

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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 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.
- 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 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/16/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Clark County

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

	c. Organizational DUNS:	083782953	PLUS 4:	
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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: Assistant Manager

Organizational Affiliation: Clark County

Telephone Number: (702) 455-3704

Extension:
Fax Number: (702) 455-5950
Email: brooke.page@clarkcountynv.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-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): Nevada
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: STAR TH-RRH (Bonus)

16. Congressional District(s):

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

b. Project: NV-004, NV-003, NV-001
(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: Mr.

First Name: Michael

Middle Name: J.

Last Name: Pawlak

Suffix:

Title: Director

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

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

Email: mjp@clarkcountynv.gov

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

Date Signed: 09/16/2017

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: Clark County

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Pawlak

Suffix:

Title: Director

Organizational Affiliation: Clark County

Telephone Number: (702) 455-6584

Extension:

Email: mjp@clarkcountynv.gov

City: Las Vegas

County: Clark

State: Nevada

Country: United States

Zip/Postal Code: 89106

2. Employer ID Number (EIN): 88-6000028

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$515,079.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	CoC Funding Grant	\$5,704,526.00	rental assistance and supportive services for 5 projects
SAMHSA	GBHI Grant	\$400,000.00	for outreach services to support PSH projects

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Michael Pawlak, Director

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

Date Signed: 08/15/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Clark County
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Pawlak

Suffix:

Title: Director

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

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

Email: mjp@clarkcountynv.gov

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

Date Signed: 09/16/2017

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: Clark County

Name / Title of Authorized Official: Michael Pawlak, Director

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

Date Signed: 09/16/2017

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: Clark County
Street 1: 1600 Pinto Lane
Street 2:
City: Las Vegas
County: Clark
State: Nevada
Country: United States
Zip / Postal Code: 89106

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: J.

Last Name: Pawlak

Suffix:

Title: Director

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

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

Email: mjp@clarkcountynv.gov

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

Date Signed: 09/16/2017

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe 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.

CCSS, the applicant of the project, is a unit of local Clark County Government that was established to provide financial assistance to eligible applicants for rent, mortgage & utility payments. For 45 years, CCSS has provided a wide variety of services to indigent residents who are not assisted by other state, federal or local programs. CCSS is responsible for serving individuals throughout Clark County, rural & urban areas. The Resources & Development Unit coordinates outreach services for the homeless and intensive case management services that are provided through community collaborations & partnerships maximizing resources within Clark County. This grant is part of Clark County's 10 point plan to end homelessness by increasing housing capacity for homeless & at risk individuals.

CCSS provides a safety net of human services for Southern Nevada by providing support to low-income, at-risk & high risk populations attaining self-sufficiency. Various services provided to support this mission include providing rental assistance to eligible residents under the Financial Assistance Service (FAS) program. As of June 23, 2017, CCSS provided \$5,785,338 to clients in rental assistance under the FAS program.

Since July 2008, CCSS has grown to administering \$6 million in annual HUD CoC funding. This includes the current permanent supportive housing project New Beginnings (NB) which was originally funded to serve 71 individuals, and is currently serving more than 163 Veterans and Non-Veterans experiencing chronic homelessness, transition age youth and adults ages 18 and older, chronic substance use disorders, persons with HIV/AIDS, severely mentally ill, and persons with physical and/or developmental disabilities. For the program year ending June 30, 2016, outcomes achieved include 100 percent data quality in HMIS & an average bed utilization rate of 102% with 88%nt of persons served achieving housing stability.

CCSS receives \$658,770 annually in grant funding from the State of Nevada to provide emergency housing assistance to families and seniors in the community under the Welfare Set Aside Program (WSAP). During the period of July 1, 2016-June 30, 2017 the WSAP funding provided \$658,770 of emergency housing assistance to 629 households or 1,485 people.

In 2009, CCSS was a grantee from HUD & a subrecipient from the State of Nevada & the City of North Las Vegas for Homeless Prevention Rapid Re-housing Program (HPRP) funds totaling \$4,170,265. Under the "No Wrong Door" model sourced to HPRP, homelessness was prevented or ended for 3,489 individuals or 1,287 households. This was accomplished at a cost of less than \$1,200 per individual.

