

## 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 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) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 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.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2015 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 11/09/2015

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** Clark County

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 88-6000028

	<b>c. Organizational DUNS:</b>	083782953	PL US 4	
--	--------------------------------	-----------	---------------	--

### d. Address

**Street 1:** 1600 Pinto Lane

**Street 2:**

**City:** Las Vegas

**County:** Clark

**State:** Nevada

**Country:** United States

**Zip / Postal Code:** 89106

### e. Organizational Unit (optional)

**Department Name:** Department of Social Service

**Division Name:**

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

**Prefix:** Mrs.

**First Name:** Brooke

**Middle Name:**

**Last Name:** Page

**Suffix:**

**Title:** Sr. Management Analyst

**Organizational Affiliation:** Clark County

**Telephone Number:** (702) 455-3704

**Extension:**

**Fax Number:** (702) 455-5950

**Email:** brooke.page@clarkcountynv.gov

# 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** B. County Government

**If "Other" please specify:**

**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-5900-N-25

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

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

15. Descriptive Title of Applicant's Project: HMIS Northern Nevada 2015

16. Congressional District(s):

a. Applicant: NV-004, NV-003, NV-001

b. Project: NV-002

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2016

b. End Date: 06/30/2017

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

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

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Timothy

**Middle Name:**

**Last Name:** Burch

**Suffix:**

**Title:** Director

**Telephone Number:** (702) 455-6584  
**(Format: 123-456-7890)**

**Fax Number:** (702) 455-5950  
**(Format: 123-456-7890)**

**Email:** tib@clarkcountynv.gov

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

**Date Signed:** 11/09/2015

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

### **Instructions:**

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

Since 1972, Clark County Social Service (CCSS), a unit of local government in Southern Nevada, was established to provide financial assistance for rent, mortgage, and utility payments to eligible residents. For 42 years CCSS has provided a wide variety of social services to urban and rural residents of Clark County, Nevada. Regionally, CCSS is a key stakeholder in the Southern Nevada Regional Planning Coalition's (SNRPC) Southern Nevada Homelessness Continuum of Care Board (SNHCoC), formerly the Committee on Homelessness (CoH). CCSS is the collaborative applicant for the Southern Nevada Continuum of Care (CoC). This regional partnership coordinates efforts to prevent and end homelessness in Southern Nevada. Utilizing Clark County's governmental and fiscally sound experience and the CoC's governance structure, CCSS is well equipped to implement the Northern Nevada HMIS project as the statewide HMIS lead.

CCSS is responsible for providing a social service safety net that provides financial support to the most service resistant, at-risk, and high-risk populations trying to attain self-sufficiency who are not assisted by other federal, state, or local programs. CCSS effectively utilizes various federal, state, and local funding sources to provide these social services:

In 2009, as a HUD, State of Nevada, and City of North Las Vegas grantee recipient, CCSS was awarded \$4,170,265 from the jurisdiction's Homeless Prevention Rapid Re-housing Program (HPRP) initiatives. With these resources homelessness was prevented or ended for 3,489 individuals or 1,287 households.

Since 1994, CCSS has administered the Welfare Set-Aside Program (WSAP). CCSS receives \$328,600 annually from the State of Nevada, to provide emergency housing assistance to families and seniors in the community. In fiscal year 2014 914 clients were provided with emergency housing assistance.

CCSS was awarded the Transitional Living Program (TLP) grant funded by the Administration on Children, Youth, and Families, Family Youth Services Bureau (FYSB) to provide housing assistance and case management to run away and homeless youth with an annual budget of \$200,000 for 5 grant terms. During fiscal year 2014 a federal site visit was conducted by FYSB for the TLP where there were no fiscal or programmatic findings for CCSS. Since January 2013, CCSS has served 33 clients out of the required 74 total by September 2017.

In 2013, CCSS received \$5.5 million in grant funding from the US Health Resources and Services Administration (HRSA) to administer the Ryan White Part A program that provides lifesaving medical and support services to people living with HIV/AIDS. CCSS served a total of 2,062 people. Of those, 899 received Medical care and 519 were reported as virally suppressed.

Utilizing County general fund dollars under the Financial Assistance Service (FAS) program for fiscal year 2014 (July 1, 2013 – June 30, 2014), CCSS was able to provide \$5,384,818.08 in rental assistance. The average number of clients served per month during fiscal year 2014 was 1,392 clients of which 170 on average were homeless.

