

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

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: 08/17/2018

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: City of Rockford

b. Employer/Taxpayer Identification Number (EIN/TIN): 36-6125747

	c. Organizational DUNS:	136666083	PLUS 4:	
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d. Address

Street 1: 612 North Church St.

Street 2:

City: Rockford

County: Winnebago

State: Illinois

Country: United States

Zip / Postal Code: 61103

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Community Services

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

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Jaeger

Suffix:

Title: Community Services Director

Organizational Affiliation: City of Rockford

Telephone Number: (779) 348-7565

Extension:
Fax Number: (815) 987-8046
Email: Jennifer.Jaeger@rockfordil.gov

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: FY2018 Domestic Violence Project Th-RRH

16. Congressional District(s):

a. Applicant: IL-016, IL-017
b. Project: IL-016, IL-017
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2020
b. End Date: 12/31/2021

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: Mr.

First Name: George

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

Telephone Number: (815) 987-5782
(Format: 123-456-7890)

Fax Number: (815) 987-8046
(Format: 123-456-7890)

Email: George.Davis@rockfordil.gov

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

Date Signed: 08/17/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Rockford

Prefix: Mr.

First Name: George

Middle Name:

Last Name: Davis

Suffix:

Title: Executive Director

Organizational Affiliation: City of Rockford

Telephone Number: (815) 987-5782

Extension:

Email: George.Davis@rockfordil.gov

City: Rockford

County: Winnebago

State: Illinois

Country: United States

Zip/Postal Code: 61103

2. Employer ID Number (EIN): 36-6125747

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$140,514.00

(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. Yes

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
CSBG and subgrantee match	Match funds	\$389,663.00	Match
N/A			
N/A			
N/A			
N/a			

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
City of Rockford-Planning Grant	366125747	Applicant	\$56,706.00	100%
NA				
NA				
NA				
NA				

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: George Davis, Executive Director

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

Date Signed: 08/21/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Rockford

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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

X

the accompaniment herewith, is true and accurate.

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

Authorized Representative

Prefix: Mr.

First Name: George

Middle Name

Last Name: Davis

Suffix:

Title: Executive Director

Telephone Number: (815) 987-5782
(Format: 123-456-7890)

Fax Number: (815) 987-8046
(Format: 123-456-7890)

Email: George.Davis@rockfordil.gov

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

Date Signed: 08/17/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

Applicant's Organization: City of Rockford

Name / Title of Authorized Official: George Davis, Executive Director

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

Date Signed: 08/17/2018

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Rockford
Street 1: 612 North Church St.
Street 2:
City: Rockford
County: Winnebago
State: Illinois
Country: United States
Zip / Postal Code: 61103

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: Mr.
First Name: George
Middle Name:
Last Name: Davis
Suffix:
Title: Executive Director
Telephone Number: (815) 987-5782
(Format: 123-456-7890)
Fax Number: (815) 987-8046
(Format: 123-456-7890)
Email: George.Davis@rockfordil.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/17/2018

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: \$160,044

Organization	Type	Sub-Award Amount
Remedies Renewing Lives	M. Nonprofit with 501C3 IRS Status	\$160,044

2A. Project Subrecipients Detail

a. Organization Name: Remedies Renewing Lives

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 36-2464898

	* d. Organizational DUNS:		PLUS 4:	
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e. Physical Address

Street 1: 220 Easton Pkwy

Street 2:

City: Rockford

State: Illinois

Zip Code: 61108

f. Congressional District(s): IL-016, IL-017
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$160,044

j. Contact Person

Prefix: Ms.

First Name: Karen

Middle Name:

Last Name: Gill
Suffix:
Title: VP of Operations
E-mail Address: kgill@remediesrenewinglives.org
Confirm E-mail Address: kgill@remediesrenewinglives.org
Phone Number: 815-966-1285
Extension:
Fax Number: 815-962-7895

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.

Remedies has been the sole provider of domestic violence shelter and services in the Rockford area since 1979. In 2001 Remedies opened a two unit ICJIA, VOCA and VAWA funded transitional housing program in neighboring Boone County. This program provided a vital service to the community until the Authority decided to stop funding transitional housing. Having done so provided Remedies with lessons on how best to handle the policies and procedures of a successful program. Remedies' VP of Operation sits on the Board of the Rock River Homeless Coalition, the local continuum of care, absorbing much evolving lessons on providing housing for the homeless.

Fiscal experience and capacity to manage grants: Less than \$5,000 funding for the end of our Boone County Transitional Housing funding is included above.

The agency will attempt to sustain the transitional housing program at the end of the year funding period by seeking renewal HUD funding.