The Living Beyond Program (TLP/MGH) funded by the Administration for Children and Families, Family Youth Services Bureau (FYSB) provides housing assistance and case management to runaway youth and youth experiencing homelessness with an annual budget of \$200,000. As of 4/30/2017, 73 youth have been served with transitional housing, educational, and employment related services since program inception.

Since September 2014, CCSS has been awarded a subcontract from the State of Nevada Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) for The Vivo Project for the Nevada CABHI-State Supplemental (CABHI-SS). The CABHI-SS grant provides the staffing for Intensive Case Management & evidence-based treatment for Veterans with severe mental illness experiencing homelessness & individuals with co-occurring mental health and substance use disorders experiencing chronic homelessness. Also in September 2014, CCSS was awarded a three year grant directly from SAMHSA to provide supportive services to 50 eligible participants per year from the Grants to Benefit Homeless Individuals with Supportive Services to complement the CABHI-SS grant & provide a complete continuum of service delivery.

Reimbursement requests for these federally funded grants are completed monthly & reports are submitted as required, based upon each funder's reimbursement policies. During fiscal year 2014, a federal site visit was conducted by FYSB where there were no fiscal or programmatic findings. In May 2017, CCSS was monitored by HUD for Healthy Living, NB, and The Vivo Housing Project and there were no fiscal or programmatic findings for these HUD funded programs.

Using a Housing First model, program participants have an increased sense of security due to immediate housing placements allowing for a comfort level in accessing other supportive services, counseling & assistance. Program participants are placed in scattered site housing within local affordable housing complexes across Clark County to meet individual location & comfort needs.

As the HMIS Administrator, CCSS has overseen related HMIS activities since the 2011 CoC competition which expanded HMIS capabilities & functionality to support the local CoC with the implementation of the HEARTH Act & other HUD HMIS guidance. The 2013 renewal provided implementation of the vulnerability index & service prioritization assessment tools and HUD data standards integration, migration & transitional reporting. The 2014 renewal continued to integrate capabilities for coordinated intake functionality & prioritization, performance measurement reporting, housing inventory controls & multiple system interfaces. The 2015 renewal implemented prescreen tools and refinement of existing tools for coordinated intake, updates to the 2016 HUD data standards & programming enhancements. The 2016 grant integrates coordinated intake tools for assessing other subpopulations including youth, families & those fleeing domestic violence; updating current tools to refine prioritization; integration of functions to capture system performance measures; & updates to the 2017 HUD data standards. The grant also continues to provide programming for report customization, data analysis & support.

2. Describe the experience of the applicant and potential subrecipients (if

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any) in leveraging other Federal, State, local, and private sector funds.

CCSS serves as the fiscal agent for a host of federal grant programs including Transitional Living Program through the Family and Youth Services Bureau (FYSB), Ryan White through Health Resources and Services Administration (HRSA), and Continuum of Care funding through Housing and Urban Development (HUD). Each of these grants was awarded to CCSS, who serves as the fiduciary agent and subgrants the funding to local nonprofits for program implementation. Via a regional homeless interlocal 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, and HMIS administration.

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, housing, and intensive case management for the chronically homeless. CCSS also serves as the collaborative applicant coordinating the local Continuum of Care and submits the consolidated application.

In July 2014, CCSS became the single access point location for the Southern Nevada Continuum of Care (CoC) Coordinated Intake for households without children. All households without children entering CCSS are assessed for CCSS services, services available through the Continuum of Care (CoC) as well as services throughout the community utilizing the Southern Nevada Community Housing Assessment Tool. Coordinated intake for the sub-populations of families, youth, and survivors of domestic violence are anticipated to be fully implemented by summer 2017 and will be integrated into CCSS programs upon county-wide implementation.

In January 2015, CCSS was notified of being awarded a new Permanent Supportive Housing Bonus project entitled The Vivo Housing Project. This grant provides 105 chronically homeless units to the community and acts as the first in-house permanent supportive housing project administered by CCSS. Two additional bonus projects were awarded in 2016: ClarkCountyFUSE – a PSH project and Keeping Families Together - a rapid-rehousing project.

