

## 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

**If "Revision", select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 08/01/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** IL0288

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Bloomington

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 37-6001563

	<b>c. Organizational DUNS:</b>	060864170	<b>PLUS 4</b>	
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### d. Address

**Street 1:** P.O. Box 3157

**Street 2:** 109 E. Olive

**City:** Bloomington

**County:** McLean

**State:** Illinois

**Country:** United States

**Zip / Postal Code:** 61702

### e. Organizational Unit (optional)

**Department Name:** N/A

**Division Name:** Community Development

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

**Prefix:** Mrs.

**First Name:** Jennifer

**Middle Name:**

**Last Name:** Toney

**Suffix:**

**Title:** Grants Coordinator

**Organizational Affiliation:** City of Bloomington

**Telephone Number:** (309) 434-2342

**Extension:**  
**Fax Number:** (309) 434-2802  
**Email:** [jtoney@cityblm.org](mailto:jtoney@cityblm.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-6200-N-25

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

**13. Competition Identification Number:**

**Title:**

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

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

15. Descriptive Title of Applicant's Project: Mayors Manor S+C

## 16. Congressional District(s):

a. Applicant: IL-015, IL-011  
(for multiple selections hold CTRL key)

b. Project: IL-015  
(for multiple selections hold CTRL key)

## 17. Proposed Project

a. Start Date: 01/01/2019

b. End Date: 12/31/2019

## 18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

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

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** David

**Middle Name:** A

**Last Name:** Hales

**Suffix:**

**Title:** City Manager

**Telephone Number:** (309) 434-2210  
**(Format: 123-456-7890)**

**Fax Number:** (309) 434-2802  
**(Format: 123-456-7890)**

**Email:** admin@cityblm.org

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

**Date Signed:** 08/01/2018



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** City of Bloomington

**Prefix:** Mr.

**First Name:** David

**Middle Name:** A

**Last Name:** Hales

**Suffix:**

**Title:** City Manager

**Organizational Affiliation:** City of Bloomington

**Telephone Number:** (309) 434-2210

**Extension:**

**Email:** admin@cityblm.org

**City:** Bloomington

**County:** McLean

**State:** Illinois

**Country:** United States

**Zip/Postal Code:** 61702

**2. Employer ID Number (EIN):** 37-6001563

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

**4. Amount of HUD Assistance Requested/Received:** \$25,773.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Mayors Manor S+C P.O. Box 3157 Bloomington Illinois

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

**Part I Threshold Determinations**

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

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

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** David Hales, City Manager

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

**Date Signed:** 08/01/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Bloomington

**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;	

### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.  
 Refer to addresses entered into the attached project application.

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

X

accurate.

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** David

**Middle Name:** A

**Last Name:** Hales

**Suffix:**

**Title:** City Manager

**Telephone Number:** (309) 434-2210  
**(Format: 123-456-7890)**

**Fax Number:** (309) 434-2802  
**(Format: 123-456-7890)**

**Email:** admin@cityblm.org

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

**Date Signed:** 08/01/2018

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

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

**Applicant's Organization:** City of Bloomington

**Name / Title of Authorized Official:** David Hales, City Manager

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

**Date Signed:** 08/01/2018

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** City of Bloomington

**Street 1:** P.O. Box 3157

**Street 2:** 109 E. Olive

**City:** Bloomington

**County:** McLean

**State:** Illinois

**Country:** United States

**Zip / Postal Code:** 61702

**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:** David

**Middle Name:** A

**Last Name:** Hales

**Suffix:**

**Title:** City Manager

**Telephone Number:** (309) 434-2210  
**(Format: 123-456-7890)**

**Fax Number:** (309) 434-2802  
**(Format: 123-456-7890)**

**Email:** admin@cityblm.org

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

**Date Signed:** 08/01/2018



## **Information About Submission without Changes**

**After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.**

**If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.**

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**

On March 23rd, 2017 Mayors Manor experienced a fire, which caused damage to 16 of the 26 units. The fire displaced residents in the 16 units from March 23rd to November 3rd 2017.