In September 2014, CCSS was awarded a subcontract from the State of Nevada byway of the Department of Health and Human Service's Substance Abuse and Mental Health Services (SAMHSA) Administration for The Vivo Project proposed for the Nevada CABHI-State Supplemental (CABHI-SS). The

CABHI-SS grant provides the staffing to implement Intensive Case Management (ICM) evidence-based practices, combining evidence-based treatment, to 50 homeless veterans with severe mental illness and chronically homeless individuals with co-occurring mental health and substance use disorders annually.

In September 2014, CCSS was awarded directly from SAMHSA to provide the Grants to Benefit Homeless Individuals with Supportive Services utilizing The Vivo Project program design to provide supportive services to 50 eligible clients annually.

Reimbursement requests for these federally funded grants are completed at least once a month and reports are submitted either quarterly or annually based upon each funder's reimbursement policies.

CCSS' experience with administering HUD funded PSH projects comes from New Beginnings which currently serves 210 individuals as of June 30, 2014 with demographics that include chronically homeless Veterans and Non-Veterans, transition age youth and adults ages 18 and older, with chronic substance abuse, persons with HIV/AIDS, Severely Mentally Ill, and clients with physical and/or developmental disabilities.

Other examples of CCSS performance the activities proposed in the application include:

The Homeless Outreach Unit, through community collaborations and partnerships, provides outreach services for the homeless as well as intensive case-management services in order to maximize resources within Clark County. Clark County has adopted a regional plan to end homelessness.

CCSS is the project lead for the CoC's Homeless Management Information System (HMIS) administered by BitFocus. Year one of the SHP-HMIS Expansion grant achieved implementation of Clarity Passport swipe cards at larger shelter providers; integration, and reporting capabilities; improvement of data tools for the homeless census; SOAR assessment and reporting; PATH integration and reporting; and shelter bed reservation system. Year two implemented the functionality for coordinated intake and assessment, which utilizes an assessment tool and service match within HMIS.

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

CCSS serves as the fiscal agent for a host of federal grant programs which all require leveraging resources including TLP through the FYSB, Ryan White through HRSA, and Continuum of Care funding through Housing and Urban Development (HUD). As the fiduciary agent, CCSS awarded sub grants to local nonprofits for program implementation.

Through a regional homeless agreement, CCSS leverages joint funding with four (4) other local government jurisdictions (Boulder City, Henderson, Las Vegas, North Las Vegas) to provide inclement weather shelter services, HMIS administration, and regional homeless coordination efforts.

In 2000, CCSS became the administrator of the State of Nevada Welfare Set-Aside funds (WSAP) for Southern Nevada which provides rental, utility, and relocation assistance for eligible households.

In 2005, CCSS became the fiscal agent for State funding which provided services for homeless storage facilities, mobile crisis intervention services, housing assistance, and intensive case management for the chronically homeless.

In July 2014 CCSS became the 'HUB' pilot location for the Southern Nevada Continuum of Care (CoC) Coordinated Intake for individual adults, which is a single access point and process for people to receive prevention, housing, and/or other related services. All single individual adults entering CCSS are assessed for CCSS services, services available through the CoC as well as services throughout the community utilizing the Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT) or VI-SPDAT. Intake services provided by CCSS staff can be used as leveraging resources.

During fiscal year 2015 (July 1, 2014 – June 30, 2015), CCSS was awarded various federal grants to include 4 from HUD, 1 from FYSB, 2 from Substance Abuse and Mental Health Services Administration (SAMHSA), and 1 from HRSA.

Additionally, CCSS utilizes Upper Payment Limits (UPL), limits set by Centers for Medicare & Medicaid Services (CMS) regulations on the amount of Medicaid payments a state may make to hospitals, nursing facilities, and other classes of providers and plans, to leverage for federal, state and local grant opportunities. The UPL generally is keyed to the amounts that can reasonably be estimated would be paid, in the aggregate, to the class of providers in question using Medicare payment rules.