During fiscal year 2016 (July 1, 2015-June 30, 2016), CCSS was awarded various federal grants to include five from HUD, one from FYSB, two from Substance Abuse and Mental Health Services Administration (SAMHSA), and one from HRSA.

In July 2016, CCSS was awarded a State Social Service Block Grant through the Fund for a Healthy Nevada which utilizes \$235,000 for bridge housing resources for clients pending eligibility determination for permanent housing.

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.

CCSS programs operate Monday through Friday from 8:00 AM – 5:00 PM, closed on weekends and all federal holidays. Subcontractors assigned to

provide intensive case management have contracts through CCSS and other community providers. Subcontractors operate nontraditional work hours to meet the ongoing needs of the individuals enrolled in programs.

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

1a. CoC Number and Name: NV-500 - Las Vegas/Clark County CoC

1b. CoC Collaborative Applicant Name: Clark County Social Service

2. Project Name: STAR TH-RRH (Bonus)

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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

3B. Project Description

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

STAR (Stability, Tenancy, Access, Restore) PSH (Permanent Supportive Housing) & STAR TH-RRH (Transitional-Rapid Rehousing) are complementary programs that meet the needs of veterans & households experiencing chronic homelessness; high vulnerable individuals, families & transition age youth (TAY) experiencing literal homelessness who have a mental illness or a co-occurring mental illness & substance use disorder (SUD); & high vulnerable homeless frequent users of high cost public systems such as jails & emergency rooms. Through supportive housing, tenancy support, access to treatment & health care benefits, STAR restores lives & provides resources to allow households obtain self-sufficiency.

STAR TH-RRH provides TH to individuals experiencing homelessness who cycle in & out of the criminal justice & other public systems & when they are ready to enter RRH, the program will provide rental assistance on a declining basis. With a sliding scale, clients pay an increasing percentage of their RRH rent as the subsidy schedule progresses. Duration of the program is limited to 24 months & clients are encouraged to reach self-sufficiency prior to the maximum length of the program. The project will provide \$33 ,439 in Intensive Case Management; \$121,063 in supportive services; \$232,058 in cash match for housing navigation, vocational specialist, & additional intensive case management; & \$703,572 in TH-RRH to 57 households experiencing chronic & literal homelessness. The target population will be comprised of 8 households with at least one adult & one child, 40 households with only adults & 9 Transition Age Youth (TAY). Subpopulations include individuals with SUD, severe mental illness, HIV/AIDS, physical &/or developmental disabilities & frequent users of various crisis services.

STAR TH-RRH clients have access to effective mental health & SUD treatment, medication management, primary medical care, psychosocial rehabilitation including life skills training, employment assistance & support services designed to stabilize tenancy & maintain treatment gains. ICM engage clients to overcome the alienation that frequently accompanies homelessness. Peer navigators or mentors help clients navigate through complex social service systems, acquire important self-management skills, help rebuild old family relationships & build new connections. Program results include increases in permanent & stable housing, income & employment, retention in services & social connections; & reductions in alcohol &/or drug use, hospitalizations & criminal justice involvement.

The goals of STAR TH-RRH are to provide client centered & evidence based housing practices to support the needs of the client, reduce incidences of utilization of high cost public systems, support Functional Zero sustainability efforts of Veteran Homelessness & ending homelessness of all subpopulations by 2020 as outlined in the "Opening Doors" federal plan to prevent & end homelessness.

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

STAR TH-RRH operates Monday through Friday from 8:00am-5:00pm, closed on weekends and all federal holidays. Subcontractors and on-call CCSS staff assigned to provide intensive case management and assist with housing navigation operate nontraditional work hours to meet the ongoing needs of the individuals enrolled in the program.

The management plan is governed by the executive leadership of CCSS. The management plan will provide overall direction and guidance, develop outcomes, review model interventions, and develop the program logic model. Leadership will meet quarterly to monitor the program, address any programmatic concerns and monitor the strategic plan. Leadership will ensure effective and timely completion of all work as outlined in the strategic plan by holding the project director and staff accountable through regular reporting and status reports.