No funds were drawn for the first quarter because funds were not available from the Treasury till June. No funds were drawn for the 2nd and 3rd quarter due to the residents being housed elsewhere while the building was being repaired from the fire. Since this grant was for rental assistance and with the residents housed elsewhere during the rehabilitation, we were not able to draw down the funds. We requested a budget modification from HUD for the cost of rehousing the residents during the rehabilitation of the affected units, but were denied due to the cost not being an eligible expense under the funding guidelines for this grant. We then requested rehabilitation expenses for the mold remediation that was done during the repairs, since it was an eligible expense under the grant, but that request was also denied. We therefore could not utilize the funds during that period. Our grant monitor let us know that we will not be penalized for future funding due to the extenuating circumstances, which was the fire and the time needed for the rehabilitation.

## Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No  
If "No" click on "Next" or "Save & Next" below 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: \$23,193**

Organization	Type	Type	Sub-Award Amount
Mid Central Community Action Inc	M. Nonprofit with 501C3 IRS Status		\$23,193

## 2A. Project Subrecipients Detail

**a. Organization Name:** Mid Central Community Action Inc

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 37-0903245

	<b>* d. Organizational DUNS:</b>	196651152	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 540 W. Washington Street

**Street 2:**

**City:** Bloomington

**State:** Illinois

**Zip Code:** 61701

**f. Congressional District(s):** IL-015  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$23,193

### j. Contact Person

**Prefix:** Ms.

**First Name:** Senna

**Middle Name:**

**Last Name:** Adjabeng

**Suffix:**

**Title:** Program Director

**E-mail Address:** sennaa@mccainc.org

**Confirm E-mail Address:** sennaa@mccainc.org

**Phone Number:** 309-834-9249

**Extension:**

**Fax Number:** 309-828-6589

### 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** IL0288

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** IL-512 - Bloomington/Central Illinois CoC

**2b. CoC Collaborative Applicant Name:** PATH, Inc

**3. Project Name:** Mayors Manor S+C

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Does the PH project provide PSH or RRH?** PSH

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

**7. Will this renewal project be part of a new application for a Renewal Expansion Grant?** No

### 3B. Project Description

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

5 Units of Shelter Plus Care to link permanent housing rental assistance to supportive services for hard to serve single, adult homeless persons with disabilities (primarily those who are seriously mentally ill; have chronic problems with alcohol, drugs, or both; or have acquired immunodeficiency syndrome- AIDS and related diseases.

**2. Does your project have a specific population focus? Yes**

**2a. Please identify the specific population focus. (Select ALL that apply)**

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

Other:

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing Yes**

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>



History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

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

**3d. Does the project follow a "Housing First" approach? Yes**

## 3C. Dedicated Plus

### Dedicated and DedicatedPLUS

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.** 100% Dedicated

## 4A. Supportive Services for Participants

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

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

**2. Please identify whether the project includes the following activities:**



**2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units: 5**

**Total Beds: 5**

**Total Dedicated CH Beds: 5**

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	5	5

## 4B. Housing Type and Location Detail

**1. Housing Type:** Single Room Occupancy (SRO) units

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

**a. Units:** 5

**b. Beds:** 5

**3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 5

**This includes both the "dedicated" and "prioritized" beds from previous competitions.**

### 4. 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:** 504 W. Washington Street

**Street 2:**

**City:** Bloomington

**State:** Illinois

**ZIP Code:** 61701

**5. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

170660 Bloomington

## 5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	5	0	5

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	5		5
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	5	0	5

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24			5	3	0	0	2	5	0	0
Adults ages 18-24			0	0	0	0	0	0	0	0
<b>Total Persons</b>	0	0	5	3	0	0	2	5	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

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



0%	Directly from the street or other locations not meant for human habitation.
100%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages



## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- |                     |                                     |
|---------------------|-------------------------------------|
| Leased Units        | <input type="checkbox"/>            |
| Leased Structures   | <input type="checkbox"/>            |
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/>            |
| Operating           | <input type="checkbox"/>            |
| HMIS                | <input type="checkbox"/>            |

