

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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- 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 2021 CoC Program Competition NOFO.

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: 10/15/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Regional Office of Education

b. Employer/Taxpayer Identification Number (EIN/TIN): 23-7326892

	c. Organizational DUNS:	171659873	PLUS 4:	
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d. Address

Street 1: 201 E Grove Street

Street 2: 3rd Floor

City: Bloomington

County: McLean

State: Illinois

Country: United States

Zip / Postal Code: 61761

e. Organizational Unit (optional)

Department Name: Regional Office of Education

Division Name: Bloomington

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

Prefix: Ms.

First Name: Kimberly

Middle Name:

Last Name: Maddox

Suffix:

Title: Program Administrator

Organizational Affiliation: Regional Office of Education #17

Telephone Number: (309) 200-6639

Extension:

Fax Number: (407) 553-6343

Email: maddoxk@roe17.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: What If Project

16. Congressional District(s):

16a. Applicant: IL-016, IL-013, IL-018

16b. Project: IL-016, IL-013, IL-018
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2022

b. End Date: 09/30/2023

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: Mark

Middle Name:

Last Name: Jontry

Suffix:

Title: Regional Superintendent

Telephone Number: (309) 888-5120
(Format: 123-456-7890)

Fax Number: (407) 553-6343
(Format: 123-456-7890)

Email: jontrym@roe17.org

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

Date Signed: 10/15/2021

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: Regional Office of Education

Prefix: Mr.

First Name: Mark

Middle Name:

Last Name: Jontry

Suffix:

Title: Regional Superintendent

Organizational Affiliation: Regional Office of Education #17

Telephone Number: (309) 888-5120

Extension:

Email: jontrym@roe17.org

City: Bloomington

County: McLean

State: Illinois

Country: United States

Zip/Postal Code: 61761

2. Employer ID Number (EIN): 23-7326892

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$217,500.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
ISBE, McKinney Vento	Grant	\$45,971.00	Support Schools and Families Experiencing Homelessness
ISBE, TAOEP	Grant	\$153,966.00	support decreasing truancy by providing case management and interventions for students and their families
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

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

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%
NA		NA	\$0.00	0%

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

Certification

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

I certify that 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: Mark Jontry, Regional Superintendent

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

Date Signed: 10/15/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Regional Office of Education

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

X

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



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Mark

Middle Name

Last Name: Jontry

Suffix:

Title: Regional Superintendent

Telephone Number: (309) 888-5120
(Format: 123-456-7890)

Fax Number: (407) 553-6343
(Format: 123-456-7890)

Email: jontrym@roe17.org

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

Date Signed: 10/15/2021

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: Regional Office of Education

Name / Title of Authorized Official: Mark Jontry, Regional Superintendent

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

Date Signed: 10/15/2021

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: Regional Office of Education

Street 1: 201 E Grove Street

Street 2: 3rd Floor

City: Bloomington

County: McLean

State: Illinois

Country: United States

Zip / Postal Code: 61761

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Mark

Middle Name:

Last Name: Jontry

Suffix:

Title: Regional Superintendent

Telephone Number: (309) 888-5120
(Format: 123-456-7890)

Fax Number: (407) 553-6343
(Format: 123-456-7890)

Email: jontrym@roe17.org

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

Date Signed: 10/15/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Regional Office of Education

Prefix: Mr.

First Name: Mark

Middle Name:

Last Name: Jontry

Suffix:

Title: Regional Superintendent

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



Date Signed: 10/15/2021

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

We are currently funded through HUD ESG-CV, year 2 funding to provide Street Outreach and Rapid Rehousing Services to individuals and families who are literally homeless. WE have this program fully operationalized and serving clients. We have had HUD money in the past with our TriCounty GED program for many years. We were very successful in serving youth 24 and younger obtain their general education diploma. Our program is administrated by a person with lived experience of the clients we propose to serve individuals 21 yrs and younger how were homeless. In our current program we are placing three families in residences through our RRH program, despite the barriers in our region. With this grant, we just finished our first quarter performance and have served 9 families.

