

## **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:** 09/16/2019

**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:** Garrett County Community Action Committee, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 52-0820662

	<b>c. Organizational DUNS:</b>	069404523	<b>PLUS 4:</b>	
--	--------------------------------	-----------	----------------	--

## d. Address

**Street 1:** 104 E Center Street

**Street 2:**

**City:** Oakland

**County:** Maryland

**State:** Maryland

**Country:** United States

**Zip / Postal Code:** 21550

## e. Organizational Unit (optional)

**Department Name:**

**Division Name:** Service Coordination

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

**Prefix:** Ms.

**First Name:** Carrie

**Middle Name:**

**Last Name:** DiSimone

**Suffix:**

**Title:** Service Coordination Director

**Organizational Affiliation:** Garrett County Community Action Committee, Inc.

**Telephone Number:** (301) 334-9431

**Extension:** 6162

**Fax Number:** (301) 334-2987

**Email:** [cdisimone@garrettcac.org](mailto:cdisimone@garrettcac.org)

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

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

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

**13. Competition Identification Number:**

**Title:**

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

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

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

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

**a. Applicant:** MD-006  
**b. Project:** MD-006  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 05/01/2019  
**b. End Date:** 04/30/2019

**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: Duane

Middle Name:

Last Name: Yoder

Suffix:

Title: President

Telephone Number: (301) 334-9431  
(Format: 123-456-7890)

Fax Number: (301) 334-8555  
(Format: 123-456-7890)

Email: dyoder@garrettcac.org

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

Date Signed: 09/16/2019



# 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:** Garrett County Community Action Committee, Inc.

**Prefix:** Mr.

**First Name:** Duane

**Middle Name:**

**Last Name:** Yoder

**Suffix:**

**Title:** President

**Organizational Affiliation:** Garrett County Community Action Committee, Inc.

**Telephone Number:** (301) 334-9431

**Extension:**

**Email:** dyoder@garrettcac.org

**City:** Oakland

**County:** Maryland

**State:** Maryland

**Country:** United States

**Zip/Postal Code:** 21550

**2. Employer ID Number (EIN):** 52-0820662

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

**4. Amount of HUD Assistance Requested/Received: \$55,184.00**

(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:** Duane Yoder, President

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

**Date Signed:** 09/16/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Garrett County Community Action Committee, Inc.