STAR TH-RRH has a year one grant start date of December 1, 2018. With carryover from the CCFUSE project, this program will be fully staffed and serving clients previously enrolled in CCFUSE. CCFUSE clients will transition to the STAR PSH program or if they are able to step-down, will transition to STAR TH-RRH.

Staffing of STAR TH-RRH includes 3 Family Services Specialists or similar class 27/28 position to serve as ICM; 1 Youth and Adult Intervention Specialist or similar class 29 position to assist with job readiness; 1 Family Services Supervisor or similar class 30 position to oversee the day to day operations; 1 Administrative Specialist to assist with grant management requirements; and up to 2 Management Analysts to serve as Housing Navigators to support clients in housing searches, conduct HQS and ER inspections & provide tenancy training to clients.

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

*** 4. Please identify the project's specific population focus.
(Select ALL that apply)**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>

Other (Click 'Save' to update)	<input checked="" type="checkbox"/>
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Other: Frequent Users of High Cost Public Systems

5. Housing First

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

b. 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"/>

c. 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"/>

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

6. 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.

CCSS actively searches and develops ongoing relationships with apartment complex property management and property owners to educate them about the program objectives and the target population in order to foster relationships and adequately house clients.

CCSS maintains Memorandum of Understanding (MOU) with each landlord or property owner which clearly describes the property owner's responsibility in maintaining the property according to HQS standards, city and county codes, and other required regulations.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

In accordance with recommendations from the National Alliance to End Homelessness, a Housing First model is used in STAR TH-RRH to stabilize clients in PH for at least 6 months. Housing First requires that the immediate and primary focus for assisting individuals experiencing homelessness be quick access & sustainable housing. The more quickly a person moves into PH, the sooner they can stabilize their life & address other issues. After housing, case-management, mental-health & SUD counseling, employment & other services help develop stability & self-sufficiency. ICM work to assist clients in accessing employment and/or mainstream benefits to ensure housing is not time-limited. Program follow-up addresses employment & mainstream benefit concerns. Life & job skill workshops address navigating systems for greater success. Housing is not contingent upon compliance with services, instead supports are provided to increase adherence to services successfully.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Intensive case management supports program participants in accessing mainstream benefits and/or employment. Through SOAR coordination, program participants are able to access mainstream benefits. Program participants work with ICM to complete all Medical, SSI/SSDI, SNAP applications. Using the knowledge developed during program life skill classes, program participants are able to navigate mainstream benefits and employment systems. Follow-up case management encourages program adherence and helps with clients meeting service goals. Program participants receiving employment meet with case managers following program exit to address any concerns with and to celebrate employment goals.

The client and the ICM develop a person centered case plan (PCCP). The PCCP explicitly outlines the goals for the client, the immediate and measurable steps to be taken, by whom and in what time frame and the role of the ICM in attainment of these goals. To ensure that plans are useful, the client actively participates in the development of the PCCP. The PCCP is updated as needed. ICMs and clients have scheduled meetings at least monthly to evaluate the PCCP.

A self-sufficiency program is implemented to provide the greatest possible support for client and project success. Four major components comprise the self-sufficiency program. These components include: intensive case management; program staff; educational and vocational training; and appropriate use of community resources via program staff.

**4. 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	Partner	Quarterly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Daily
Child Care	Partner	Monthly
Education Services	Partner	Bi-weekly
Employment Assistance and Job Training	Applicant	Weekly
Food	Applicant	Monthly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Applicant	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Partner	Weekly
Outpatient Health Services	Partner	Weekly
Outreach Services	Partner	Daily
Substance Abuse Treatment Services	Partner	Weekly
Transportation	Applicant	Weekly
Utility Deposits	Partner	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



5b. Use of a single application form for four or more mainstream programs? No

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

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

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

4B. Housing Type and Location

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

	TH	RRH	Total
Total Units:	9	36	45
Total Beds:	9	36	45
Housing Type	Units		Beds
Scattered-site apartments (...)	9		9
Scattered-site apartments (...)	36		36

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)
Is this a private or semi private room? Yes

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

a. Units: 9

b. Beds: 9

3. Address

Street 1: 1600 Pinto Lane

Street 2:

City: Las Vegas

State: Nevada

ZIP Code: 89106

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

320096 Henderson, 320108 Las Vegas, 320138
North Las Vegas, 329003 Clark County

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)
Is this a private or semi private room? Yes