## 6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$24,900	
Total Units:		5	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
N/A	IL - Bloomington, IL HUD Metro FMR Ar...	5	\$24,900

## Rental Assistance Budget Detail

Type of Rental Assistance: N/A

Metropolitan or non-metropolitan fair market rent area: IL - Bloomington, IL HUD Metro FMR Area (1711399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	5	x	\$415	\$415	x	12	=	\$24,900
0 Bedroom		x	\$553	\$553	x	12	=	\$0
1 Bedroom		x	\$613	\$613	x	12	=	\$0
2 Bedrooms		x	\$810	\$810	x	12	=	\$0
3 Bedrooms		x	\$1,099	\$1,099	x	12	=	\$0
4 Bedrooms		x	\$1,408	\$1,408	x	12	=	\$0
5 Bedrooms		x	\$1,619	\$1,619	x	12	=	\$0
6 Bedrooms		x	\$1,830	\$1,830	x	12	=	\$0
7 Bedrooms		x	\$2,042	\$2,042	x	12	=	\$0
8 Bedrooms		x	\$2,253	\$2,253	x	12	=	\$0
9 Bedrooms		x	\$2,464	\$2,464	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	5							\$24,900
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$24,900

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

## 6D. 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:	\$6,443
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$6,443

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	DHS	01/01/2019	\$6,443

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** DHS  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 01/01/2019
- 6. Value of Written Commitment:** \$6,443

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$24,900
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$24,900
7. Admin (Up to 10%)	\$873
8. Total Assistance plus Admin Requested	\$25,773
9. Cash Match	\$6,443
10. In-Kind Match	\$0
11. Total Match	\$6,443
12. Total Budget	\$32,216

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Documentation	06/29/2018
3) Other Attachment	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Match Documentation

## **Attachment Details**

**Document Description:**



## 7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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** David Hales

**Date:** 08/01/2018

**Title:** City Manager

**Applicant Organization:** City of Bloomington

**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).**

X
---

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?** No

**2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.** Make changes

**3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

- Part 6-Change in budget match information
- Part 4-Change in match documentation

**The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	08/01/2018
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required

Renewal Project Application FY2018	Page 46	08/23/2018
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<b>1D. SF-424 Congressional District(s)</b>	08/01/2018
<b>1E. SF-424 Compliance</b>	08/01/2018
<b>1F. SF-424 Declaration</b>	08/01/2018
<b>1G. HUD-2880</b>	08/01/2018
<b>1H. HUD-50070</b>	08/01/2018
<b>1I. Cert. Lobbying</b>	08/01/2018
<b>1J. SF-LLL</b>	08/01/2018
<b>Recipient Performance</b>	08/01/2018
<b>Renewal Grant Consolidation</b>	08/01/2018
<b>2A. Subrecipients</b>	08/01/2018
<b>3A. Project Detail</b>	08/01/2018
<b>3B. Description</b>	08/01/2018
<b>3C. Dedicated Plus</b>	08/01/2018
<b>4A. Services</b>	08/01/2018
<b>4B. Housing Type</b>	08/01/2018
<b>5A. Households</b>	08/01/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/01/2018
<b>6A. Funding Request</b>	08/01/2018
<b>6C. Rental Assistance</b>	08/01/2018
<b>6D. Match</b>	08/01/2018
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/01/2018
<b>7B. Certification</b>	08/01/2018
<b>Submission Without Changes</b>	08/01/2018

