

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 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:** 09/25/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Family Crisis Support Services

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 52-1284719

	<b>c. Organizational DUNS:</b>	613784446	<b>PLUS 4:</b>	
--	--------------------------------	-----------	----------------	--

### d. Address

**Street 1:** 701 Kentucky Avenue SE

**Street 2:**

**City:** Norton

**County:**

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 24273

### e. Organizational Unit (optional)

**Department Name:** family crisis support services

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Angel

**Middle Name:**

**Last Name:** Mefford

**Suffix:**

**Title:** Program Administrator

**Organizational Affiliation:** Family Crisis Support Services

**Telephone Number:** (276) 679-7240

**Applicant:** Family Crisis Support Services

521284719

**Project:** New Application 2019DV

174240

---

**Extension:**

**Fax Number:** (276) 679-1820

**Email:** angel-mefford@comcast.net

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

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

**13. Competition Identification Number:**

**Title:**

## **1D. SF-424 Congressional District(s)**

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

**15. Descriptive Title of Applicant's Project:** New Application 2019DV

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

**a. Applicant:** VA-009

**b. Project:** VA-009  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2020

**b. End Date:** 06/30/2020

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## **1E. SF-424 Compliance**

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

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

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

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

## 1F. SF-424 Declaration

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

I AGREE: ☒

### 21. Authorized Representative

Prefix: Ms.

First Name: Marybeth

Middle Name:

Last Name: Adkins

Suffix:

Title: Executive Director

Telephone Number: (276) 679-7240  
(Format: 123-456-7890)

Fax Number: (276) 679-1820  
(Format: 123-456-7890)

Email: marybethadkins@comcast.net

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

Date Signed: 09/25/2019



## 1G. HUD 2880

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

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Family Crisis Support Services

**Prefix:** Ms.

**First Name:** Marybeth

**Middle Name:**

**Last Name:** Adkins

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Family Crisis Support Services

**Telephone Number:** (276) 679-7240

**Extension:**

**Email:** marybethadkins@comcast.net

**City:** Norton

**County:**

**State:** Virginia

**Country:** United States

**Zip/Postal Code:** 24273

**2. Employer ID Number (EIN):** 52-1284719

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$120,214.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

**Certification**

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

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

**I AGREE:** ☒

**Name / Title of Authorized Official:** Marybeth Adkins, Executive Director

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

**Date Signed:** 09/25/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Family Crisis Support Services

**Program/Activity Receiving Federal Grant** CoC Program

**Funding:**

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

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

## 2. Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying**

X

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

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

### **Authorized Representative**

**Prefix:** Ms.

**First Name:** Marybeth

**Middle Name**

**Last Name:** Adkins

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (276) 679-7240  
**(Format: 123-456-7890)**

**Fax Number:** (276) 679-1820  
**(Format: 123-456-7890)**

**Email:** marybethadkins@comcast.net

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

**Date Signed:** 09/25/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X

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

**Applicant's Organization:** Family Crisis Support Services

**Name / Title of Authorized Official:** Marybeth Adkins, Executive Director

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

**Date Signed:** 09/25/2019

## 1J. SF-LLL

### DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** Family Crisis Support Services

**Street 1:** 701 Kentucky Avenue SE

**Street 2:**

**City:** Norton

**County:**

**State:** Virginia

**Country:** United States

**Zip / Postal Code:** 24273

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I certify that this information is true and complete.**

X

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Marybeth

**Middle Name:**

**Last Name:** Adkins

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (276) 679-7240  
**(Format: 123-456-7890)**

**Fax Number:** (276) 679-1820  
**(Format: 123-456-7890)**



**Email:** marybethadkins@comcast.net

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

**Date Signed:** 09/25/2019



## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$0**

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Family Crisis Support Services is a non-profit agency that has 38 years experience effectively utilizing federal funds. We currently operate under three federal grants. One grant is currently through DCHD, our VHSP, where our rapid rehousing and prevention programming are currently active. Family Crisis staffs three housing counselors that operate said programs and works diligently with client to obtain necessary and up to date paperwork for each case. These are submitted to our financial director, who in turn maintains impeccable record keeping with said expenses. Staff works closely together with each case to keep an up to date record of expenses and balances. In the ten years that these programs have been offered through our agency, our audits have returned with exceptional ratings.