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

a. Units: 36

b. Beds: 36

3. Address

Street 1: 1600 Pinto Lane

Street 2:

City: Las Vegas

State: Nevada

ZIP Code: 89106

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

320096 Henderson, 320108 Las Vegas, 320138
North Las Vegas, 329003 Clark County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		36		36
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		32		32
Adults ages 18-24		4		4
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	36	0	36

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24			2	6	1	6	1	4	4	24
Adults ages 18-24				1		1				2
Total Persons	0	0	2	7	1	7	1	4	4	26

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The population includes individuals who are non-chronic and non-veteran. These individuals meet the definition of literal homelessness and are frequent users of high cost public systems.

5C. Outreach for Participants

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

90%	Directly from the street or other locations not meant for human habitation.
10%	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The outreach process includes an assessment of the clients at intake at the institution (in jails, emergency rooms, psychiatric facilities etc.) to determine preliminarily if the client meets basic requirements of the program to include homeless status and frequency of high cost systems.

SN-CHAT trained staff enter the facility and conduct the assessment to determine vulnerability. In addition to the SN-CHAT, a data-driven frequent user data partitioning model assists with determining frequent use of other crisis systems. Working with the matchers for Coordinated Intake (CI), clients are then identified for referral to the project. Frequent users who are also presumptively experiencing chronic homelessness will be referred to STAR PSH or other applicable program. ICMs work in conjunction with discharge planning staff to determine when a potential client will be released. ICMs and the client work together to develop the PCCP and determine which services the client will participate in.

5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? 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? Permanent Housing Bonus

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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" 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. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$73,620	
Grant Term:		1 Year	
Total Request for Grant Term:		\$73,620	
Total Units:		9	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NV - Las Vegas-He...	9	\$73,620	\$73,620

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: NV - Las Vegas-Henderson-Paradise, NV MSA (3200399999)



Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$474		x	12	=	\$0
0 Bedroom	6	x	\$632	\$632	x	12	=	\$45,504
1 Bedroom	3	x	\$781	\$781	x	12	=	\$28,116
2 Bedroom		x	\$968		x	12	=	\$0
3 Bedroom		x	\$1,411		x	12	=	\$0
4 Bedroom		x	\$1,690		x	12	=	\$0
5 Bedroom		x	\$1,943		x	12	=	\$0
6 Bedroom		x	\$2,197		x	12	=	\$0
7 Bedroom		x	\$2,451		x	12	=	\$0
8 Bedroom		x	\$2,704		x	12	=	\$0
9 Bedroom		x	\$2,958		x	12	=	\$0
Total units and annual assistance requested:	9							\$73,620
Grant term:								1 Year
Total request for grant term:								\$73,620

Click the 'Save' button to automatically calculate totals.

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$298,056
Total Units:			36
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NV - Las Vegas-Henderson-Paradise, NV...	36	\$298,056

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested 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>

Type of Rental Assistance: TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: NV - Las Vegas-Henderson-Paradise, NV MSA (3200399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
---------------	------------------------	----------------------	-----------	---------------------------

SRO		x	\$474	x	12	=	\$0
0 Bedroom	22	x	\$632	x	12	=	\$166,848
1 Bedroom	14	x	\$781	x	12	=	\$131,208
2 Bedrooms		x	\$968	x	12	=	\$0
3 Bedrooms		x	\$1,411	x	12	=	\$0
4 Bedrooms		x	\$1,690	x	12	=	\$0
5 Bedrooms		x	\$1,943	x	12	=	\$0
6 Bedrooms		x	\$2,197	x	12	=	\$0
7 Bedrooms		x	\$2,451	x	12	=	\$0
8 Bedrooms		x	\$2,704	x	12	=	\$0
9 Bedrooms		x	\$2,958	x	12	=	\$0
Total Units and Annual Assistance Requested	36						\$298,056
Grant Term							1 Year
Total Request for Grant Term							\$298,056

