        |                      |               |
| Attachment 4          | No        |                      |               |
| Attachment 5          | No        |                      |               |

## **Attachment Details**

**Document Description:** Match Documentation

## **Attachment Details**

**Document Description:** Environmental Review

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Adjustments

### Instructions:

HUD will only accept adjustments that specifically address and resolve an issue or condition or reconcile a budget change made by HUD to the conditional award. Select "Yes" or "No" to the question, "Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD?"

If "No" then select "Next".

If "Yes" then a text box will appear that asks, "Briefly describe the adjustments being requested and how they resolve an issue or condition or reconcile a budget change made by HUD before award." List the adjustments (bullets are appropriate) and then select "Save & Next".

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD?** No



## 1A. Application Type

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 01/12/2021

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

### 8. Applicant

**a. Legal Name:** County of Lake

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000825

|  |                                |           |               |      |
|--|--------------------------------|-----------|---------------|------|
|  | <b>c. Organizational DUNS:</b> | 071554760 | <b>PLUS 4</b> | 0000 |
|--|--------------------------------|-----------|---------------|------|

### d. Address

**Street 1:** 6302 Thirteenth Ave

**Street 2:**

**City:** Lucerne

**County:** Lake

**State:** California

**Country:** United States

**Zip / Postal Code:** 95458

### e. Organizational Unit (optional)

**Department Name:** Behavioral Health Services

**Division Name:**

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

**Prefix:** Mr.

**First Name:** Todd

**Middle Name:**

**Last Name:** Metcalf

**Suffix:**

**Title:** Administrator

**Organizational Affiliation:** County of Lake  
**Telephone Number:** (707) 274-9101  
**Extension:** 26218  
**Fax Number:** (707) 274-9192  
**Email:** todd.metcalf@lakecountyca.gov

## 1C. Application Details

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

**9. Type of Applicant:** B. County Government

**If "Other" please specify:**

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

**11. Catalog of Federal Domestic Assistance** CoC Program

**Title:**

**CFDA Number:** 14.267

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

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

### Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project screen when the project application was created. To change the project name, click "Back" to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field populates from the Project Applicant Profile. Project applicants cannot modify the data in this field. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

**Proposed Project Start and End Dates:** In this required field, indicate the estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot adjust.

**Additional Resources:**

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

**15. Descriptive Title of Applicant's Project:** LCBHS Planning Project for Lake Co CoC

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

a. **Applicant:** CA-005, CA-003

b. **Project:** CA-005, CA-003

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

**17. Proposed Project**

a. **Start Date:** 03/01/2020

**b. End Date:** 03/01/2021

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** a. Yes

**If "YES", enter the date this application was made available to the State for review:** 09/18/2019

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

**If "YES," provide an explanation:**

## 1F. Declaration

**This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.**

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

**I AGREE:**

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Scott

**Middle Name:**

**Last Name:** Abbott

**Suffix:**

**Title:** Program Manager

**Telephone Number:** (707) 274-9101  
**(Format: 123-456-7890)**

**Fax Number:** (707) 274-9192  
**(Format: 123-456-7890)**

**Email:** scott.abbott@lakecountyca.gov

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

**Date Signed:** 01/12/2021



## 2A. Project Detail

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

**Instructions:**

All fields on this screen will populate from the project application and cannot be adjusted.

**1a. CoC Number and Name:** CA-529 - Lake County CoC

**2. Project Name:** LCBHS Planning Project for Lake Co CoC

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

### Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

1. Provide a description that addresses the entire scope of the proposed project: A project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility or non-HMIS service, document, when applicable, how the requested funds will supplement existing services and resources or increase participants served. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: (required) The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of the CoC and ESG projects? (required) The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

4. How will the planning activities continue beyond the expiration of HUD financial assistance? (required) Provide a brief description of how the planning activities paid for by the grant funds would continue beyond the grant term listed in this application and without HUD funds.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### **1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

This planning project will include the following components: 1) review, amendment and adoption of CoC policies and procedures, including those involving the new HMIS; 2) review of past performance and improvement of next homelessness counts; and 3) preparation for next CoC funding opportunities, including initiation of a local homelessness plan that includes identification of local needs and ranking of priorities.

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

The Lake County Behavioral Health Services department staff will immediately initiate these proposed planning activities. Lake County Behavioral Health Services is an established County of Lake department with substantial experience in project management, including fiscal responsibility.

**3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?**

This CoC is fairly new and not yet functioning at the high level we need and expect. The requested funds will greatly assist towards the establishment of local protocols that then will result in new CoC projects and their subsequent evaluation.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

The CoC will continue to utilize all policies and procedures developed, operate according to best practices identified, and proceed towards successful funding and provision of projects benefitting the homeless of this large and impoverished rural county.

