

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/20/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: IA0095

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Crittenton Center

b. Employer/Taxpayer Identification Number (EIN/TIN): 42-0698246

	c. Organizational DUNS:	078009891	PLUS 4	0000
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d. Address

Street 1: 814 Pierce St. Suite 100

Street 2: PO Box 295

City: Sioux City

County: Woodbury

State: Iowa

Country: United States

Zip / Postal Code: 51102-0295

e. Organizational Unit (optional)

Department Name: Permanent Supportive Housing

Division Name: Project Help

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

Prefix: Mrs.

First Name: Monica

Middle Name:

Last Name: Rosenthal

Suffix:

Title: Program Director

Organizational Affiliation: Crittenton Center

Telephone Number: (712) 255-4321

Extension: 131
Fax Number: (712) 252-4743
Email: mrosenth@crittentoncenter.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-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): Iowa, Nebraska
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Project Help PSH

16. Congressional District(s):

a. Applicant: IA-004
(for multiple selections hold CTRL key)

b. Project: NE-003, IA-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2018

b. End Date: 11/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Marian

Middle Name:

Last Name: Burnett

Suffix:

Title: Executive Director

Telephone Number: (712) 255-4321
(Format: 123-456-7890)

Fax Number: (712) 252-4743
(Format: 123-456-7890)

Email: mburnett@crittentoncenter.org

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

Date Signed: 08/20/2018

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: Crittenton Center

Prefix: Mrs.

First Name: Marian

Middle Name:

Last Name: Burnett

Suffix:

Title: Executive Director

Organizational Affiliation: Crittenton Center

Telephone Number: (712) 255-4321

Extension: 149

Email: mburnett@crittentoncenter.org

City: Sioux City

County: Woodbury

State: Iowa

Country: United States

Zip/Postal Code: 51102-0295

2. Employer ID Number (EIN): 42-0698246

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$51,202.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project Help PSH 814 Pierce St. Suite 100 Sioux City Iowa

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: Marian Burnett, Executive Director

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

Date Signed: 08/02/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Crittenton Center

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: Mrs.

First Name: Marian

Middle Name

Last Name: Burnett

Suffix:

Title: Executive Director

Telephone Number: (712) 255-4321
(Format: 123-456-7890)

Fax Number: (712) 252-4743
(Format: 123-456-7890)

Email: mburnett@crittentoncenter.org

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

Date Signed: 08/20/2018

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: Crittenton Center

Name / Title of Authorized Official: Marian Burnett, Executive Director

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

Date Signed: 08/20/2018

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: Crittenton Center
Street 1: 814 Pierce St. Suite 100
Street 2: PO Box 295
City: Sioux City
County: Woodbury
State: Iowa
Country: United States
Zip / Postal Code: 51102-0295

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: Mrs.

First Name: Marian

Middle Name:

Last Name: Burnett

Suffix:

Title: Executive Director

Telephone Number: (712) 255-4321
(Format: 123-456-7890)

Fax Number: (712) 252-4743
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Email: mburnett@crittentoncenter.org

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

Date Signed: 08/20/2018

Information About Submission without Changes

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The original grant term is 12/01/17-11/30/2018, and as such has not expired yet and an APR is not yet due.

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

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

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

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

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: IA0095

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

2a. CoC Number and Name: IA-500 - Sioux City/Dakota, Woodbury Counties CoC

2b. CoC Collaborative Applicant Name: City of Sioux City

3. Project Name: Project Help PSH

4. Project Status: Standard

5. Component Type: PH

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

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

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

3B. Project Description

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

Project Help PSH is a permanent supportive housing program that will provide rental assistance and supportive services to individuals and families who are literally homeless and where one or more people in the home has a disability that limits them from living successfully on their own. All units and beds will be focused on serving the chronically homeless. The project may serve non-chronically homeless when there is an open unit and no chronically homeless to fill the vacancy. Participants may choose the location and apartment in which they want to live. They may also choose to move to another location or different apartment while in the program. Participants will not be mandated to partake in supportive services, but this will be encouraged for their future success. Supportive services will be based on the situational need of each participant entering the program.

