

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- 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 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/13/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**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:** IL-512 COC Planning Application FY2018

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

**a. Applicant:** IL-015, IL-011  
**b. Project:** IL-015, IL-011  
**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 10/01/2019  
**b. End Date:** 09/30/2020

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

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

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

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

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

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

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** 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:** 09/13/2018



# 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:** \$45,991

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** IL-512 COC Planning Application FY2018 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:** 07/18/2017

# 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:** 09/13/2018

## **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
---

**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:** 09/13/2018

# 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.

**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  
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**Email:** admin@cityblm.org

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

**Date Signed:** 09/13/2018



## 2A. Project Detail

**1a. CoC Number and Name:** IL-512 - Bloomington/Central Illinois CoC  
**1b. Collaborative Applicant Name:** PATH, Inc

**2. Project Name:** IL-512 CoC Planning Application FY2018

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

### **1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

One agency, PATH, will be the coordinator for services across the 11 counties in the Central Illinois Continuum of Care. This position also serves as the lead entity for HMIS. HMIS will be a vehicle for communication among the counties in the CCoC.

The Board for the Continuum is utilized for formal decision-making and to finalize operating standards. The board process will be reviewed at least every three years. The board will have at least one person who is homeless to serve as a representative of the homeless population. The Board has members from several of the 11 counties, and has a representative for the youth population.

The planning person will work to ensure the continuing implementation and monitoring of the Coordinated Point of Entry process. The CPOE process will utilize a single door approach with Hubs or centralized locations in three counties, plus the utilization of a phone system assessment and intake through 2-1-1 services. This method requires proper input into the HMIS system for the planning person to ensure that the HMIS system is being utilized in the proper manner allowing for better quality of data.

We want to strengthen our continuum with the development of policies regarding quality standards for housing, and prioritizing of households for rapid re-housing. Along with the continuum, the planning person will develop a complete strategic plan that will be updated at least every three years. The planning person will prepare the CoC Applicant grant and collect and review the project applicants grants prior to submission as well as tracking APR's for all projects, and responsibility for AHAR.

The planning person will consult with state and local government Emergency Solutions Grant program recipients within the Continuum on the plan for allocating Emergency Solutions Grant program funds and reporting on and evaluating the performance of Emergency Solutions Grant program recipients and sub recipients. Also the planning person will be responsible for the point-in-time count as well as the housing inventory count. The Planning person will monitor CoC funded projects using a Board approved monitoring tool to ensure compliance with HUD regulations and the HEARTH Act. The Planner will oversee all committees to ensure regular meetings and movement towards ending homelessness. Lastly the planning person will complete the outreach plan for homeless individuals and families. PATH has served as the lead entity for the Central Illinois Continuum of Care since 1998.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

**Proposed Activities:**

Monitor HMIS data entry -ongoing with monitoring statistics being reviewed on a monthly basis. The management plan is to stay in touch with the funded projects through the CCoC meetings (every other month) and setting deadlines prior to the annual grant.

Implementation and Monitoring of Coordinated Point of Entry system: Monthly review of the CPOE including the list of clients at high risk for housing on a weekly review with the CPOE staff. The Planning Position will continue to hold meetings when there are concerns over the 11-counties.

Complete strategic plan- 7/1/18 to 9/1/19 We will manage this process through the Executive Committee and will hold 1-2 meetings of the full Continuum following a format defined in the book Strategic Planning for Non-Profits and other sources.

Submit CoC Application grant- As determined by NOFA deadline. Review all pre-documentation for accuracy

Collect and review all Project Applicants- As determined by NOFA deadline

Track and ensure completion of APR- ongoing

Submit AHAR- As determined by HUD deadline

Coordinate P.I.T. and H.I.C.- 12/1/19 to 2/28/20

Complete outreach plan for homeless individuals and families-by March 2019

Complete evaluation and monitoring of Project Applicants- 3/1/19 to 6/1/19

In order to assure effective and timely completion of all work, the Planning position will be supervised by the director who will have a copy of the above listed dates. The board will also have a copy of the above dates to ensure tasks are being completed in a timely manner. Lastly, the planning position will report to the board on a monthly basis the progress towards completion of these activities.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The planning position will drive better statistics that show the economic value of the programs as well as the quality of funded projects. Continue improve the CoC's ability to evaluate the outcome of CoC and ESG projects as there currently is not a single entity that has this as a responsibility. A uniform monitoring tool will be created to ensure objectivity when evaluating projects. On-site evaluations are more easily conducted with these funds. This position will allow for time to monitor HMIS input from all organizations and allowing for more control over input through coordinated assessment.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