### 3A. Governance and Operations

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

#### Instructions

Screen 3A requires project applicants to detail important aspects of their CoC's governance structure and operations. All fields on this screen will populate with information from the project application. Many of these fields can be adjusted.

How often does the CoC conduct meetings of the full CoC membership? In this required field, select the appropriate dropdown option from the menu to indicate how often the CoC conducts meetings with the full CoC membership invited and largely accounted for.

Does the CoC include membership of a homeless or formerly homeless person? This is a required field. Select "Yes" or "No" to indicate whether or not the CoC membership includes at least one homeless or formerly homeless individual.

For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply): Check the box(es) to indicate the roles that homeless or formerly homeless members play in the CoC.

Does the CoC's governance charter incorporate written policies and procedures for each of the following: Select "Yes" for each of the following if it is included in the CoC's governance charter. Select "No" for each of the following if is NOT included in the CoC's governance charter.

- a. Written agendas of CoC meetings?
- b. Coordinated Entry? (Also known as centralized or coordinated assessment)
- \*Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter? This question will appear if no is selected for question "b" above.
- c. Process for monitoring outcomes of ESG recipients?
- d. CoC policies and procedures?
- e. Written process for board selection?
- f. Code of Conduct for board members that includes a recusal process?
- g. Written standards for administering assistance?

Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Select "Yes" if there were any written complaints, from any source, received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months.

If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. This question will appear if "Yes" is selected for question 4 above. Remember to include how the complaint(s) was resolved and the date of resolution.

**1. How often does the CoC conduct meetings of the full CoC membership?** Monthly

|                                |         |            |
|--------------------------------|---------|------------|
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|--------------------------------|---------|------------|

**2. Does the CoC include membership of a homeless or formerly homeless person?** Yes

**2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| Participates in CoC meetings:        | <input checked="" type="checkbox"/> |
| Votes, including electing Coc Board: | <input checked="" type="checkbox"/> |
| Sits on CoC Board:                   | <input checked="" type="checkbox"/> |
| None:                                | <input type="checkbox"/>            |

**3. Does the CoC's governance charter incorporate written policies and procedures for each of the following**

- a. Written agendas of CoC meetings? Yes
- b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
- c. Process for monitoring outcomes of ESG recipients? Yes
- d. CoC policies and procedures? Yes
- e. Written process for board selection? Yes
- f. Code of Conduct for board members that includes a recusal process? Yes
- g. Written standards for administering assistance? Yes

**4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

### 3B. Committees

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

#### Instructions

All fields on this screen will populate with information from the project application. Many of these fields can be adjusted.

Screen 3B provides an opportunity for project applicants to list the CoC committees that meet regularly regarding CoC-wide planning and policy. Please list no more than five committees and choose those that have the broadest impact and/or that meet most frequently.

Committees: In the following table, provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees, and/or workgroups that are directly involved in CoC-wide planning and not the regular delivery of services.

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

| Committee Name               | Role of the Committee (max 750 characters)      | Meeting Frequency | Name of Individuals and/or Organizations Represented  |
|------------------------------|---|-------------------|---|
| strategic planning           | improvement of CoC functions                    | Monthly           | Ronni Duncan, Robyn Bera, Charles Lance, Kelli Page   |
| HMIS committee               | advise on system used, member compliance        | Monthly           | Cindy Storrs, Sandra Stolfi, Melinda Lahr             |
| PIT count committee          | coordinate annual homeless count                | Semi-Annually     | Michelle Dibble, Kim Guerra, Chris Taliaferro         |
| performance review committee | oversight of funded orgs, services provided     | Monthly           | Scott Abbott, Sheila Rockwell, Janet Taylor           |
| Inter-faith ad hoc committee | coordinate faith orgs & CoC homeless activities | Monthly           | Rev. Shannon Kimbell-Auth-Auth, Rev. Cindy Eucalyptus |

## 4A. Sources of Match

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

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

### Summary for Match

|                                     |         |
|-------------------------------------|---------|
| Total Value of Cash Commitments:    | \$0     |
| Total Value of In-Kind Commitments: | \$1,570 |
| Total Value of All Commitments:     | \$1,570 |

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

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

| Match/Leverage | Type    | Source     | Contributor          | Date of Commitment | Value of Commitments |
|----------------|---------|------------|----------------------|--------------------|----------------------|
| Yes            | In-Kind | Government | LCBHS operating b... | 09/17/2019         | \$1,570              |

## Sources of Match Detail

### Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 , the FY 2014 Funding Notice, and the FY 2013 –and the FY 20142015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants/recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage screen will populate the Summary Budget screen. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)** LCBHS operating budget
- 5. Date of Written Commitment:** 09/17/2019
- 6. Value of Written Commitment:** \$1,570



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

## 4B. Funding Request

**To edit this screen, click "Adjustments" on the left menu, select "Yes" from the dropdown menu and briefly explain the adjustments that you would like to request in the text box provided.**

### Instructions:

All fields on this screen will populate with information from the project application. Many of these fields can be adjusted.