**Illinois Grant Accountability and Transparency  
Notice of State Award**

06/01/18

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<b>STATE OF ILLINOIS GRANT INFORMATION</b>	
State Award Identification	Name of State Agency (Grantor): Department Of Human Services Department/Organziation Unit: Bureau of Basic Supports
State Award ID Number (SAIN)	658-7552
State Program Description	<p><b>Scope of Services</b> The Supportive Housing Program will deliver supportive services to low-income persons residing in permanent housing units, who are formerly homeless or at risk of becoming homeless; or to homeless persons residing in transitional facilities who are prepared to move into permanent housing as specified in the provider's program plan. The Provider must provide case management, advocacy, and counseling. The Supportive Housing Program Provider will adhere to requirements outlined in the Supportive Housing Statute, which is located at: 305 ILCS 5/12-4.5.</p> <p><b>Deliverables</b></p> <ol style="list-style-type: none"> <li>1. All participants are to be provided with case management services, counseling services and advocacy services with-in five days of admittance to the program. All participants must have documented access, when applicable, to other supportive services.</li> <li>2. All participants will have a service plan developed for implementation within the first week of admittance to the program. The individual service plan must detail monthly outcomes as well as ongoing goals to be accomplished by the participant(s) with the assistance of the Provider.</li> <li>3. All participants will have access to case management services outside of normal business hours of operation including, but not limited to, evening case management service hours.</li> <li>4. All participants will have a completed intake and assessment done upon entry into the program. The Provider must submit all intake and assessment forms to IDHS annually for approval.</li> <li>5. All progress and supportive services for participants will be tracked and progress reported within each participants case file that includes, at a minimum, a record of the participants supportive services, case management, progress, and benefit assistance.</li> <li>6. The Provider will have a community outreach plan which includes a detailed description for notifying the community of the program, hours of operation, and admittance/eligibility requirements into the program(s) they administer for IDHS. This plan may include outreach to the other community service agencies, the local FCRC, and other outreach entities. IDHS must be advised of any publication and distribution of flyers, printed materials and brochures that are part of the IDHS funded program(s).</li> <li>7. The Provider will have a written agreement or Memorandum of Understanding (MOU) for referrals to other social service agencies. The MOU must include a description:             <ol style="list-style-type: none"> <li>a. of the types of service(s) to be provided;</li> <li>b. detailing how referrals will be handled by each entity; and</li> <li>c. of any follow-up actions.</li> </ol> </li> <li>8. The Provider will have a referral process that assists program participants with enrollment into public benefit programs such as TANF, Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), All Kids, medical and disability assistance, as well as other resources that address the needs of the program participants.</li> <li>9. The Provider will have the ability to down-load the IDHS SNAP application and distribute it to eligible households.</li> <li>10. The Provider will accurately report outcomes and submit reports to IDHS within the designated time frames utilizing the web-based reporting system.</li> <li>11. The Provider will submit data as requested to fulfill IDHS performance requirements</li> </ol>
Announcement Type	Initial
Agency (Grantor) Contact Information	Name: Angela Campo Phone: 217/524-5975 Email: Angela.Campo@illinois.gov

<b>GRANTEE INFORMATION</b>	
Grantee / Subrecipient Information	Name: Mid Central Community Action Inc. Address: 1301 W. Washington Street, Bloomington, IL 61701 Phone: 309-834-9240 Email: dwhite@mccainc.org



**Illinois Grant Accountability and Transparency  
Notice of State Award**

06/01/18

Page 2 of 6

Grantee Identification	GATA: 671605    DUNS: 196651152    FEIN: 370903245
Period of Performance	Start Date: 7/1/2018    End Date: 6/30/2019

<b>FUNDING INFORMATION</b>			
FUND	CSFA	CFDA	AMOUNT
GRF	444-80-0658		\$90,824.00
Medicaid Trust Fund	444-80-0658		\$16,942.00
TOTAL			\$107,766.00

*(M) Currently used by State of Illinois for "Match" or "Maintenance of Effort" (MOE) requirements on Federal Funding. Funding is subject to Federal Requirements and may not be used by Grantee for other match requirements on other awards.*