At program capacity, Project Help will have four, 1 bedroom units and one 2 bedroom unit. Project Help will only accept referrals for openings through the CoC's Coordinated Entry system. However, the Project Help Caseworker will also conduct outreach in the community to ensure that potential clients are aware of the program and the CE access point in order to complete the CE intake assessment and be placed on the prioritization list for possible referral to Permanent Supportive Housing.

Project Help PSH will address needs by first determining what each participant's needs are. Some may just need housing while others may need intensive supportive services. The level of services will be determined at intake and a service plan will be developed. Each participant will have a choice on where they want to live in this scattered-site program, as they will be the lease holder, receiving rental assistance. Supportive services will include accessing mainstream benefits including food, Medicaid, obtaining a doctor, dentist, and mental health care (if applicable). Participants will also be educated on transportation options and assisted with obtaining these. Participants will be assisted with obtaining furniture and household items. They will also receive help with accessing Social Security Disability, if they qualify for these benefits. If participants want education on job training and finding, this will be included on their service plan. Community partners will provide additional supportive services such as money management and parent education, if applicable.

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

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

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

Other:

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

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

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Units: 5

Total Beds: 7

Total Dedicated CH Beds: 7

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	5	7

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

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

a. Units: 5

b. Beds: 7

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 7

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

4. Address:

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

Street 1: 814 Pierce St. Suite 100

Street 2:

City: Sioux City

State: Iowa

ZIP Code: 51102

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

194812 Sioux City, 199193 Woodbury County,
319043 Dakota County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	1	4	0	5

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	1	3		4
Adults ages 18-24	0	1		1
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	3	4	0	7

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	1	0	0	0	0	1	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	2			0	0	0	0	0	0	0
Total Persons	3	0	0	0	0	1	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	3	0	0	1	0	1	0	1	0	0
Adults ages 18-24	1	0	0	0	0	1	1	0	0	0
Total Persons	4	0	0	1	0	2	1	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

25%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Request for Grant Term:		\$36,252	
Total Units:		5	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IA - Sioux City, IA-NE-SD HUD Metro F...	5	\$36,252

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: IA - Sioux City, IA-NE-SD HUD Metro FMR Area (1919399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	\$359	\$359	x		=	\$0
0 Bedroom	0	x	\$478	\$478	x		=	\$0
1 Bedroom	4	x	\$567	\$567	x		=	\$27,216
2 Bedrooms	1	x	\$753	\$753	x		=	\$9,036
3 Bedrooms	0	x	\$942	\$942	x		=	\$0
4 Bedrooms	0	x	\$1,038	\$1,038	x		=	\$0
5 Bedrooms	0	x	\$1,194	\$1,194	x		=	\$0
6 Bedrooms	0	x	\$1,349	\$1,349	x		=	\$0
7 Bedrooms	0	x	\$1,505	\$1,505	x		=	\$0
8 Bedrooms	0	x	\$1,661	\$1,661	x		=	\$0
9 Bedrooms	0	x	\$1,817	\$1,817	x		=	\$0
Total Units and Annual Assistance Requested	5							\$36,252
Grant Term								1 Year
Total Request for Grant Term								\$36,252

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$821
Total Value of In-Kind Commitments:	\$11,980
Total Value of All Commitments:	\$12,801

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	Center for Siouxl...	08/03/2018	\$1,180
Yes	In-Kind	Private	Siouxland Communi...	08/03/2018	\$3,700
Yes	In-Kind	Private	Crittenton's Reso...	08/03/2018	\$600
Yes	Cash	Private	Crittenton Center...	08/03/2018	\$821
Yes	In-Kind	Private	Heartland Counsel...	08/03/2018	\$6,500