This is unknown at this time as we are hoping for reallocation from projects to fund this application. We will continue to do due diligence on other grant opportunities

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Bi-Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

- a. Written agendas of CoC meetings? Yes
  - b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
  - c. Process for monitoring outcomes of ESG recipients? Yes
  - d. CoC policies and procedures? Yes
  - e. Written process for board selection? Yes
  - f. Code of Conduct for board members that includes a recusal process? Yes
  - g. Written standards for administering assistance? Yes
4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Executive Committee	This committee shall be composed of the officers of the Board of Directors. The Executive Committee will have all the powers and authority of the Board in the intervals between Board meetings but will remain subject to the direction and control of the full Board. In addition the Executive Committee will coordinate, monitor, and ensure the quality and transparency of the work of the CCoC, its Board and its agents.	Bi-Monthly	IKAN, Chestnut Health Systems, PATH, Crosspoint Human Services, Your Family resource Connection, LIFE-CIL, Kankeke County Community Services, Catholic Charities Diocese of Joliet-Horizons, Project Oz
System Performance and Planning Committee	This Committee will collaborate with the Continuum of Care Planner, the Collaborative Applicant, service providers, and others to: plan for and conduct an annual point-in-time count, conduct a gaps analysis, assist with completion of the consolidated plan, create a housing plan to address homelessness, recommend for board approval priorities to be used in ranking requests for Continuum of Care funding, consult with Emergency Solutions Grant(ESG) recipients to establish a plan for allocating ESG program fund	Bi-Monthly	PATH, IKAN, Labyrinth House, Mid-Central Community Action, Recycling Furniture for Families, the City of Bloomington
Recipient Approval and Evaluation Committee	This committee will: Review and recommend for Board the consolidated application for CoC funding prepared by the Collaborative Applicant, review requests for CCoC endorsement of new projects, consult with recipients/subrecipients and perspective recipients/subrecipients of Continuum of Care funding to establish appropriate performance measures, evaluate the performance of recipients/subrecipients of Continuum of Care and ESG funds and recommend actions to be taken against poor performers, use performance evaluations and funding priorities established by the Board to rank requests for Continuum of Care funds, develop and oversee the operation of grievance procedures for agencies whose applications for funding	Bi-Monthly	Catholic Charities Diocese of Joliet-Horizons, CAPCIL, Community Health Care Clinic, Bloomington Housing Authority, Children's Home and Aid, and the Salvation Army Kankakee, PATH

<p>Coordinated Intake and Assessment Committee</p>	<p>This Committee will work with ESG recipients and CoC recipients to develop the following: plan to establish a coordinated system for registering individuals, families and providing an initial, assessment of needs for housing and/or services, establish written standards for providing assistance, develop policies and procedures for determining and prioritizing households for services and housing, a specific plan to guide the operation of the coordinated assessment system in addressing the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers</p>	<p>Bi-Monthly</p>	<p>PATH, Crosspoint Human Services, the Salvation Army Bloomington, Home Sweet Home, the Children's Home and Aid, and the Salvation Army Kankakee, Catholic Charities Diocese of Joliet, Mid Central Community Action, Chestnut, Project Oz</p>
<p>End Veteran Homelessness Committee</p>	<p>This committee works to end veteran homelessness within our Continuum. The committee will use the benchmarks and evaluation tools set forth by USICH. The committee will create and maintain a byname list of Veterans experiencing homelessness within the Continuum. The committee will plan for housing veterans in accordance with policy and procedure.</p>	<p>Quarterly</p>	<p>PATH, SSVF, VA, Catholic Charities Diocese of Joliet, Prince Home, the Salvation Army Bloomington, the Salvation Army Kankakee, the Salvation Army Danville</p>