Further federal funding stems from the Department of Justice and Department of Social Services. These two grants allow Family Crisis to maintain an advocacy staff and services for our Domestic Violence and Sexual Assault programs. Over the years these programs continue to grow, but also continue to maintain excellent feedback from our funding sources and our audits are up to date and a match for all sources.

Monies through all federal grants are spent in the time frame given and appropriate activities are created and/or maintained as directed. Over the years several projects have been designated through these grants and have been successful in their outcome, which shows in the continued growth and good reports of our records and programming.

The funding requested for this project will continue to accommodate the needs of the under served population in our region through rapid rehousing and transitional housing opportunities. Family Crisis, through the coordinated entry process, has recorded a growing trend of under served youth in our area and feel that this population has an urgent need of extended housing options and assistance. Family Crisis has recently been deeded a home, which is being remodeled as our transition house, and this house will be able to assist this population, specifically those that are victims of domestic violence and sexual assault. The recording and book keeping of this grant will be kept to the same standards of our other grants and this grant will support the CoC's mission of implementing a housing first method for individuals and ending homelessness with our geographic region.

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

Family Crisis Support Services is a non-profit agency that has 38 years' experience utilizing state, federal and private funds. We have gone through internal and external audits successfully with minimal corrections needed.

We receive federal funds from DCHD, DCJS, and DSS. Monies through all federal grants are expended in the time frame given and appropriate activities are created and/or maintained as directed. Over the years several projects have been designated through these grants and have been successful in their outcome, which shows in the continued growth and good reports of our records and programming.

The funding requested for this project will continue to accommodate the needs of the underserved population in our region through rapid rehousing and transitional housing opportunities. Family Crisis, through the coordinated entry process, has recorded a growing trend of underserved youth in our area and feel that this population has an urgent need of extended housing options and assistance. Family Crisis has recently been deeded a home, which is being remodeled as our transition house, and this house will be able to assist this population, specifically those that are victims of domestic violence and sexual assault. The recording and book keeping of this grant will be kept to the same standards of our other grants and this grant will support the CoC's mission of implementing a housing first method for individuals and ending homelessness with our geographic region.

**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.**

Family Crisis Support Services, Inc., led by the Executive Director, is administered by a Board of Directors responsible for policy formation and administration. The Board of Directors is primarily responsible for establishing the policies and guidelines for which the agency must follow and for ensuring the financial means necessary to complete its mission. Under the Executive Director, are program managers for Victim Services and Housing. FCSS has a financial administrator, with 17 years' experience managing grant incomes and expenses. The financial administrator uses Quickbooks for all accounting services. This program has a separate account for each grant. Each transaction is monitored through either a check or a credit receipt and logged accordingly as issued. All monetary transactions go through our financial officer and all receipts are mandated upon transaction. We only have one chain of command with this system to reduce any miscalculation in our expenditures.

**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:** VA-521 - Virginia Balance of State CoC

**1b. CoC Collaborative Applicant Name:** Commonwealth of Virginia-Virginia Department of Housing and Community Development