CCSS also acts as the lead organization coordinating the local Continuum of Care and submits the consolidated application.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

The internal CCSS management structure includes the Department Director who supervises a management team, which supervises analysts and direct line staff. Externally, the Department Director reports to the Clark County Manager's office, which reports to the Board of County Commissioners (BCC). All contracts over \$50,000 must be reviewed and approved by the District Attorney's Office and go before the BCC for final approval and signature, which includes contracts executed by the Purchasing Department on behalf of CCSS.

All financial transactions are reviewed and approved by CCSS, Clark County Finance Department, and the Clark County Comptroller's Office.

Clark County uses Systems Applications and Products (SAP) accounting software as the system of record for all financial transactions. Accounting clerks enter information into SAP, which is then approved by CCSS Fiscal Services Administrator, Department Director, and Clark County Financial Analyst. Transactions over \$10,000 are also approved by the Clark County Budget Director and over \$25,000 approved by the Clark County Chief Financial Officer. Payments are then made by the Clark County Comptroller's Office.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No



### 3A. Project Detail

#### Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "9A. Notice of Intent to Appeal."

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2015 CoC Program Competition.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1a. CoC Number and Name:** NV-501 - Reno, Sparks/Washoe County CoC

**1b. CoC Applicant Name:** The City of Reno

**2. Project Name:** HMIS Northern Nevada 2015

**3. Project Status:** Standard

**4. Component Type:** HMIS

**5. Is Energy Star used at one or more of the proposed properties?** No

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

## 3B. Project Description

### Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2015 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select "Yes" or "No."

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this

size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

The project establishes a dedicated HMIS for Northern Nevada to network service providers and provide real time data regarding the utilization of programs and service for individuals and families at risk of, or experiencing homelessness. Our goal is to expand the utilization of HMIS within the community; empowering stakeholders with the ability to assess outputs and outcomes in formats that were previously inaccessible. This dedicated HMIS application will support our implementation of coordinated entry and establishment of a community queue to facilitate rapid assessment and placement of individuals in services while allowing for reporting, and data analysis. The project will include securing a base Clarity Human Services license system and 42 user seat licenses to utilize HMIS. In addition, monthly system administration and project management services will service facilitates and coordinates all activities in the successful operation and implementation of the HMIS. The System Administrator acts as the liaison between the Continuum of Care, community partner agencies, and assists in the generation and submission of program and community-level reports from the HMIS, including the Exhibit 1 consolidated application to HUD, the Annual Housing Assessment Report (AHAR), and other community performance measure reporting. Technical Support services will be provided to 150 system users at provider agencies participating in the local CoC HMIS with the required technical assistance. Technical Support will include end-user training, data quality assessment, help-desk phone support, and support tasks necessary to the successful operation of a multi-agency collaborative system. By establishing a dedicated HMIS, the CoC will fund the infrastructure necessary to continue the integration efforts of our Coordinated Entry system to fully track the full lifecycle of our clients. As clients are assessed, prioritized, matched, and placed into housing, our HMIS System will ensure prioritization and tracking of all clients. Additionally, it will create a value-added model that would encourage organizations that are not currently mandated to use HMIS to participate. The Dedicated HMIS will also provide the CoC with the ability to collect and report performance measurements, expanded reporting options, provide housing/program inventory control, referral routing and lifecycle control, multiple system interfaces to improve data quality by reducing duplicate entry and foster further participation, as well as allow data driven decision making. These enhancements will be a cornerstone in the evaluation of program effectiveness and allow the CoC to make financial investments in those areas that provide the highest impact.

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

Licenses will be secured each month and paid for monthly to cover all approved users. System administration support will begin on 7/1/15 and occur monthly thereafter. Technical support will be available upon demand with services beginning 7/1/15. All existing users will be retained with no interruption in service as the current software is utilized by the applicant and will remain the software of choice. The applicant will monitor Participation agreements, client consent forms, interagency sharing agreements, system-user agreements and user code of ethics policy beginning in July 2015. Maintenance of a list of Agency Administrators for the entire Continuum of Care will be continuous to ensure the ability to communicate regularly participating organizations. The project will oversee AHAR reporting and monitor any changes to reporting requirements. Quarterly coordination and monitoring will be provided for all changes to the database resulting from revisions to the HMIS data standards. Monthly reports will be provided to the Continuum of Care Board regarding HMIS activities. Including oversight of community-level reporting related to HMIS participation, bed coverage, and other required information. Work will be reviewed monthly to ensure effective and timely completion of all activities.