Sources of Match Detail

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: Center for Siouxland - financial money management, renter counseling, representative payee services, VITA income tax preparations
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/03/2018

6. Value of Written Commitment: \$1,180

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

Sources of Match Detail

1. 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: Siouxland Community Health Center - health care and dental care
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/03/2018

6. Value of Written Commitment: \$3,700

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

Sources of Match Detail

- 1. 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: Crittenton's Resource Center - parent education classes
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/03/2018
- 6. Value of Written Commitment: \$600

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

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Crittenton Center - mileage for Caseworker, monthly cell cost, furniture, clothing, and household items donated to the program
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/03/2018
- 6. Value of Written Commitment: \$821

Sources of Match Detail

- 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: Heartland Counseling - hourly cost for therapy
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/03/2018

6. Value of Written Commitment: \$6,500

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.

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$36,252
3. Supportive Services	\$11,600
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$47,852
7. Admin (Up to 10%)	\$3,350
8. Total Assistance plus Admin Requested	\$51,202
9. Cash Match	\$821
10. In-Kind Match	\$11,980
11. Total Match	\$12,801
12. Total Budget	\$64,003

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	MOUs with Heartla...	08/20/2018

Attachment Details

Document Description: MOUs with Heartland Counseling, CFS, CRC, SCHC, and cash match letter

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

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

Name of Authorized Certifying Official Marian Burnett

Date: 08/20/2018

Title: Executive Director

Applicant Organization: Crittenton Center

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

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

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

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

Slight changes were made to the project detail and description. Services were updated to include a new partner and the service they will provide. This also affects the match amounts, the summary budget, and the attachments.

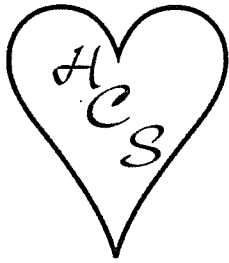
The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/02/2018
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2018	Page 49	09/06/2018
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/08/2018
1E. SF-424 Compliance	08/02/2018
1F. SF-424 Declaration	08/02/2018
1G. HUD-2880	08/02/2018
1H. HUD-50070	08/02/2018
1I. Cert. Lobbying	08/02/2018
1J. SF-LLL	08/02/2018
Recipient Performance	08/20/2018
Renewal Grant Consolidation	08/02/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/02/2018
3B. Description	08/20/2018
3C. Dedicated Plus	08/02/2018
4A. Services	08/20/2018
4B. Housing Type	08/02/2018
5A. Households	08/02/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/02/2018
6A. Funding Request	08/02/2018
6C. Rental Assistance	08/02/2018
6D. Match	08/08/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	08/20/2018
7B. Certification	08/03/2018
Submission Without Changes	08/08/2018



Heartland Counseling Services, Inc.

Mental Health & Substance Abuse Therapy and Education Services

Memorandum of Understanding Between Crittenton Center and Heartland Counseling

This is a memorandum of understanding between Crittenton Center and Heartland Counseling in reference to the Project Help Permanent Supportive Housing program for therapy for participants in the Project Help program.

This memorandum of understanding represents a working agreement between the above stated agencies and facilities regarding service provision in the Project Help Permanent Supportive Housing program in Woodbury County, Iowa and Dakota County, Nebraska.

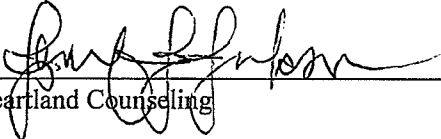
I. Heartland Counseling agrees to:

1. Provide therapy to 2 Project Help program participants at a reasonable rate of \$125 per hour and an average of 2 visits per month for a total contribution of \$6500 between December 1, 2019 and November 30, 2020.

II. Crittenton Center's Project Help Permanent Supportive Housing program agrees to:

1. Incorporate Heartland Counseling's mental health services into the Project Help participants' service plans for therapy.
2. Utilize Heartland Counseling for Project Help participants who are in need of therapy to ensure access to appropriate and timely care.