Other federal funding we currently have and or have had in the past include: U.S. Dept of Education SEED (Supporting Effective Educational Development) 84.423, EIR (Education Innovation & Research) 84.411, MKV 84.196A; U.S. Dept of Labor Career Link 17.259; U.S. Dept of Agriculture Distance Learning & Telemedicine 10.855; ISBE Federal Funds Subrecipient, Title II Teacher Quality 84.367A, ESSER I 84.425D, ESSER II 84.425D, ESSER Digital Equity 84.425D, ESSER Professional Development 84.425D, National School Lunch 10.555, School Breakfast 10.553.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

The Regional Office of Education #17 (ROE#17) exists under regulatory guidelines as directed by the Illinois School Code. ROE’s are essential offices that partner with the Illinois State Board of Education to support local school districts. Our mission is to advocate for education by providing positive leadership, coordinating and delivering state and local services, and disseminating information for educators, school districts, and the community. ROE#17 has been supporting the field of education for over 100 years. We are already building, fostering, and collaborating with private and public sectors to carry out our ESG program such as, having emergency food boxes from local church ready to when a family is picked up off the street and placed in an emergency shelter situation. All of our clients legal issues are sent directly to Prairie State Legal to their homeless branch of advocacy. And most importantly, the commitment from our school districts serving over 30,000 children to refer MKV eligible families for assistance with RRH and supportive services.

We understand the need is greater than the resources available for placing families in safe shelters and supporting them through a state of housing stability, which requires us and we are committed to continually seeking additional funding for services and supports needed but not funded through this grant. In addition, we will be matching this project with both in-kind contributions from the local school districts throughout our four county region. As well as, providing match money to pair our McKinney-Vento State funding to work together to best serve this proposed project.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Our day to day accounting system is managed through Skyward. Skyward is a leading platform in the field of education. We have used this system for many years. Our functional accounting system is in accordance with generally accepted accounting principles. In addition, we staff a full-time accountant, whose duties are strictly to manage our financial department. In addition, we have a fiscal audit performed by an independent party.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

1. CoC Number and Name: IL-512 - Bloomington/Central Illinois CoC

2. CoC Collaborative Applicant Name: PATH, Inc

3. Project Name: What If Project

4. Project Status: Standard

5. Component Type: Joint TH & PH-RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

This project seeks to serve individuals and families through Rapid Rehousing and Support. Services include case management, linking with community organizations and providing essential services and support necessary to support growth towards long term sustainable housing to bring an end to homelessness. We have matching grants with DOE, McKinney Vento that enable us to do homeless awareness and remove some barriers to getting kids in school benefitting from their education which will complement this project. Based on current conditions ROE#17 is prepared to serve 85 if not more individuals; rapidly rehousing 20 families; of which 60 will be school aged children, 3-21 yrs old.

Individuals and families served will be referred for Rapid Rehousing at the time they are determined eligible for McKinney-Vento protections in school. All served will qualify based on criteria established by HUD and our COC, currently policy is "at or below 50% of the Area Median Income. Our serving area includes those who live in DeWitt, Livingston, Logan, and McLean Counties. Our program priorities include serving those who are chronically homeless, fleeing or attempting to flee domestic violence and human trafficking, and those who identify with LGBTQ and other disenfranchised groups. Including, unaccompanied youth 21 and younger.

ROE17 administrative offices are in the same building as PATH and our COC lead. However, all proposed project staff will work from home-offices throughout our region. Median income for this region ranges from \$55,160 - \$67,675. The U.S. Census Bureau indicates on average 17% of the population reported not being white. African American represent 5.6%, and Hispanic or Latino 4.1%. As well, 1 in 4 women and 1 in 10 men experience some form of domestic violence, whether it's physical, emotional, sexual, or psychological. Our region has 35,000 students in public schools; forty percent are eligible for Free and Reduced Lunches. The field predicts, 8 to 10% of those 14,000 are students considered as being homeless, which is 1,400 students and their families who should otherwise be identified as potential families for this program but continue to go unserved.

This McLean County Community Health Needs Assessment, 2019, reports 31% of youth feeling sad or helpless and 16% youth seriously considered attempting suicide. The top 3 areas of need were access to care, behavioral health, and healthy eating and lifestyles. The 2 top reasons identified as barriers included having no medical coverage and affordability. In Addition, we have one domestic violence shelter and one homeless shelter with the capacity to serve only a few families. Highlighting the need for emergency shelter. The nearest shelter outside of our region is at least an hour's drive away. Thus resulting families are left to make decisions to live under unhealthy and uninhabitable conditions just to try to keep their families stable and only deepens the disconnect.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	5			
Begin program participant enrollment	5			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	10			
Leased or rental assistance units or structure, and supportive services near 100% capacity	60			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input 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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? 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"/>

5c. Will the project prevent program participant termination 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"/>

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No

4A. Supportive Services for Participants

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

Once approved for assignment to a case management team, school personnel and one project staff person will meet with the family to collectively identify immediate needs and resources. Services can begin the moment they are identified.