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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 "6A. 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
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Move-in kits for new 36 new clients at \$175 per kit	\$6,300
3. Case Management	2 Family Services Specialists I/II or equivalent class 27/28 salary (\$156,556) plus fringe (\$73,736)	\$88,964
4. Child Care		
5. Education Services		
6. Employment Assistance	Vocational Specialist or equivalent class 29 salary (\$14,442) plus fringe (\$7,776) to assist with job readiness of clients - shared with STAR TH-RRH Reallocation project	\$11,110
7. Food	Hygiene products, cleaning supplies and food until mainstream benefits are received at \$100 per month for 36 clients	\$3,600
8. Housing/Counseling Services		
9. Legal Services	Legal assistance for 10 clients at \$85 per client	\$850
10. Life Skills	Budgeting, money & household management, conflict resolution, parenting classes, nutrition & food preparation training for 36 clients at \$50 each	\$1,800

11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Monthly bus passes for 36 clients for 3 months at \$65 per pass	\$7,020
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$119,644
Grant Term		1 Year
Total Request for Grant Term		\$119,644

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for 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:	\$110,365
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$110,365

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Clark County Gene...	09/05/2017	\$110,365

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Clark County General Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/05/2017
- 6. Value of Written Commitment:** \$110,365

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$73,620	1 Year	\$73,620
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$298,056	1 Year	\$298,056
4. Supportive Services	\$119,644	1 Year	\$119,644
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$491,320
8. Admin (Up to 10%)			\$23,759
9. Total Assistance Plus Admin Requested			\$515,079
10. Cash Match			\$110,365
11. In-Kind Match			\$0
12. Total Match			\$110,365
13. Total Budget			\$625,444

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Cash Match Letter	09/07/2017
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Cash Match Letter

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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.

N/A

Name of Authorized Certifying Official: Michael Pawlak

Date: 09/16/2017

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).

8B. Submission Summary

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

Page	Last Updated	
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1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/31/2017
1E. SF-424 Compliance	08/31/2017
1F. SF-424 Declaration	08/31/2017
1G. HUD 2880	08/31/2017
1H. HUD 50070	08/31/2017
1I. Cert. Lobbying	08/31/2017
1J. SF-LLL	08/31/2017
2A. Subrecipients	No Input Required
2B. Experience	08/31/2017
3A. Project Detail	08/31/2017
3B. Description	08/31/2017
3C. Expansion	08/31/2017
4A. Services	08/31/2017
4B. Housing Type	09/05/2017
5A. Households	09/05/2017
5B. Subpopulations	09/05/2017
5C. Outreach	09/05/2017
5D. Discharge Policy	09/05/2017
6A. Funding Request	09/05/2017
6C. Leased Units	09/05/2017
6E. Rental Assistance	09/05/2017
6F. Supp Srvcs Budget	09/05/2017
6I. Match	09/05/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/07/2017
7D. Certification	09/05/2017



Department of Social Service

Michael J. Pawlak, Director

Bobby J. Gordon, Assistant Director

1600 Pinto Lane • Las Vegas NV 89106 • (702) 455-4270 • Fax (702) 455-5950



September 6, 2017

RE: STAR TH-RRH (Bonus)

To Whom It May Concern:

Clark County Department of Social Service (CCSS) seeks to provide a safety net of human services for the growing community of Southern Nevada. This safety net provides support to low-income, at-risk, and high risk populations attaining self-sufficiency. The Stability, Tenancy, Access, Restore - Transitional Housing-Rapid Re-Housing (STAR - TH-RRH) (Bonus) program seeks to house 57 individuals and families experiencing homelessness who are also high utilizers of high cost systems, in supportive housing with the goal of helping them achieve stability and wellness.

CCSS is dedicated to supporting STAR TH-RRH (Bonus) with cash match funds. CCSS is committing:

Type	Source	Value	Date of Commitment
In-kind	CCSS Local Government	\$110,365	12/1/2018–11/30/2019

For: Housing related and supportive services for clients directly linked to STAR TH-RRH (Bonus).

STAR TH-RRH (Bonus) is an innovative project for Southern Nevada and will serve as a model for other programs supporting homeless veterans, transition age youth, and families, transitioning from homelessness to housing stability. If you have any questions or require further information, please contact me at 702-455-5596

Sincerely,

Michael Pawlak
Director

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