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

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

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

### 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 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:** Mr.

**First Name:** Duane

**Middle Name**

**Last Name:** Yoder

**Suffix:**

**Title:** President

**Telephone Number:** (301) 334-9431  
**(Format: 123-456-7890)**

**Fax Number:** (301) 334-8555  
**(Format: 123-456-7890)**

**Email:** dyoder@garrettcac.org

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

**Date Signed:** 09/16/2019

## **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:** Garrett County Community Action Committee, Inc.

**Name / Title of Authorized Official:** Duane Yoder, President

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

**Date Signed:** 09/16/2019

# 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:** Garrett County Community Action Committee, Inc.

**Street 1:** 104 E Center Street

**Street 2:**

**City:** Oakland

**County:** Maryland

**State:** Maryland

**Country:** United States

**Zip / Postal Code:** 21550

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:** Duane

**Middle Name:**

**Last Name:** Yoder

**Suffix:**

**Title:** President

**Telephone Number:** (301) 334-9431  
**(Format: 123-456-7890)**

**Fax Number:** (301) 334-8555  
**(Format: 123-456-7890)**


**Email:** dyoder@garrettcac.org

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

**Date Signed:** 09/16/2019



## 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.

Garrett County Community Action (GCCAC) takes the lead in homeless services and homeless prevention for the Garrett County CoC and has been the primary administrator of homeless programs in Garrett County since its incorporation in 1964. As the lead CoC agency as well as the lead HMIS provider for the Garrett County CoC, GCCAC has been instrumental in the development of the CoC program for this jurisdiction. GCCAC effectively administers all the HUD Continuum of Care Programs for rental assistance and supportive services to the homeless. GCCAC has implemented a 'no wrong door' policy for persons who are in need of services through a coordinated entry process. A full intake process was invented for individuals and families to be evaluated regardless of the type of service being sought. Through this intake process, persons are assessed regarding housing, food, transportation, financial management, and child care. Instability in these areas are risk factors for homelessness. GCCAC effectively bundles Homelessness Solutions Program funds with other state and federal funding to provide further stabilization of the family. GCCAC has dramatically heightened the positive use of these funds whereas more than 95% of homeless or at risk of homeless households remained permanently housed using this process. GCCAC also manages the only crisis housing facility in this jurisdiction. This 9 bed facility is the only means of providing temporary shelter to homeless individuals and families.

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

As the leader in providing homeless services, GCCAC partners effectively with service providers in the jurisdiction. In-kind support of these services has grown to nearly \$500,000 collectively by other entities partnering with GCCAC to contribute to the mission of the Garrett County CoC. Garrett County Core Service Agency provides support in services and benefits to individuals with mental illness making referrals for counseling services to assist in securing and retaining permanent rental housing. The Garrett County Center for Behavioral Health provides in-kind essential services and case management for mental health and substance abuse services. The Garrett County Department of Social Services provides support in services and mainstream benefits. The Garrett County Adult Evaluation and Review Services provides in-kind supportive services and benefits to assist individuals in obtaining permanent housing where the individual remains in the least restrictive environment. Garrett Cooperative Ministry assists Garrett County residents with cash benefits to meet emergency needs, to include mortgage terminations, utility terminations, rental assistance, and security deposits. Appalachian Crossroads provides in-

kind essential services and case management by way of supportive services to adults with developmental disabilities. The Department of Housing and Community Development (DHCD) Homelessness Solutions Program (HSP) provides assistance to low income families who are homeless, or have an emergency housing need, with monthly rental assistance. Homeless persons, homeless persons entering transitional housing, and those facing eviction are targeted for HSP funds. GCCAC also receives HSP rapid rehousing and eviction prevention funds which is used to provide further stabilization of the household. The Garrett County CoC is a strong force in this jurisdiction and GCCAC takes the experienced lead in serving the homeless population.

**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.**

The Service Coordination Division of GCCAC administers the specific CoC funded and non CoC funded programs for the Garrett County CoC. This Division receives support from within GCCAC in multiple ways such as financial counseling services, goal setting and management support, emergency food services, transportation, and childcare through the Early Head Start and Head Start programs. All of these services are housed under the GCCAC umbrella. GCCAC staff work collaboratively together and with other providers in the Garrett County CoC to create realistic plans to prevent homeless in Garrett County. GCCAC has a sound system in place for fiscal control and accounting procedures that guarantees the proper disbursement of and accounting for all funds paid to vendors. Case receipts are recorded on the case receipts register by the payroll clerk. The accounting clerk prepares the deposit slips. The Vice President of Administration is responsible for opening new accounts and completing checkbook entries. The Vice President of Administration also requests funds from all funding sources according to their specific requirements. Payment checks are prepared by the accounting clerk. Two signatures are required on the payment checks and must be either two GCCAC board members or one board member and GCCAC President or Vice President of Family Self Sufficiency.