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

### 3C. HMIS Expansion

**Instructions:**

HMIS PROJECTS ONLY

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? (required) Select Yes or No to indicate whether or not the proposed project will increase the capacity or function of the CoC's existing HMIS..

2. Indicate the scope of the proposed expansion: If Yes was selected for question 1, explain in narrative form how the project will build off of the current capacity or function of the existing HMIS. Please describe both how the new funds will be incorporated into the framework of the existing project and how the expansion will allow the CoC to operate more broadly and/or efficiently.

One or more of the following four activities may constitute an HMIS expansion project and each option requires the recipient to provide further explanation for the option(s) it has chosen:

- Replacing the loss of nonrenewable funding
- Increase the # of participating HMIS agencies and/or programs
- Increase geographic coverage of HMIS
- Increase HMIS functionality related to service information

If replacing the loss of non-renewable funding the applicant must answer what the non-renewable funding source, why the funds are non-renewable, the date the funds will expire, and what steps it is taking to obtain other funding sources.

If increasing the number of participating HMIS agencies and/or programs the applicant must identify the number of agencies and/or programs added according to the agencies and programs identified in the table. Additionally, the applicant must identify the expected increase in HMIS coverage by stating the current HMIS coverage rate per component type and identify the expected HMIS coverage rate that will result from awarding funds for this application.

If increasing the geographic coverage of HMIS the applicant must identify the additional geographies the HMIS is adding to its coverage.

If increasing HMIS functionality the applicant must describe the increased functionality.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Will the requested funds increase the capacity or function of the CoC's existing HMIS?** No

## 4A. HMIS Standards

### Instructions:

Complete all fields on this form to indicate the proposed project's compliance with HMIS standards.

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? (required) Select Yes or No to indicate whether the HMIS is programmed to collect all of the Universal Data Elements, as outlined in the HMIS Data Standards, last revised in March 2010.

1b. If no, explain why and the planned steps for compliance: (required if No to 1a) Applicants must explain why they are not currently in compliance and how they intend to change their HMIS to comply with the Universal Data Elements.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc): (required) Select Yes or No to indicate the ability for the HMIS to meet HUD reporting requirements, including Annual Performance Reports, quarterly reports, and data for CAPER/ESG reporting.

2b. If no, explain why and the planned steps for compliance: (required if No to 2a) Applicants must explain what they are not able to currently produce HUD-required reports and how they intend to change their HMIS to comply with reporting requirements.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional resources:

Application Detailed Instructions (on left menu)

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

<https://www.onecpd.info/coc/>

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

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

not applicable

**2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc).** Yes

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



not applicable

- 3. Can the HMIS currently search client records to determine if a client is actively receiving services in the CoC?** Yes
  
- 4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?** Yes
  
- 5. Does the HMIS Lead have a security officer?** Yes
  
- 6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?** Yes
  
- 7. Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?** Yes
  
- 8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)** Yes
  - a. How long does it take to remove access rights to former HMIS users?** Within 24 hours

## 4B. HMIS Training

**Instructions:**

Enter the date of the last training (mm/yyyy): (required) - Enter the date of the last training for the HMIS trainings identified in the list in the prescribed format (mm/yyyy). If there has been no training, please enter 00/0000.

Specify Other(s): (optional) - enter up to 3 additional HMIS trainings that apply to the implementation of the proposed project, and enter the implementation date for each additional training.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional Resources:

Application Detailed Instructions (on left menu)  
<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>  
<https://www.onecpd.info/coc/>

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

&nbsp;Activity	&nbsp;Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	
HMIS Software Training	07/2016
Data Quality Training	07/2016
Security Training	07/2016
Privacy/Ethics Training	07/2016
HMIS PIT Count Training	01/2017
Other (must specify)	
Coordinated Intake	07/2016

## 7A. Funding Request

### Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2017: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2017. The FY 2015 HUD Appropriations Act requires HUD to obligate FY 2015 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2015 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2015 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Will it be feasible for the project to be under grant agreement by September 30, 2017?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?**      Reallocation