<b>TERMS AND CONDITIONS</b>	
Grantee Indirect Cost Rate Information	Rate: Base: Period:
Research & Development	No
Cost Sharing or Matching Requirements	Yes : There is a 25% match requirement
Uniform Term(s)	CODE of FEDERAL REGULATIONS Title 2: Grants and Agreements PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200)  Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1  Illinois Administrative Code
Grantor-Specific Term(s)	This Notice of State Award (NOSA) is not an agreement. This NOSA is not a guarantee of an agreement. IDHS will publish its agreements in the CSA Tracking System after you return a signed copy of this NOSA to IDHS.  Please note the items identified for Section 3. Please contact your DHS program representative within 30 days to implement a plan to address the identified issues within the next 90 days. Should you have any questions please speak with the DHS contact for your award.
Program-Specific Term(s)	THE FOLLOW ARE GATA EXCEPTIONS AND ARE NOT REQUIRED FOR THIS PROGRAM:  MERIT BASED REVIEW This program was competitively bid for FY2017 and FY2019. It is anticipated that current programs who maintain successful outcomes will be renewed in FY2020 and FY2021.  NOFO This program was competitively bid for FY2017 and FY2019. It is anticipated that current programs who maintain successful outcomes will be renewed in FY2020 and FY2021.

**SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - FISCAL AND ADMINISTRATIVE**

**The nature of the additional requirements**

**GATA Conditions:**

**06 - Audit (2 CFR 200.500)**

Requires desk review of the status of implementation of corrective actions;

**10 - Subrecipient Monitoring and Management (2 CFR 200.330 - 332)**

Requires technical support in the form of required training; Requires additional prior approvals;

**Agency Adjustments / Explanation:**

None

**The reason why the additional requirements are being imposed**

**GATA Conditions:**

**06 - Audit (2 CFR 200.500)**

Medium to high risk will result in repeated audit findings, potential questioned cost and increase of administrative and programmatic specific conditions that will increase the cost or managing the grant program.

**10 - Subrecipient Monitoring and Management (2 CFR 200.330 - 332)**

Medium to high risk increases the likelihood that subrecipients are not compliant with grant requirements and could result in fraud,waste and abuse occurring without being detected on a timely basis.

**Agency Adjustments / Explanation:**

None

**The nature of the action needed to remove the additional requirement, if applicable**

**GATA Conditions:**

**06 - Audit (2 CFR 200.500)**

Completion of corrective action plan implementation.

**10 - Subrecipient Monitoring and Management (2 CFR 200.330 - 332)**

Implementation of corrective action to enhance the subrecipient monitoring and management.

**Agency Adjustments / Explanation:**

None

**The time allowed for completing the actions, if applicable**

**GATA Conditions:**

**06 - Audit (2 CFR 200.500)**

When corrective action is complete.

**10 - Subrecipient Monitoring and Management (2 CFR 200.330 - 332)**

One year from the implementation of corrective action.

**Agency Adjustments / Explanation:**

None

**The method for requesting reconsideration of the additional requirements imposed**

**GATA Conditions:**

**06 - Audit (2 CFR 200.500)**

When corrective action is complete.

**10 - Subrecipient Monitoring and Management (2 CFR 200.330 - 332)**

One year from the implementation of corrective action.

**Agency Explanation:**

None

**SPECIFIC CONDITIONS ASSIGNED TO GRANTEE - MERIT-BASED REVIEW**

**The nature of the additional requirements**

**Agency Adjustments / Explanation:**

{MBR\_Section1}

**The reason why the additional requirements are being imposed**

**Agency Adjustments / Explanation:**

{MBR\_Section2}

**The nature of the action needed to remove the additional requirement, if applicable**

**Agency Adjustments / Explanation:**

{MBR\_Section3}

**The time allowed for completing the actions, if applicable**

**Agency Adjustments / Explanation:**

{MBR\_Section4}

**The method for requesting reconsideration of the additional requirements imposed**

**Agency Explanation:**

{MBR\_Section5}

**SIGNATURE PAGE**

**Circle one:** Accept NOSA / Reject NOSA

\_\_\_\_\_  
Institution / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Official

\_\_\_\_\_  
Title (Chief Financial Officer or equivalent)

\_\_\_\_\_  
Date of Execution