**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:** MD-510 - Garrett County CoC

**1b. CoC Collaborative Applicant Name:** Garrett County Community Action Committee, Inc.

**2. Project Name:** DV Bonus 2019

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** RRH

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

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

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

### 3B. Project Description

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

This funding will allow for a portion of staff costs to provide housing location and stabilization services and short term rental assistance to individuals and families who are survivors of domestic violence. Sustaining staff positions to serve this population on an ongoing basis is crucial to ending all homelessness in Garrett County. HMIS reports show a steady increase in households experiencing domestic violence as 23 households were assisted in 2017 compared to 60 households in 2018. The Garrett County CoC has implemented a 'no wrong door' policy for persons who are in need of services. By doing so, staff will be able to identify barriers and assist the household in creating a plan towards stabilization. Staff will coach the household towards realistic goal setting and identifying action steps. A Presumptive Eligibility HMIS generated report will then be generated to invoke conversation regarding other services for which the household may be eligible. The Garrett County CoC has also adopted the Housing First model for providing services. CoC funds will be bundled with ESG funds to provide further stabilization of the family. Connections to the onsite financial education counselor and onsite career coach are available onsite and made as needed. The Career Coach provides support by empowering individuals and families to identify their interests and determine their potential in the work force. GCCAC has developed a crisis protocol targeting homeless and at risk of homeless individuals and families. The goal is to prevent future episodes of homelessness by providing case management, budgeting, job location assistance, and linkage to mainstream resources. Instability in these areas are risk factors for homelessness. Crisis team meetings will be held as needed with various service providers to identify all options. Barriers to transportation, lack of income, and child care are addressed. Staff coach the household towards realistic goal setting and identifying action steps. Proven by past GCCAC outcomes, more than 95% of the households who have been targeted using this method have remained permanently housed. As the Garrett County CoC is currently using the rapid rehousing model with other state and federal funds, services will begin immediately. The addition of this project will only further support the efforts to end homelessness among individuals and families in this jurisdiction. Group staff meetings will take place twice monthly to review cases individually to maximize the efforts of GCCAC in stabilization of the individuals and families. Barriers to stabilization will be identified and discussed by the group so that staff have a full understanding of available services. Individuals and families will participate in the project for at least six months. Further participation is at the discretion of the individual or family.

**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.**

New Project Application FY2019	Page 21	09/16/2019
--------------------------------	---------	------------

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?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
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 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.**

The Garrett County CoC relies on the Dove Center, Garrett County's domestic violence and sexual assault program, to provide services to victims of domestic violence and sexual assault. The Dove Center offers 24/7 shelter, counseling, advocacy, accompaniment, safety planning, and other services. If a client presents to the CoC for services and reports domestic violence, that client is immediately referred to the Dove Center, where crisis intervention, intake, and assessment takes place. Appropriate services are then initiated, based upon the safety needs of the client. The Dove Center provides services based upon the Trauma Informed Model, and is also able to house the cats and dogs of shelter residents, on-site. If a client chooses not to stay in the Dove Center shelter, that client is offered other services through the Dove Center, such as accompaniment for a Protective Order, on-going counseling, advocacy with other systems, and safety planning. The Garrett County CoC and its members work closely and serve on many interdisciplinary committees in the community. They are often at several mutual meetings per week, which keeps members abreast of the services provided by each agency. Additionally, the Dove Center has an active speaking bureau, which provides training several times a year in local programs to members of the CoC. Trainings cover a wide variety of topics

related to domestic violence, dating violence, sexual assault and stalking. Frequent presentations are also made during staff meetings of all of the CoC members, by Dove Center staff.

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

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



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

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

## 4A. Supportive Services for Participants

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

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

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

The Garrett CoC has trained staff to help families locate, pay for, and remain in permanent housing. Through a centralized intake process, staff use a Crisis to Thrive scale to gauge where a family is in terms of housing, food availability, transportation, child care, and financial well-being. Staff are then able to support the family in generating a plan for stabilization. GCCAC is the lead homeless services agency and the Dove Center is the lead shelter for families and survivors of domestic violence for the Garrett CoC. Both agencies have maintained a strong rapport with other agencies. Coordination between agencies is seamless in Garrett County due to the small town reality of this jurisdiction. Support agencies within the CoC work towards the common goal to provide the best services quickly and efficiently.

### 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?

The Garrett County CoC has participation from the local DSS office as the main source for applying for mainstream benefits and Garrett County Community Action (GCCAC) is lead homeless service agency. These two agencies have created a process for common customers to be prioritized for services. Referrals for services are relayed through a direct system in which assigned staff provide follow up between the agencies to better address client needs. This aids in the household being able to receive all services regardless of which agency the household is presented to first. The local DSS is a strong partner within the CoC administering services for food stamps, SSI, and TANF. A full

time Career/Job coach is part of this process and is used to aid families in obtaining or increasing employment opportunities. The Garrett County Health department takes the lead for the CoC in providing mental health and substance abuse treatment services. Private providers are also engaged in contributing to this service area. The local Area Agency on Aging office provides assistance for persons to apply for medical insurance. Mountain Laurel, a federally accredited health facility, also assists persons with applying for and receiving Medicaid. Through interdisciplinary team meetings, staff are kept current on available resources in the community. These meetings occur several times per month.