**2. Project Name:** New Application 2019DV

**3. Project Status:** Standard

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

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

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

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

**8. Does this project include Replacement Reserves?** No

## 3B. Project Description

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

The project that FCSS is presenting is to assist victims of domestic violence in the underserved population of age 18-24. These are youth that grew up with statistics stating one out of two children in the Southwest Virginia area live at an economic disadvantage, thus causing them to perform poorly during their school career, go into foster care, and be witness to violence through their formative years, resulting in a cycle of abuse. According to the ACE (adverse childhood experiences) input: High ACE scores can be remarkably predictive in terms of life outcomes, such as poor health, emotional issues, depression, abusive relationships, risky behavior, substance abuse and addiction, eating disorders, even future traumatic events. In conjunction with this measurable tool; we use the coordinated entry process, and have noticed an overwhelming leap in calls of this age population requesting services. FCSS has not only offered temporary shelter to assist with reaching housing goals, but offer opportunity for college placement and workforce options. The funding that will be awarded will allow us to further our efforts in working with underserved youth that are affected by domestic violence in their homes by not only helping them get into safe and stable housing; but offering long term transitional housing as needed. As each individual need will vary, if they do not qualify or do not prefer to be in transitional housing, we will utilize our rapid rehousing program to assist with their safe and affordable housing options. Our primary focus is to be able to give options of housing where there were once none. We will help to sign up for housing, where applicable, and if public housing is not an option; Family Crisis works with many landlords and can find the appropriate fit for each person. FCSS can assist with college fees, books, necessary licensing, etc. that will allow these individuals to continue their path to financial independence. Not only does Family Crisis work with this population in regard to homelessness, but with victims of domestic violence and sexual assault. Our area is more poverty stricken than any other in Virginia, some counties almost doubling in percentages. Wise County in particular has a 22.4% poverty rate versus the 11.3.% that is the median for all of Virginia. The evasive drug concerns in our communities continue to rise and thus continues to create sets of problems that often are the cause of domestic violence. Due to these continued growing issues and startling statistics, we feel it is our duty not only as agencies, but as a community to continue to assist in alleviating homelessness with as much force as possible. With more funding, we have the capability to assist more families reach their goals of housing. As always, we want to see the homelessness numbers decrease and show that once people get our help, they have the ability to thrive.

### 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

New Project Application FY2019	Page 21	10/02/2019
--------------------------------	---------	------------

**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?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

(Select ALL that apply)

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

**5. Housing First**

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

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

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

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

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

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

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

Not applicable

**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.**

For victims of DV, the option of rapid rehousing or transitional will be available. Rapid Rehousing will allow them to apply for public housing or private rentals while staying in the shelter. It will include rental assistance, utility deposits, and optional continued counseling services. The Transitional housing unit will be an option for victims needing a longer time frame for stabilization. Transitional Housing is available for up to two years with a goal of 6-12 months stay. If they choose to enter into the transitional housing unit, this will be their home for this allotted time frame. During this time, persons have the opportunity to receive

intense case management, life skills training, support groups, job opportunities, school opportunities, and other resources throughout the community that will be beneficial to the betterment of each individual in the program. The main objective for this program is to provide housing stabilization for high barrier DV households.

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



## **3C. Project Expansion Information**

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

## 4A. Supportive Services for Participants

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

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

X

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

FCSS is a multi faceted agency serving the LENOWISCO region and surrounding areas for over 38 years. We offer rapid rehousing and prevention programming in addition to the transitional house program . The rapid rehousing program is going to work with our transition house project, as we realize not everyone is going to want to live in transitional housing . With rapid rehousing funding, we are able to assist individuals with deposits, utility hook ups and most importantly, utilize our housing counselors to assist in their continuing progress through the rapid rehousing program. We provide advocacy services to victims of domestic violence and sexual assault that includes shelter, permanent housing, supportive counseling, accompaniment, food, hygiene items and transportation just to name a few. The extensive case management offered will be not only a part of our rapid rehousing program, but our transitional house program as well.

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

Once an individual comes to our shelter or seeks out our services, we evaluate their needs from the client's definition of most important to least. The questions asked upon initial screening allows us to determine what other services would be beneficial to an individual. For example, if they are needing an ID or birth certificate - we can assist with this because without these necessary documents, persons cannot apply for housing or obtain gainful employment. If an individual requires a need to sign up for Medicaid/care or social security

benefits - we will direct and assist them to the correct departments (Social Services, Social Security, Health Department, etc.) We Provide transportation to the Virginia employment commission and to job interviews as well. We work with our clients so they can learn to utilize our public transit options and thus teaching independent life skills that will be much needed once they are out on their own.