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

During FY 15 Remedies successfully managed the following federal funds listed in that audit: U. S. Department of Health and Human Services Block Grant, Substance Abuse and Mental Health Services, Family Violence Prevention and Services, Social Services Block grant (totaling \$1,089,673); U. S. Department of Homeland Security (\$24,200); U. S. Department of Justice VOCA/VAWA (\$122,970); U. S. Department of Housing and Urban Development (\$73,084); U.S. Department of Agriculture (\$8,170) and United States District Courts (\$135,684). Other major funding sources include State of Illinois General Revenue Funds and client fees.

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.

Remedies is a 501c3 non-profit that has successfully operated utilizing federal, state and local funding since 1979. It has a board of directors who hires the executive director who hires staff. It has a fiscal staff person and fiscal policies that govern how funds are spent. Controls and checks and balances are outlined in the policies. All major revenue and expenditure activities are reviewed by the board in addition to staff.

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: IL-501 - Rockford/Winnebago, Boone Counties CoC

1b. CoC Collaborative Applicant Name: City of Rockford

2. Project Name: FY2018 Domestic Violence Project Th-RRH

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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

Remedies proposes to lease three apartment units for victims of domestic violence and human trafficking for transitional housing for up to 24 months. The model will be one of clustered site where the agency would rent a group of apartments in a common location where the program is landlord and service provider. The survivor lives in one of the program rented units for a specific period of time while they find more permanent housing. The leases will be in Remedies' name and City of Rockford is responsible for payment of the rent. Remedies creates a rental agreement for the survivor and the survivor pays a portion of the total cost of the rent to the program. The program would require that the resident participate in a graduated rent structure based on income where the victim would pay no rent during months one through six. During months seven through twelve the resident would contribute 10% of any income toward the rent cost. During months 13 through 17 the resident would contribute 20% of income toward the rent and during months 18 through 24 would contribute 30% of income to rent.

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?	60			
Participant enrollment in project begins?	75			
Participants begin to occupy leased units or structure(s), and supportive services begin?	80			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			

Rehabilitation completed?	0		
New construction started?	0		
New construction completed?	0		

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 checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" 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 type="checkbox"/>
Active or history of substance use	<input type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input type="checkbox"/>
None of the above	<input checked="" 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 type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>

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

d. Will the project follow a "Housing First" approach? No
 (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.

No development activities

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

This requirement will apply only to the transitional component as the project leases units for transitional housing.

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? 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.

X

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

Participants in the program will enter RRH-PH through either direct entry or through the TH program. The housing advocate will be responsible for assisting the participant in locating and securing permanent housing of their choice. This will be done by assistance with housing search, negotiation with property owners, budgeting and other skills necessary to ensure housing stability.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Participants work through a weekly service plan which includes employment, either obtaining or maintaining with an emphasis on how survivors can be safe in the workplace. Disabled participants work with a SOAR certified agency to obtain benefits. Transportation is provided to access needed services to stabilize income.

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		Subrecipient	Weekly
Assistance with Moving Costs		Partner	As needed

Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	Weekly
Partner	As needed
Partner	As needed
Partner	Weekly
Partner	As needed
Subrecipient	Weekly
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	Weekly
Partner	As needed
Subrecipient	Daily
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
Total Units:	3	6	9
Total Beds:	4	8	12

Housing Type	Housing Type (JOINT)	Units	Beds
---	Clustered apartments	3	4
---	Scattered-site ap...	6	8

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
- 1a. Does this TH portion of the project have private rooms per household? Yes
- 1b. Is this a private or semi private room? Yes

2. **Housing Type:** Clustered apartments

3. **What is the funding source for these units and beds?** CoC
(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:** 4

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: 220 Easton Pkwy

Street 2:

City: Rockford

State: Illinois

ZIP Code: 61108

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)

179201 Winnebago County

4B. Housing Type and Location Detail

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

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

3. What is the funding source for these units and beds? CoC
(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: 6

b. Beds: 8

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: 220 Easton Pkwy

Street 2:

City: Rockford

State: Illinois

ZIP Code: 61108

**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)**

179201 Winnebago 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	5	6	0	11
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	3	4		7
Adults ages 18-24	2	2		4
Accompanied Children under age 18	5		0	5
Unaccompanied Children under age 18			0	0
Total Persons	10	6	0	16

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 Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	3	0	0	0
Adults ages 18-24	0	0	0	0	0	0	2	0	0	0
Children under age 18							5			
Total Persons	0	0	0	0	0	0	10	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 Ill	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	0	0	0	4	0	0	0
Adults ages 18-24	0	0	0	0	0	0	2	0	0	0
Total Persons	0	0	0	0	0	0	6	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 Ill	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										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

0%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
0%	Directly from safe havens.
100%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

All persons fleeing domestic violence enter the project either through the domestic violence shelter or through the coordinated entry system. Remedies does extensive community education and outreach to make survivors aware of services. In addition, victims are often brought by law enforcement. Phone outreach is also available to victims in their home while law enforcement is on site.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 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:**

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

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$23,088	
Grant Term:		1 Year	
Total Request for Grant Term:		\$23,088	
Total Units:		3	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
IL - Rockford, IL...	3	\$23,088	\$23,088