Case management will develop initial housing plans with each family that enables movement towards housing stability. These goals will be revisited at least every three months. It is important to note, our internal case management services regard at least one monthly contact with all clients served through our Truancy and Outreach programs. In addition, the frequency of updating housing plans may happen more expeditiously rather than waiting 3 months, 6 months or even a re-evaluation point.

Housing Plans address barriers and goals, they are driven by self-determination and a lens with Housing First. Family financial resources and appropriate budgeting will offer families to see how their education, and wages influence self-sufficiency.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

All of ROE17’s Homeless Outreach goals and objectives are guided and advised by ROE17 Homeless Advisory has a broad regional representative Our vision includes having an advisory representative of individuals who mirror those we seek to provide services too.

This committee has approximately 25 members, meets at least quarterly, just started and has met twice in the month of September 2021. The emphasis of including members who have previously experienced homelessness from populations representing the LGBTQ community, families fleeing or attempting to flee domestic violence and human trafficking that will prompt inclusion in the planning process to address homelessness, identify and determine gaps in policies for revision, be a voice and leader as a stakeholder on local COC meetings, various other community committees, provide input for future decisions, and provide direct expertise related to our submission for resources to serve individuals and families experiencing homelessness.

School Liaisons

Schools are the respected HUB for services in communities, across our immediate region, along with churches, they both provide a myriad of supportive

services to individuals and families. Through our partnerships with the 30 school districts, we have identified 31 Lead Liaisons and 22 Sub-Liaisons as the natural case manager, or source of referrals for assistance through programs outlined in this proposal, allowing our outreach staff to co-case manage maximizing efficiency. Homeless Liaisons, de facto board, who are generally administrators of school districts, including Superintendents and Principals. Each of our schools across the region have a point of contact working on homeless issues at the school level, we refer to these individuals as Sub-Liaisons, they are in every school building and a direct support for providing services to individuals and families who are experiencing homelessness. These individuals also facilitate eligibility and case management services for students and families who are homeless under the MKV definition.

It is through these collective collaborations we have been able to begin documenting gaps in services and supports and are more equipped to hoist resources more effectively. These collaborations have led to our writing for this funding to remove barriers for the community of homeless youth and families to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness. To this end promoting the goal of ending homelessness.

3. For all supportive services available to program 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	Non-Partner	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Daily
Child Care	Non-Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

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

4B. Housing Type and Location

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

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

	TH	RRH	Total
Total Units:	0	20	20
Total Beds:	0	20	20
Housing Type	Housing Type (JOINT)	Units	Beds
---	Single family hom...	20	20

4B. Housing Type and Location Detail

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

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

2. Housing Type: Single family homes/townhouses/duplexes

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

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

2a. Units: 20

2b. Beds: 20

5. Address

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

Street 1: 201 E Grove Street

Street 2: 3rd Floor

City: Bloomington

State: Illinois

ZIP Code: 61701-3808

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.

(for multiple selections hold CTRL key)

170660 Bloomington, 179105 Livingston County,
179113 McLean County, 179107 Logan County,
175010 Normal, 179039 De Witt 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	20	0	0	20
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
Persons over age 24	20	0		20
Persons ages 18-24	5	0		5
Accompanied Children under age 18	60		0	60
Unaccompanied Children under age 18			0	0
Total Persons	85	0	0	85

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	5	0	0	5	1	6	3	0	0	5
Persons ages 18-24	0	0	0	2	0	2	1	0	0	0
Children under age 18	0			17		17	10	5	5	6
Total Persons	5	0	0	24	1	25	14	5	5	11

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

Persons not represented by a listed subpopulation may not necessarily directly fall into these categories, but they will have an immediate family member that

does. This is important because someone experiencing homelessness could have an immediate relative involved in their up-bringing that may have contributed to historical variables that led to their current homelessness. We want to allow for this as we are continually identifying this population. This grant really makes it possible to understand our homeless population more intimately.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