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

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

**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** Yes

**partner agency?**

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

## 4B. Housing Type and Location

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

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

	TH	RRH	Total
<b>Total Units:</b>	5	10	15
<b>Total Beds:</b>	5	10	15
Housing Type	Housing Type (JOINT)	Units	Beds
---	Shared housing	5	5
---	Scattered-site ap...	10	10

## 4B. Housing Type and Location Detail

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

1. Is this housing type and location for the TH 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: Shared housing

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: 5

b. Beds: 5

### 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: 701 Kentucky Avenue SE

Street 2:

City: Norton

State: Virginia

ZIP Code: 24273

**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)**

519195 Wise County, 519720 Norton city,  
519051 Dickenson County, 519105 Lee County

## 4B. Housing Type and Location Detail

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

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

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

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

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

**a. Units:** 10

**b. Beds:** 10

### 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:** 107 Litchfield Street NW

**Street 2:**

**City:** Coeburn

**State:** Virginia

**ZIP Code:** 24230

**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)**

519169 Scott County, 519195 Wise County,  
519720 Norton city, 519051 Dickenson County,  
519105 Lee 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	7	8	0	15
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		0		0
Persons ages 18-24	7	8		15
Accompanied Children under age 18	7		0	7
Unaccompanied Children under age 18			0	0
Total Persons	14	8	0	22

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24							7			
Children under age 18							7			
Total Persons	0	0	0	0	0	0	14	0	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24							8			
Total Persons	0	0	0	0	0	0	8	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

## 6A. Funding Request

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

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

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

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



4. Select a grant term: 1 Year

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

Leased Units	<input 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"/>

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

## 6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$31,440
Total Units:			5
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	VA - Wise County-Norton city, VA HUD ...	5	\$31,440

## 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:** VA - Wise County-Norton city, VA HUD Nonmetro FMR Area (5119599999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
New Project Application FY2019		Page 37		10/02/2019

<b>SRO</b>		x	\$375	x	12	=	\$0
<b>0 Bedroom</b>		x	\$500	x	12	=	\$0
<b>1 Bedroom</b>	5	x	\$524	x	12	=	\$31,440
<b>2 Bedrooms</b>		x	\$684	x	12	=	\$0
<b>3 Bedrooms</b>		x	\$858	x	12	=	\$0
<b>4 Bedrooms</b>		x	\$970	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,116	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,261	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,407	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$1,552	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$1,698	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	5						\$31,440
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$31,440

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

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	u-haul rental \$124.99 per trip cost, storage unit rentals \$75.00 a month to store large amounts of belongings of DV victims fleeing	\$500
3. Case Management	1 FTE @ \$42, 601.00 .This includes salary, fica and benefits.	\$42,601
4. Child Care		
5. Education Services	school supplies, SAT/ACT application fee, GED costs, field trips costs, trade school fees and expenses, graduation expenses	\$1,000
6. Employment Assistance	ID"s, birth certificate costs for employment, required uniforms and occupational supplies, transportation to employment	\$1,000
7. Food	basic nutrition upon entering transitional home until benefits transferred to respective county	\$2,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	banking and budgeting education, obtaining necessary documents, personal grooming, cooking classes, life skill education materials (books, pamphlets, etc)	\$1,000
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	gas expenses/transportation. Service area covers a 1181 sq miles. Agency vehicle use approximately 18.20 miles per gallon. Current gas price \$2.40 per gallon. 2019 mileage rate from the IRS is .58. \$1,000.00 will cover 1,724.4 miles .58 x 1, 724.4 = 1,000.	\$1,000
16. Utility Deposits	utility deposits for targeted population moving into own home. (water, power)	\$5,000
17. Operating Costs	staff overhead expenses; proffessional liability insurance, telephone, wifi	\$2,000
<b>Total Annual Assistance Requested</b>		<b>\$56,101</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$56,101</b>