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

**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.

**Total Units: 4**

**Total Beds: 8**

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	4	8

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 4

b. **Beds:** 8

### 3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 104 E Center Street

**Street 2:**

**City:** Oakland

**State:** Maryland

**ZIP Code:** 21550

**\*4. 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)**

249023 Garrett 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	3	1	0	4
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	1		3
Persons ages 18-24	1	0		1
Accompanied Children under age 18	3		0	3
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>7</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24	0	0	0	1	0	1	2	0	0	0
Persons ages 18-24	0	0	0	1	0	0	1	0	0	0
Children under age 18	0			0	0	0	3	0	0	0
<b>Total Persons</b>	0	0	0	2	0	1	6	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

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

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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



## 6A. Funding Request

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

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

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

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

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<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.**

<b>Total Request for Grant Term:</b>			\$35,184
<b>Total Units:</b>			4
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MD - Garrett County, MD (2402399999)	4	\$35,184

## 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

**Metropolitan or non-metropolitan fair market rent area:** MD - Garrett County, MD (2402399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$351	x	12	=	\$0
0 Bedroom		x	\$468	x	12	=	\$0
1 Bedroom		x	\$579	x	12	=	\$0

2 Bedrooms	4	x	\$733	x	12	=	\$35,184
3 Bedrooms		x	\$975	x	12	=	\$0
4 Bedrooms		x	\$1,227	x	12	=	\$0
5 Bedrooms		x	\$1,411	x	12	=	\$0
6 Bedrooms		x	\$1,595	x	12	=	\$0
7 Bedrooms		x	\$1,779	x	12	=	\$0
8 Bedrooms		x	\$1,963	x	12	=	\$0
9 Bedrooms		x	\$2,147	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	4						\$35,184
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$35,184

**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		
3. Case Management	partial salary for one staff person	\$15,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$15,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$15,000

**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:	\$0
Total Value of In-Kind Commitments:	\$40,000
Total Value of All Commitments:	\$40,000

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Dove Center	09/04/2019	\$40,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Dove Center  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/04/2019
- 6. Value of Written Commitment: \$40,000

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

## 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	\$35,184	1 Year	\$35,184
4. Supportive Services	\$15,000	1 Year	\$15,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$50,184
8. Admin (Up to 10%)			\$5,000
9. Total Assistance Plus Admin Requested			\$55,184
10. Cash Match			\$0
11. In-Kind Match			\$40,000
12. Total Match			\$40,000
13. Total Budget			\$95,184

**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:**

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## 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:** Duane Yoder

**Date:** 09/16/2019

**Title:** President

**Applicant Organization:** Garrett County Community Action Committee, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am**

**aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

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

## 8B. Submission Summary

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

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

Page	Last Updated
New Project Application FY2019	Page 48
	09/16/2019



<b>1A. SF-424 Application Type</b>	No Input Required
<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>	09/03/2019
<b>1E. SF-424 Compliance</b>	09/03/2019
<b>1F. SF-424 Declaration</b>	09/03/2019
<b>1G. HUD 2880</b>	09/03/2019
<b>1H. HUD 50070</b>	09/03/2019
<b>1I. Cert. Lobbying</b>	09/03/2019
<b>1J. SF-LLL</b>	09/03/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/06/2019
<b>3A. Project Detail</b>	09/03/2019
<b>3B. Description</b>	09/09/2019
<b>3C. Expansion</b>	09/03/2019
<b>4A. Services</b>	09/09/2019
<b>4B. Housing Type</b>	09/06/2019
<b>5A. Households</b>	09/06/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/03/2019
<b>6E. Rental Assistance</b>	09/06/2019
<b>6F. Supp Srvcs Budget</b>	09/06/2019
<b>6I. Match</b>	09/12/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/16/2019