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: IL - Rockford, IL MSA (1700799999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$386		x	12	=	\$0
0 Bedroom		x	\$515		x	12	=	\$0
1 Bedroom	2	x	\$578	\$578	x	12	=	\$13,872
2 Bedroom	1	x	\$768	\$768	x	12	=	\$9,216
3 Bedroom		x	\$1,018		x	12	=	\$0
4 Bedroom		x	\$1,138		x	12	=	\$0
5 Bedroom		x	\$1,309		x	12	=	\$0
6 Bedroom		x	\$1,479		x	12	=	\$0
7 Bedroom		x	\$1,650		x	12	=	\$0
8 Bedroom		x	\$1,821		x	12	=	\$0
9 Bedroom		x	\$1,992		x	12	=	\$0
Total units and annual assistance requested:	3							\$23,088
Grant term:								1 Year
Total request for grant term:								\$23,088

Click the 'Save' button to automatically calculate totals.

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.

Total Request for Grant Term:			\$46,176
Total Units:			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IL - Rockford, IL MSA (1700799999)	6	\$46,176

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 fair market rent area: IL - Rockford, IL MSA (1700799999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
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SRO		x	\$386	x	12	=	\$0
0 Bedroom		x	\$515	x	12	=	\$0
1 Bedroom	4	x	\$578	x	12	=	\$27,744
2 Bedrooms	2	x	\$768	x	12	=	\$18,432
3 Bedrooms		x	\$1,018	x	12	=	\$0
4 Bedrooms		x	\$1,138	x	12	=	\$0
5 Bedrooms		x	\$1,309	x	12	=	\$0
6 Bedrooms		x	\$1,479	x	12	=	\$0
7 Bedrooms		x	\$1,650	x	12	=	\$0
8 Bedrooms		x	\$1,821	x	12	=	\$0
9 Bedrooms		x	\$1,992	x	12	=	\$0
Total Units and Annual Assistance Requested	6						\$46,176
Grant Term							1 Year
Total Request for Grant Term							\$46,176

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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>

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	.50 of 1 FTE at \$41,485	\$20,743
2. Assistance with Moving Costs		
3. Case Management	.25 of 1 FTE at \$41,485	\$10,371
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	.25 of 1 FTE at \$41,485	\$10,371
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	Household goods	\$2,850
Total Annual Assistance Requested		\$44,335
Grant Term		1 Year
Total Request for Grant Term		\$44,335

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

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 amount requested for each eligible cost 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>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Cleaning services, rental insurance	\$1,545
2. Property Taxes and Insurance		\$0
3. Replacement Reserve		\$0
4. Building Security		\$0
5. Electricity, Gas, and Water	electricity	\$300
6. Furniture	full unit furniture for 3 units	\$10,236
7. Equipment (lease, buy)	computer, desk	\$2,060
Total Annual Assistance Requested		\$14,141
Grant Term		1 Year
Total Request for Grant Term		\$14,141

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:	\$32,771
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$32,771

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	Illinois Departme...	07/01/2018	\$32,771

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:** Illinois Department of Human Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/01/2018
- 6. Value of Written Commitment:** \$32,771

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	\$23,088	1 Year	\$23,088
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$46,176	1 Year	\$46,176
4. Supportive Services	\$44,335	1 Year	\$44,335
5. Operating	\$14,141	1 Year	\$14,141
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$127,740
8. Admin (Up to 10%)			\$12,774
9. Total Assistance Plus Admin Requested			\$140,514
10. Cash Match			\$32,771
11. In-Kind Match			\$0
12. Total Match			\$32,771
13. Total Budget			\$173,285

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: George Davis

Date: 08/17/2018

Title: Executive Director

Applicant Organization: City of Rockford

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

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

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

Page	Last Updated	
New Project Application FY2018	Page 55	08/17/2018

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2018
1E. SF-424 Compliance	08/17/2018
1F. SF-424 Declaration	08/17/2018
1G. HUD 2880	08/17/2018
1H. HUD 50070	08/17/2018
1I. Cert. Lobbying	08/17/2018
1J. SF-LLL	08/17/2018
2A. Subrecipients	Please Complete
2B. Experience	08/17/2018
3A. Project Detail	08/17/2018
3B. Description	08/17/2018
3C. Expansion	08/17/2018
4A. Services	08/17/2018
4B. Housing Type	08/17/2018
5A. Households	08/17/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/17/2018
6A. Funding Request	08/17/2018
6C. Leased Units	08/17/2018
6E. Rental Assistance	08/17/2018
6F. Supp Srvcs Budget	08/17/2018
6G. Operating	08/17/2018
6I. Match	08/17/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/17/2018

Notes:

DUNS number must be only 9 digits, or 13 digits with a 4-digit extension
2A. Subrecipients list contains 1 incomplete item.