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

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

HMIS

## Funding\_Request HIDDEN

**(HIDDEN) Grant Term in years, for use in calculations:** 1

**(HIDDEN) Grant Term in Months, for use in calculations:** 12

<b>Acquisition/Rehabilitation/New Construction (Hidden)</b>	
<b>Supportive Services (Hidden)</b>	
<b>Rental Assistance (Hidden)</b>	
<b>Leased Units (Hidden)</b>	
<b>Leased Structures (Hidden)</b>	
<b>Housing Relocation &amp; Stabilization (Hidden)</b>	
<b>Operations (Hidden)</b>	
<b>HMIS (Hidden)</b>	X

## 7H. HMIS Budget

**Instructions:**

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

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount funds requested for each activity.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant term:** This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Equipment</b>		\$0
<b>2. Software</b>	42 User Seat Licenses and Base System cost for the Clarity Human Services HMIS Platform	\$26,600
<b>3. Services</b>	System Administration, Help Desk, and Technical Support services to assist the 150 User multi-agency implementation	\$90,377
<b>4. Personnel</b>		\$0
<b>5. Space &amp; Operations</b>		\$0
<b>Total Annual Assistance Requested:</b>		\$116,977
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$116,977

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

## 7I. Sources of Match/Leverage

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

### Summary for Match

Total Value of Cash Commitments:	\$32,494
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$32,494

### Summary for Leverage

Total Value of Cash Commitments:		\$54,000			
Total Value of In-Kind Commitments:		\$243,360			
Total Value of All Commitments:		\$297,360			
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	Nevada Housing Di...	10/15/2015	\$32,494
Leverage	Cash	Government	State of Nevada D...	10/23/2015	\$54,000
Leverage	In-Kind	Government	City of Reno on b...	10/15/2015	\$243,360

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Nevada Housing Division ESG
- 5. Date of Written Commitment:** 10/15/2015
- 6. Value of Written Commitment:** \$32,494



## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** State of Nevada DHHS DPBH
- 5. Date of Written Commitment:** 10/23/2015
- 6. Value of Written Commitment:** \$54,000

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** City of Reno on behalf of Reno Area Alliance for the Homeless
- 5. Date of Written Commitment:** 10/15/2015
- 6. Value of Written Commitment:** \$243,360

## 7J. Summary Budget

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "9. Admin (Up to 10%)."the "Total Requested for Grant Term for Admin."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0

<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$0	1 Year	\$0
<b>4. Supportive Services</b>	\$0	1 Year	\$0
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$116,977	1 Year	\$116,977
<b>7. Sub-total Costs Requested</b>			\$116,977
<b>8. Admin (Up to 10%)</b>			\$5,845
<b>9. Total Assistance Plus Admin Requested</b>			\$122,822
<b>10. Cash Match</b>			\$32,494
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$32,494
<b>13. Total Budget</b>			\$155,316

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

## 8A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Nevada Housing Di...	10/20/2015
3) Other Attachment(s)	No	City of Reno and ...	10/28/2015

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Nevada Housing Division Match Letter

## **Attachment Details**

**Document Description:** City of Reno and State of Nevada Leverage

## **8B. Applicant 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 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

For 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.

**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:** Timothy Burch

**Date:** 11/09/2015

**Title:** Director

**Applicant Organization:** Clark County

**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

## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	10/27/2015
<b>1E. Compliance</b>	10/27/2015
<b>1F. Declaration</b>	10/27/2015
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	11/04/2015
<b>3A. Project Detail</b>	11/04/2015
<b>3B. Description</b>	11/04/2015
<b>3C. HMIS Expansion</b>	10/27/2015
<b>4A. HMIS Standards</b>	10/29/2015
<b>4B. HMIS Training</b>	11/09/2015
<b>7A. Funding Request</b>	10/27/2015
<b>7H. HMIS Budget</b>	10/29/2015
<b>7I. Match/Leverage</b>	10/28/2015
<b>7J. Summary Budget</b>	No Input Required
<b>8A. Attachment(s)</b>	10/28/2015
<b>8B. Certification</b>	11/09/2015



BRIAN SANDOVAL  
Governor

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
HOUSING DIVISION

1535 Old Hot Springs Road, Suite 50

Carson City, Nevada 89706

Phone (775) 687-2040 • Fax (775) 687-4040

[www.housing.nv.gov](http://www.housing.nv.gov)

BRUCE H. BRESLOW  
Director

CJ MANTHE  
Administrator

October 15, 2015

Timothy Burch, Director  
Clark County Social Service  
1600 Pinto Lane  
Las Vegas NV 89106

Re: Match Letter for RAAH HMIS Grant Application

Director Burch:

This is a letter of commitment between the Nevada Housing Division (Division) and Clark County Social Service (County). The County has been designated as the statewide HMIS Lead Agency and is applying on behalf of Reno Area Alliance for the Homeless for funds to pay for costs associated with the Homeless Management Information System (HMIS). It is understood that the sole use of this letter will be used as evidence of cash match commitment in the County's grant request to the U.S. Department of Housing and Urban Development (HUD).