## 4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$11,498
Total Value of All Commitments:	\$11,498

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	24/7 Call Center ...	08/20/2018	\$11,498

## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** 24/7 Call Center Operating Expenses  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/20/2018
- 6. Value of Written Commitment:** \$11,498

**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.**



## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

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

**3. Select a grant term:** 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	The Planner continue to develop, enhance and manage a coordinated assessment process.	\$8,832
<b>2. Project Evaluation</b>	The Planner will provide recipient support and technological assistance/ policy guidance to ESG and CoC recipients. The planner will identify and respond to program requests for technical assistance or program refinement that will result in enhanced performance.	\$8,513
<b>3. Project Monitoring Activities</b>	The Planner will conduct an on-site visits for Coc and ESG recipients to ensure compliance with regulations.	\$3,529
<b>4. Participation in the Consolidated Plan</b>	The Planner will contribute to the Consolidated Plan for all 5 jurisdictions within the CoC to include participation in meeting, phone calls ect... to update and enhance the Con Plan.	\$6,597
<b>5. CoC Application Activities</b>	The Planner develop and submit the continuum's application for funding under the continuum of care program as the Collaborative Applicant, and will coordinate the submission of the Project Applications.	\$5,325
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>	The Planner will complete policies and procedures for the CoC and monitor the system.	\$5,746
<b>8. HUD Compliance Activities</b>	The Planner will plan for and conduct the annual point in time count and the Housing Inventory Count. The Planner will be lead entity for the HMIS and ensure HMIS data quality and training.	\$7,449
<b>Total Costs Requested</b>		\$45,991
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$11,498
<b>Total Match</b>		\$11,498
<b>Total Budget</b>		\$57,489

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In Kind Match MOU	09/06/2018

## Attachment Details

**Document Description:** In Kind Match MOU

## 5B. 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

**Name of Authorized Certifying Official:** David Hales

**Date:** 09/13/2018

**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

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/20/2018
<b>1E. SF-424 Compliance</b>	08/16/2018
<b>1F. SF-424 Declaration</b>	08/16/2018
<b>1G. HUD 2880</b>	08/16/2018
<b>1H. HUD 50070</b>	08/16/2018
<b>1I. Cert. Lobbying</b>	08/16/2018
<b>1J. SF-LLL</b>	08/16/2018



<b>2A. Project Detail</b>	08/16/2018
<b>2B. Description</b>	09/10/2018
<b>3A. Governance and Operations</b>	08/20/2018
<b>3B. Committees</b>	08/20/2018
<b>4A. Match</b>	08/20/2018
<b>4B. Funding Request</b>	08/20/2018
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	09/06/2018
<b>5B. Certification</b>	08/16/2018



August 16<sup>th</sup>, 2018

**Business Office**  
201 E. Grove St., Suite 200  
Bloomington, IL 61701

PH: (309) 827-4005  
FAX: (309) 827-7485  
[www.pathcrisis.org](http://www.pathcrisis.org)

**2-1-1: 24/7 Information,  
Referral, Crisis Response**

**Information Resources**

- Human Services Directory
- Specialized Directories
- PATH-O-GRAM
- On-line Directory
- Community Resources Seminars

**Homeless Services**

- Outreach
- Housing and Benefits
- Case Management

**Volunteer Opportunities**

- Crisis Line Workers



PATH, Inc.  
201 E Grove Street  
Bloomington, IL 61701

RE: McLean County Planning Project  
2018 HUD Continuum of Care Competition

This is to document that an in-kind match in the amount of \$11,498 will be provided through the 2-1-1 Call Center, an integral piece of Homeless Services that connects individuals in housing crisis to PATH staff and services.

The amount of the in-kind match is available from October 1, 2019 through September 30, 2020.

The 2-1-1 center is a part of PATH and is a 24/7 call center operation and handles over 45,000 calls annually. It is operated by PATH in a separate division from homeless services. The total cost of the call center is \$447,000. The value of \$11,498 is a portion of the 24/7 fiber optic line telephone costs.

If you have any questions please feel free to contact me at 309-834-0500.

Best,

Karen Zangerle  
Executive Director