Is it feasible for the project to be under grant agreement by September 30, 2018: This field cannot be adjusted.

Select a grant term: This field is populated with the value "1 Year" and cannot be adjusted.

Eligible Costs: For items 1 through 8, under the "Adjustment" columns only, enter a "Quantity AND Description" and amount of assistance for each activity for which funds are being requested. "Quantity AND Description" details should be thorough, and failure to enter adequate "Quantity AND Detail" may result in conditions being placed on an award and a delay of grant funding. Once a "Quantity AND Detail" and an amount have been entered into one or more of the items, click "Save" and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost. The amount must match the amount awarded by HUD.

Cash Match: This field is automatically populated. If it needs to be changed, return to screen "4A. Sources of Match/Leverage" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to form "4A. Sources of Match/Leverage" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to screen "4A. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will it be feasible for the project to be under grant agreement by September 30, 2018?** Yes

**2. Does this project propose to allocate funds** No

|                                |         |            |
|--------------------------------|---------|------------|
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**according to an indirect cost rate?**

|                       | <b>New Submission</b> | <b>HUD Award</b> | <b>Adjustment</b> |
|-----------------------|-----------------------|------------------|-------------------|
| <b>3. Grant Term:</b> | 1 Year                | 1 Year           | 1 Year            |

**&nbsp;nbsp;nbsp;**

| <b>Eligible Costs:</b>  | <b>Quantity Description (max 400 characters) (Applicant)</b>   | <b>Annual Assistance Requested (Applicant)</b> | <b>Annual Assistance Requested (HUD Award)</b> | <b>Quantity Description (max 400 characters) (Adjustment)</b>  | <b>Annual Assistance Requested (Adjustment)</b> | <b>Budget Change (Adjustment)</b> |
|---|--|--|--|--|---|-----------------------------------|
| <b>1. Coordination Activities</b>                               |  | \$0  | \$0  |  | \$0   |                                   |
| <b>2. Project Evaluation</b>                                    |  | \$0  | \$0  |  | \$0   |                                   |
| <b>3. Project Monitoring Activities</b>                         |  | \$0  | \$0  |  | \$0   |                                   |
| <b>4. Participation in the Consolidated Plan</b>                |  | \$0  | \$0  |  | \$0   |                                   |
| <b>5. CoC Application Activities</b>                            | review of potential CoC projects; preparation for future applications with support.  | \$1,280  | \$1,280  | review of potential CoC projects; preparation for future applications with support.  | \$1,280   |                                   |
| <b>6. Determining Geographical Area to Be Served by the CoC</b> |  | \$0  | \$0  |  | \$0   |                                   |
| <b>7. Developing a CoC System</b>                               |  | \$0  | \$0  |  | \$0   |                                   |
| <b>8. HUD Compliance Activities</b>                             | Review of CoC policies, procedures and compliance; review of past PIT count performance and adoption of improved procedures. | \$5,000  | \$5,000  | Review of CoC policies, procedures and compliance; review of past PIT count performance and adoption of improved procedures. | \$5,000   |                                   |
| <b>9. Total Costs Requested</b>                                 |  | \$6,280  | \$6,280  |  | \$6,280   |                                   |
| <b>10. Cash Match</b>   |  | \$0  | \$0  |  | \$0   |                                   |
| <b>11. In-Kind Match</b>  |  | \$1,570  | \$1,570  |  | \$1,570   |                                   |
| <b>12. Total Match</b>  |  | \$1,570  | \$1,570  |  | \$1,570   |                                   |
| <b>13. Total Budget</b>   |  | \$7,850  | \$7,850  |  | \$7,850   |                                   |

## Submission Summary

| Page                                 | Last Updated      |
|--------------------------------------|-------------------|
| <b>Acknowledgement</b>               | 01/12/2021        |
| <b>Attachments</b>                   | 12/07/2020        |
| <b>Adjustments</b>                   | 11/12/2020        |
| <b>1A. Application Type</b>          | No Input Required |
| <b>1B. Legal Applicant</b>           | No Input Required |
| <b>1C. Application Details</b>       | No Input Required |
| <b>1D. Congressional District(s)</b> | 11/12/2020        |
| <b>1E. Compliance</b>                | 11/12/2020        |
| <b>1F. Declaration</b>               | No Input Required |
| <b>2A. Project Detail</b>            | No Input Required |
| <b>2B. Description</b>               | 11/12/2020        |
| <b>3A. Governance and Operations</b> | 11/12/2020        |
| <b>3B. Committees</b>                | 11/12/2020        |

|                            |            |
|----------------------------|------------|
| <b>4A. Match</b>           | 11/12/2020 |
| <b>4B. Funding Request</b> | 11/12/2020 |

**test**