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

4. Select a grant term: 2 Years

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

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



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		\$0
2. Assistance with Moving Costs	Storage fee's for clients to safely store their belongings; provides for 12 months of storage, typically serving 2-5 families	\$1,250
3. Case Management	total staff 5, 2 have lived experience. 20 admin/case mgr; .25 case mgr; .05 (3 case managers)	\$47,000
4. Child Care		\$0
5. Education Services	Fee's for families to take GED/HiSET HS Diploma to increase employability (at least 6 adults access to take their high school equivalency test)	\$750
6. Employment Assistance		\$0
7. Food	Emergency Assistance when no other resource is currently available (this will provide for at least 10 families immediate meals)	\$500
8. Housing/Counseling Services	RRH Rapid Rehousing Assistance Deposit Unit and Rent 20 families \$2000 each paid to their landlords	\$20,000
9. Legal Services		\$0
10. Life Skills		\$0
11. Mental Health Services	Counseling and other MH treatment (serve 10 individuals \$50 towards MH and Counseling services)	\$500
12. Outpatient Health Services	Medical Co-Payments; Vision and Dental Services (serve 10 individuals \$50 towards doctor appoints, vision or dental services)	\$500
13. Outreach Services	Emergency Assistance Hotels shelter to families eligible for RRH; Year-around Survivor Gear (wool socks, tents, sleeping bags, etc., for families who chose to stay where they are, if unsheltered)	\$15,000
14. Substance Abuse Treatment Services		\$0
15. Transportation	\$9,000 towards 2 Vehicle(s) Lease Year 2 to pick up and transport families and their belongings by staff. Originally leased under ESG-SV instructed by DHS HUD staff to submit year 2 of the lease in this proposal and \$2000 transportation time for staff transporting clients (total staff 5, 2 have lived experience. 20 admin/case mgr; .25 case mgr; .05 (3 case managers))	\$11,000
16. Utility Deposits	Initial Deposits and Arrearages (serve 10 families at \$250 for initial deposits and arrearages)	\$2,500
17. Operating Costs		\$0
Total Annual Assistance Requested		\$99,000
Grant Term		2 Years
Total Request for Grant Term		\$198,000

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$26,213
Total Amount of In-Kind Commitments:	\$30,000
Total Amount of All Commitments:	\$56,213

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Name of Source	Amount of Commitments
In-Kind	Private	Homeless Liaisons...	\$30,000
Cash	Government	MKV Annual Grant	\$17,625
Cash	Private	Other unrestricte...	\$8,588

Sources of Match Detail

1. Type of Match commitment: In-Kind

2. Source: Private

3. Name of Source: Homeless Liaisons/Advisory

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$30,000

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.

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: MKV Annual Grant

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$17,625

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Other unrestricted grant funding

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$8,588

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	2 Years	\$0
2b. Leased Structures	\$0	2 Years	\$0
3. Rental Assistance	\$0	2 Years	\$0
4. Supportive Services	\$99,000	2 Years	\$198,000
5. Operating	\$0	2 Years	\$0
6. HMIS	\$0	2 Years	\$0
7. Sub-total Costs Requested			\$198,000
8. Admin (Up to 10%)			\$19,500
9. Total Assistance Plus Admin Requested			\$217,500
10. Cash Match			\$26,213
11. In-Kind Match			\$30,000
12. Total Match			\$56,213
13. Total Budget			\$273,713

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: Mark Jontry

Date: 10/15/2021

Title: Regional Superintendent

Applicant Organization: Regional Office of Education

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

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

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

8B. Submission Summary

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

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
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/15/2021
1E. SF-424 Compliance	10/12/2021
1F. SF-424 Declaration	10/12/2021
1G. HUD 2880	10/15/2021
1H. HUD 50070	10/12/2021
1I. Cert. Lobbying	10/12/2021
1J. SF-LLL	10/12/2021
IK. SF-424B	10/12/2021
1L. SF-424D	10/12/2021
2A. Subrecipients	No Input Required
2B. Experience	10/15/2021
3A. Project Detail	10/15/2021
3B. Description	10/15/2021
3C. Expansion	10/15/2021
4A. Services	10/15/2021
4B. Housing Type	10/15/2021
5A. Households	10/15/2021
5B. Subpopulations	10/15/2021
6A. Funding Request	10/15/2021
6F. Supp Srvcs Budget	10/15/2021
6I. Match	10/15/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	10/12/2021

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