**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	property maintenance and repair to transition home as needed	\$2,500
2. Property Taxes and Insurance	property taxes are \$1295 a year requesting half the costs	\$648
3. Replacement Reserve		
4. Building Security	6 ft privacy fence (vinyl composite freedom fence panel fencing surrounding one acre property and ADT security system	\$9,725
5. Electricity, Gas, and Water	utilities of transitional home;	\$2,500
6. Furniture	purchase of beds, mattresses, washer and dryer, and bedroom furniture for 5 rooms	\$8,300
7. Equipment (lease, buy)	purchase of lap top, printer, desk, chair, and basic office supply needs.	\$4,000
<b>Total Annual Assistance Requested</b>		<b>\$27,673</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$27,673</b>



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

## 6l. 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:	\$30,054
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$30,054

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	VHSP	09/10/2019	\$30,054

## 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:** VHSP  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 09/10/2019

**6. Value of Written Commitment:** \$30,054

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$31,440	1 Year	\$31,440
4. Supportive Services	\$56,101	1 Year	\$56,101
5. Operating	\$27,673	1 Year	\$27,673
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$115,214
8. Admin (Up to 10%)			\$5,000
9. Total Assistance Plus Admin Requested			\$120,214
10. Cash Match			\$30,054
11. In-Kind Match			\$0
12. Total Match			\$30,054
13. Total Budget			\$150,268

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	VHSP Match Letter	09/16/2019
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** VHSP Match Letter

## **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:** Marybeth Adkins

**Date:** 09/25/2019

**Title:** Executive Director

**Applicant Organization:** Family Crisis Support Services

**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).**

☐

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

☒

## 8B. Submission Summary

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

Page		Last Updated
1A. SF-424 Application Type		No Input Required
New Project Application FY2019	Page 50	10/02/2019

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/10/2019
<b>1E. SF-424 Compliance</b>	08/28/2019
<b>1F. SF-424 Declaration</b>	08/28/2019
<b>1G. HUD 2880</b>	08/28/2019
<b>1H. HUD 50070</b>	08/28/2019
<b>1I. Cert. Lobbying</b>	08/28/2019
<b>1J. SF-LLL</b>	08/28/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/16/2019
<b>3A. Project Detail</b>	08/28/2019
<b>3B. Description</b>	09/25/2019
<b>3C. Expansion</b>	08/28/2019
<b>4A. Services</b>	09/16/2019
<b>4B. Housing Type</b>	09/11/2019
<b>5A. Households</b>	09/10/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/09/2019
<b>6E. Rental Assistance</b>	09/11/2019
<b>6F. Supp Srvcs Budget</b>	09/14/2019
<b>6G. Operating</b>	09/14/2019
<b>6I. Match</b>	09/14/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/16/2019
<b>7D. Certification</b>	08/28/2019



Ralph S. Northam  
Governor

R. Brian Ball  
Secretary of  
Commerce and Trade

# COMMONWEALTH of VIRGINIA

DEPARTMENT OF  
HOUSING AND COMMUNITY DEVELOPMENT

Erik C. Johnston  
Director

September 16, 2019

Marybeth M. Adkins  
Family Crisis Support Services, Inc  
701 Kentucky Ave SE  
Norton, VA 24273

Dear Ms. Adkins:

I am verifying that Family Crisis Support Services, Inc will receive funds from Virginia Dept. of Housing and Community Development through the Virginia Homeless Solutions Program to provide homeless services within the Lenowisco planning area. These funds, which will equal at least \$30,054.00 can be used as matching funds for the HUD Continuum of Care TH/Rapid Re-housing program DV Bonus for the Lenowisco area.

Sincerely,

Pamela G. Kestner  
Deputy Director  
Division of Housing



Virginia Department of Housing and Community Development | Partners for Better Communities  
Main Street Centre | 600 East Main Street, Suite 300 Richmond, VA 23219  
[www.dhcd.virginia.gov](http://www.dhcd.virginia.gov) | Phone (804) 371-7000 | Fax (804) 371-7090 | Virginia Relay 7-1-1