

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: 09/12/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Garrett County Community Action Committee, Inc.

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

	c. Organizational DUNS:	069404523	PLUS 4:	
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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

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: HMIS 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: 05/01/2020

b. End Date: 04/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: 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: 09/12/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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: \$11,858.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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: 09/12/2019

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: 09/12/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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: 09/12/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: 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: 09/12/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$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 inkind 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: HMIS Bonus 2019

3. Project Status: Standard

4. Component Type: HMIS

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.

As the lead HMIS agency, Garrett County Community Action (GCCAC) seeks to strengthen the use of HMIS data. The Garrett CoC has transitioned the HMIS system from EmpowOR software to now using Wellsky Service Point software. This shift has increased the use of staff time and responsibilities for the administration of the HMIS system for this jurisdiction. This bonus project will help support 30% of one and a half staff persons to provide HMIS system administration. These responsibilities include insurances of quality data, adherence to required state and federal reports, participation in the Maryland State Data Warehouse, and assistance to other support providers who are required to use HMIS. Prior to making this transition to Wellsky, Garrett CoC struggled to meet certain compliances in reporting. Increased funding will allow designated staff to focus on the system and be sure all homeless data is recorded. GCCAC has partnered with other Maryland CoCs for training, support and guidance on proper set up of our HMIS system. It is anticipated that having these designated staff whose focus is on HMIS data, a better evaluation of the CoC’s data can be realized and analyzed. With this, the CoC will be able to make effective decisions on use of other state and federal funding so that we meet the true needs of our population.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	10			
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				

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

3C. HMIS Expansion

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

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters.

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If No, explain why and the planned steps for compliance. Max. 500 characters.

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

 Activity	 Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	06/2019
HMIS Software Training	06/2019
Data Quality Training	07/2019
Security Training	07/2019
Privacy/Ethics Training	07/2019
HMIS PIT Count Training	12/2018
Other (must specify)	

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? CoC Bonus

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

4. Select a grant term: 1 Year
HMIS

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

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS 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 funds requested for each activity.

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. Equipment		
2. Software		
3. Services		
4. Personnel	funding is requested to partially fund two staff persons to administer the CoC's HMIS	\$10,780
5. Space & Operations		
Total Annual Assistance Requested:		\$10,780
Grant Term:		1 Year
Total Request for Grant Term:		\$10,780

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:	\$8,000
Total Value of All Commitments:	\$8,000

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	Government	Maryland Departme...	09/11/2019	\$8,000

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Maryland Department of Housing and Community Development
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/11/2019
- 6. Value of Written Commitment:** \$8,000

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	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$10,780	1 Year	\$10,780
7. Sub-total Costs Requested			\$10,780
8. Admin (Up to 10%)			\$1,078
9. Total Assistance Plus Admin Requested			\$11,858
10. Cash Match			\$0
11. In-Kind Match			\$8,000
12. Total Match			\$8,000
13. Total Budget			\$19,858

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: 09/12/2019

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
New Project Application FY2019	Page 39 09/12/2019

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/05/2019
1E. SF-424 Compliance	08/05/2019
1F. SF-424 Declaration	08/05/2019
1G. HUD 2880	08/05/2019
1H. HUD 50070	08/05/2019
1I. Cert. Lobbying	08/05/2019
1J. SF-LLL	08/05/2019
2A. Subrecipients	No Input Required
2B. Experience	08/05/2019
3A. Project Detail	08/05/2019
3B. Description	08/05/2019
3C. HMIS Expansion	08/05/2019
4A. HMIS Standards	08/05/2019
4B. HMIS Training	08/05/2019
6A. Funding Request	08/05/2019
6H. HMIS Budget	08/09/2019
6I. Match	09/12/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	09/12/2019