Crittenton Center and Heartland Counseling have agreed to provide coordinated services in a joint effort to positively impact the lives of individuals/family and reduce the recurrence of homelessness in the Siouxland Community through education and preparation while these individuals/families are in the Project Help Permanent Supportive Housing program.



 Heartland Counseling

8/3/18

 Date



 Crittenton Center

8/3/18

 Date

917 West 21st Street
 PO Box 355
 South Sioux City, NE 68776
 Phone: (402) 494-3337
 Fax: (402) 494-3356

221 W Douglas
 PO Box 246
 O'Neill, NE 68763
 Phone: (402) 336-2800
 Fax: (402) 336-2849

148 E 1st Street
 Valentine, NE 69201
 Phone: (402) 336-2800
 Fax: (402) 336-2849
 PO Box 246
 O'Neill, NE 68763

938 E Zero Street
 Ainsworth, NE 69210
 Phone: (402) 336-2800
 Fax: (402) 336-2849
 PO Box 246
 O'Neill, NE 68763



Memorandum of Understanding Between
Crittenton Center and Siouxland Community Health Center

This is a memorandum of understanding between Crittenton Center and Siouxland Community Health Center in reference to the Project Help Permanent Supportive Housing program for Health Care for clients in the Project Help program.

This memorandum of understanding represents a working agreement between the above stated agencies and facilities regarding service provision in the Project Help Permanent Supportive Housing program in Woodbury County, Iowa and Dakota County, Nebraska.

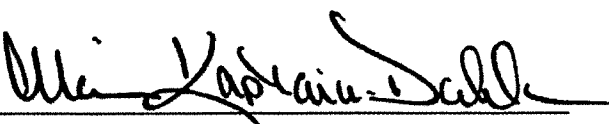
I. Siouxland Community Health Center agrees to:

1. Provide health care for short-term illness, long-term illness or health events such as diabetes or high blood pressure, and injuries to 5 adults in the Project Help program at a reasonable rate of \$185.00 per office visit and an average of 4 office visits per year for a total contribution of \$3,700.00 between December 1, 2019 – November 30, 2020.

II. Crittenton Center's Project Help Permanent Supportive Housing program agrees to:

1. Incorporate Siouxland Community Health Center's health services into the Project Help's clients' service plans for securing a medical home and regular health care.
2. Utilize Siouxland Community Health Center's Clinics for Project Help clients who are in need of healthcare to ensure access to appropriate and timely care.

Crittenton Center and Siouxland Community Health Center have agreed to provide coordinated services in a joint effort to positively impact the lives of individuals/family and reduce the recurrence of homelessness in the Siouxland Community through education and preparation while these individuals are in the Project Help Permanent Supportive Housing program.


Siouxland Community Health Center

8/3/18

Date


Crittenton Center

8/3/18

Date

CENTER FOR SIOUXLAND

Helping People • Empowering Lives • Building Futures



Memorandum of Understanding Between Crittenton Center and Center For Siouxland

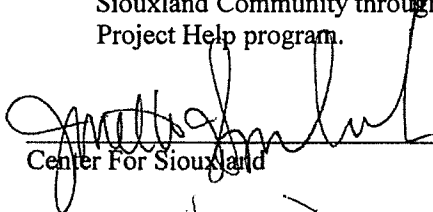
This is a memorandum of understanding between Crittenton Center and Center For Siouxland in reference to the Project Help Permanent Supportive Housing program for Consumer Credit Counseling, and VITA Income Tax Preparation.

This memorandum of understanding represents a working agreement between the above stated agencies and facilities regarding service provision in the Project Help program in Woodbury County, Iowa and Dakota County, Nebraska.