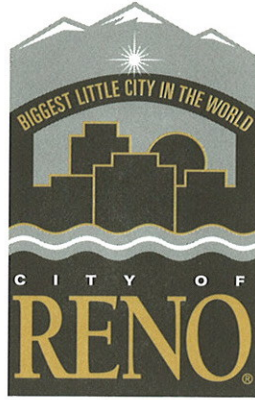
This letter is a prediction, based on past experience, of how much the Division will contribute to the County as match for the 2015 HMIS grant effective July 1, 2016, and should be considered a forward commitment for an allocation of at least \$32,494.00 in State Emergency Solutions Grant Program funds. It is expected that funds will be used to pay for costs associated with HMIS licenses, software, hardware, HMIS personnel, training, etc. for agencies in northern Nevada.

Please let me know if you have any questions regarding this matter.

Thank you.

Sincerely,

Soni L. Bigler  
State of Nevada Grants and Projects Analyst  
ESG Program Manager



October 15, 2015

Timothy Burch, Director  
Clark County Social Service  
1600 Pinto Lane  
Las Vegas NV 89106

Re: Leveraging Letter for RAAH HMIS Grant Application

Director Burch:

This letter certifies that according to the Scope of Work provided by Bitfocus, there are 78 users of the Clarity HMIS database in northern Nevada. It has been estimated by the Reno Area Alliance for the Homeless that each user enters client data into the HMIS database an average of 6 hours a week, totaling 24,336 hours each year. Factoring in that there are 78 users earning a minimum of \$10.00 per hour, it is estimated that a total of \$243,360.00 in salary dollars will be leveraged to support payment of staff to enter client data into HMIS during the period of July 1, 2016 – June 30, 2017.

Without the effort of users in agencies throughout northern Nevada to enter client data into HMIS, information pertaining to services provided and outcomes met would not be available for HUD and RAAH to document efforts to end homelessness.

Respectfully,

A handwritten signature in black ink that reads "Elaine Wiseman". The signature is written in a cursive style with a long, sweeping underline.

Elaine Wiseman

Co-Chair of the Reno Area Alliance for the Homeless

STATE OF NEVADA

BRIAN SANDOVAL  
Governor

RICHARD WHITLEY, MS  
Director



CODY L. PHINNEY, MPH  
Administrator

TRACEY D. GREEN, MD  
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
Bureau of Behavioral Health, Wellness, and Prevention  
Substance Abuse Prevention and Treatment Agency  
4126 Technology Way, 2<sup>nd</sup> Floor  
Carson City, NV 89706  
(775) 684-4190

October 23, 2015

Timothy Burch, Director  
Clark County Social Service  
1600 Pinto Lane  
Las Vegas NV 89106

Re: Leveraging Letter for RAAH HMIS Grant Application

Director Burch:

This letter certifies that the Nevada Division of Public and Behavioral Health (DPBH) will provide an estimated \$80,000.00 in funding to the Homeless Management Information System (HMIS) Vendor Bitfocus sometime during the period of July 1, 2016 – June 30, 2017. These funds will be used to pay for a program that will allow various databases to interface with the statewide Homeless Management Information System. The portion that will be provided on behalf of northern Nevada will be \$24,000.00.

DPBH has an additional \$100,000.00 to expand the number of partner agencies using the HMIS system. These funds will defray the cost of connecting to the system, licensing and help desk support. The goal is to have a true statewide HMIS database that reflects the clients served by programs and services that make up our system of care. The portion that will be provided on behalf of northern Nevada agencies will be \$30,000.00.

The total amount of leverage funding for northern Nevada is anticipated to be \$54,000.00.

Please let me know if you have any questions.

Respectfully submitted,

A handwritten signature in blue ink that reads "Michael McMahon".

Michael McMahon  
Clinical Program Planner

.....