- I. Center For Siouxland agrees to:
 - a. Provide budgeting/money management counseling at a reasonable rate of \$20 per hour for 2 Project Help clients for a total contribution of \$480 between December 1, 2019 and November 30, 2020.
 - b. Provide renter education at a reasonable rate of \$20 per hour for 5 Project Help clients for a total contribution of \$200 between December 1, 2019 and November 30, 2020.
 - c. Provide VITA income tax preparations and filing at a reasonable rate of \$250 per return for 2 Project Help clients for a total contribution of \$500 between December 1, 2019 and November 30, 2020.
 - d. Center For Siouxland will provide quarterly statements, on Center For Siouxland letterhead, detailing the number of Project Help clients served in each area.

- II. Crittenton Center's Project Help Permanent Supportive Housing program agrees to:
 - a. Incorporate Center For Siouxland's Consumer Credit and Housing Counseling/Education into the Project Help clients' service plans for financial/money management and renter education services.
 - b. Incorporate Center For Siouxland's VITA income tax preparation program for clients who are required to file income taxes in order to gain the maximum credits and refunds without the added expense of a paid preparer.
 - c. Utilize Center For Siouxland's programs and services for up to 5 Project Help clients between December 1, 2019 and November 30, 2020.

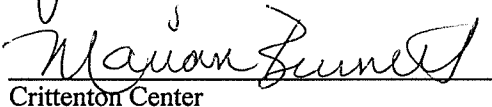
- III. Center For Siouxland and Crittenton Center have agreed to provide coordinated services in a joint effort to positively impact the lives of individuals/family and reduce the recurrence of homelessness in the Siouxland Community through education and preparation while these individuals/families are in the Project Help program.



Center For Siouxland

8-6-18

Date



Crittenton Center

8/6/18

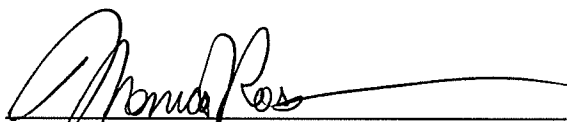
Date

**Memorandum of Understanding Between
Crittenton's Resource Center and
Crittenton Center's Project Help Program**

This is a memorandum of understanding between Crittenton's Resource Center and Crittenton Center's Project Help Program in reference to Crittenton's Resource Center and the Project Help Permanent Supportive Housing program.

This memorandum of understanding represents a working agreement between the above stated agencies and programs regarding service provision to the Project Help Permanent Supportive Housing program in Woodbury County, Iowa and Dakota County, Nebraska.

- I. Crittenton's Resource Center agrees to:**
- 1. Provide individual parenting classes to 1 parent in the Project Help program at a reasonable rate of \$50 per session, for a maximum of 12 sessions for a total contribution of \$600 between December 1, 2019 and November 30, 2020.**
 - 2. Crittenton's Resource Center will provide quarterly statements, on Crittenton Center letterhead, detailing the number of Project Help participants who took classes and how many sessions.**
- II. The Project Help program agrees to:**
- 1. Incorporate Crittenton's Resource Center's individual parenting classes into the applicable Project Help participant's service plans for parenting skills and parent/child relationship building.**
- III. Crittenton's Resource Center and Project Help have agreed to provide coordinated services in a joint effort to positively impact the lives of individuals/families and reduce the recurrence of homelessness in the Siouxland Community through education and preparation while these individuals/families are in the Project Help Permanent Supportive Housing program.**


Crittenton's Resource Center

8/3/18
8/3/18


Crittenton Center's Project Help Program

8/3/18
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Crittenton Center
Helping Families Shine

August 3, 2018

RE: Match provided for Project Help Permanent Supportive Housing Program

This letter confirms that Crittenton Center will provide cash match for the Project Help Permanent Supportive Housing Program in the amount of \$821.00

Mileage for worker: \$250

Cell phone for worker: \$300

Furniture, clothing, and household items donated to or purchased for the program: \$271

Sincerely,

Marian Burnett
Executive Director
Crittenton Center

Date:

