

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: 09/26/2017

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: HMIS Expansion 2017.2

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: 07/01/2018

b. End Date: 06/30/2019

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: 09/26/2017

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: \$355,254.00

(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 Federal agency 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: 09/26/2017

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: 09/26/2017

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: 09/26/2017

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.

Clark County Social Service (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. 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% 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 and statewide HMIS Lead, CCSS has overseen 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 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 provides oversight and fiscal management to support the work completed by contracted agencies. CCSS monitors in HMIS all housing related services including housing placements and case notes. Regular desk audits in HMIS are conducted monthly and onsite monitoring is conducted annually to ensure program compliance and deliverables are adhered to per contractual agreements.

The management plan is governed by the CCSS management teams. The Resource and Development Unit (RAD) meets monthly with executive management to monitor program delivery, address any programmatic concerns, and monitor the plan. The executive management team ensures effective and timely completion of all work by holding the project director and staff accountable through monthly reporting and status reports.

Referrals and client progress are monitored in HMIS by CCSS. If it becomes apparent that the program is not meeting its outcomes, policies and procedures are reevaluated with partners with a plan of improving the program. CCSS provides oversight and fiscal management of the HUD funded grant and works

collectively with partners to hold subcontracts accountable to the delivery of service provision.

CCSS's accounting practices use the SAP financial system to keep track of and control various funding sources. Each funding source is set up with a separate grant number in order to track and monitor expenditures of the various funding streams. Internal controls are established by the county's fiscal directives which pertain to grant management.

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: HMIS Expansion 2017.2

3. Project Status: Standard

4. Component Type: HMIS

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.

This project will ensure further enhancement of the operational capabilities of the HMIS software to support the strategic goals of the Southern Nevada Continuum of Care. The objectives of this project include upgrades to coordinated entry capabilities, expanded functions for capturing system performance measures, and improved integration of HUD HMIS Data Standards.

One objective of this project is to preserve the continuous upgrades to the ability of the HMIS to facilitate an efficient and effective coordinated entry process. This includes modifications to assessment tools for youth, families, individuals and those experiencing domestic violence. Customization to these assessment tools includes improvements of the scoring mechanism for prioritization by adding specific questions that further detail vulnerability. It also includes refined reporting abilities across all of the tools to allow fair housing opportunities to clients when housing availability for multiple populations exists. Other software enhancements include updated housing assessment tools that further refine assessment triage and local prioritization. These tools assist with prioritization of the most vulnerable to access available permanent supportive housing or rapid rehousing services first. This project will also enable the ability to make the adjustments and improvements per the request of the Coordinated Entry Change Advisory Team as the system continues to be fine-tuned with the greater implementation of coordinated entry for all household types.

This project is intended to expand the system's ability to capture system performance measures. This includes increased technical assistance to aid providers towards comprehensive data collection and quality, which will reflect in improvements in system performance, housing inventory utilization data, and point-in-time measurements. Enhanced reporting capabilities will become available to demonstrate progress towards meeting Federal benchmarks towards ending homelessness, including expanded functionality for verification of homeless chronicity within the HMIS.

This project will enable continuous improvements to the Clarity Human Services HMIS, which are necessary to ensure compliance with HUD HMIS Data Standards. This includes the required modifications to screens, interfaces, reporting, performance monitoring, analytic tools, and data collection integration tools. This grant will also continue the current accessibility of Clarity to homeless service providers to access HMIS data collection, reporting, data analysis, licensing, software maintenance and technical support for the local Continuum of Care. Providers include nonprofit partners, health care providers, first responders, government agencies and other entities serving those experiencing homelessness in the Southern Nevada community.

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

Licenses will be secured and paid for monthly to cover all approved users.

System administration support, technical support will continue and be available upon demand with services beginning at the time of system access. All existing users will be retained with no interruption in service as the current software is utilized by the applicant and will remain the software of choice. The applicant will monitor participation agreements, client consent forms, interagency sharing agreements, and system-user agreements. Maintenance of a list of provider agency data leads for the entire Continuum of Care will be continuous to ensure the ability to communicate regularly with participating organizations. Quarterly coordination and monitoring will be provided for all changes to the database resulting from revisions to the HMIS data standards. The HMIS working group, a subgroup of the governing Southern Nevada Homeless Continuum of Care Board, will also monitor activities and use of the HMIS. Monthly reports will be provided by the HMIS working group to the Board regarding noteworthy activities related to the operation of the HMIS. Including oversight of community-level reporting related to HMIS participation, bed coverage, and other required information. Work will be reviewed monthly to ensure effective and timely completion of all activities. Review of project objectives will be conducted on a continuous basis. Clark County will also continue to monitor project performance and progress at least on a monthly basis.

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

4. 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.

N/A

3C. HMIS Expansion

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: NV0061

Eligible Renewal Grant Project Name: HMIS Expansion 2017

3. Indicate the scope of the proposed expansion: Increase HMIS functionality, Increase # of HMIS participating agencies and/or programs
Click 'Save' to update form.

If increasing HMIS functionality, respond to the following:

a) Describe the increased functionality.

Clarity software system enhancements include coordinated entry triage assessment, eligibility, matching, and queue management with reporting and evaluation of system effectiveness. Annual development projects will also integrate Clarity with other platforms and reporting systems, simplifying its interface with other systems of care and service delivery settings.

If increasing the number of participating agencies and/or programs, respond to the following:

a) Identify the additional participants in each of the following programs that will be added.

HUD - Continuum of Care Program (CoC)	5
---------------------------------------	---

HUD - Emergency Solutions Grant (ESG)	2
HUD - Housing Opportunities for Persons with AIDS (HOPWA)	2
HHS - Projects for Assistance in Transition from Homelessness (PATH)	0
HHS - Runaway and Homeless Youth Programs (RHY)	2
VA	2
Other	12
Total	25

4A. HMIS Standards

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

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

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

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

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If No, explain why and the planned steps for compliance. Max. 500 characters.

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Security Training and follow up on security standards Yes

on a regular basis?

- 8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)** Yes
- a. How long does it take to remove access rights to former HMIS users?** Within 24 hours

4B. HMIS Training

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

 Activity	 Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	
HMIS Software Training	09/2017
Data Quality Training	09/2017
Security Training	09/2017
Privacy/Ethics Training	09/2017
HMIS PIT Count Training	01/2017
Other (must specify)	
Coordinated Intake Training	09/2017
Outreach Training (includes VA)	08/2017

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? Reallocation

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

4. Select a grant term: 1 Year
HMIS

6H. HMIS Budget

Instructions:

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

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

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

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

Grant term: This field is populated based on the grant term selected on Screen "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. Equipment		
2. Software	Licenses for 150 users	\$45,000
3. Services	Technical Support, Training, Coordinated Entry Management, Custom Configurations	\$310,254
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$355,254
Grant Term:		1 Year
Total Request for Grant Term:		\$355,254

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:	\$88,814
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$88,814

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-HMIS...	09/13/2017	\$88,814

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-HMIS Interlocal
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/13/2017
- 6. Value of Written Commitment:** \$88,814

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	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$355,254	1 Year	\$355,254
7. Sub-total Costs Requested			\$355,254
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$355,254
10. Cash Match			\$88,814
11. In-Kind Match			\$0
12. Total Match			\$88,814
13. Total Budget			\$444,068

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	CCSS Match Letter	09/22/2017
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: CCSS 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.

Name of Authorized Certifying Official: Michael Pawlak

Date: 09/26/2017

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

X

**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
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)	09/22/2017
1E. SF-424 Compliance	09/08/2017
New Project Application FY2017	Page 41
	09/26/2017

1F. SF-424 Declaration	09/08/2017
1G. HUD 2880	09/08/2017
1H. HUD 50070	09/08/2017
1I. Cert. Lobbying	09/08/2017
1J. SF-LLL	09/08/2017
2A. Subrecipients	No Input Required
2B. Experience	09/12/2017
3A. Project Detail	09/08/2017
3B. Description	09/26/2017
3C. HMIS Expansion	09/22/2017
4A. HMIS Standards	09/08/2017
4B. HMIS Training	09/12/2017
6A. Funding Request	09/08/2017
6H. HMIS Budget	09/21/2017
6I. Match	09/22/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/22/2017
7D. Certification	09/08/2017



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 13, 2017

To Whom It May Concern,

Clark County Department of Social Service serves as the Collaborative Applicant and fiduciary agent on behalf of the Southern Nevada Homelessness Continuum of Care Board. I am pleased to provide this letter of support for the local Continuum of Care's Homeless Management Information System (HMIS) Expansion.2 new reallocation project application. Receipt of this grant allows the local Continuum of Care to operate and grow the functionality of the current HMIS, and will greatly enhance what the Southern Nevada Homelessness Continuum of Care Board provides for HMIS support to the local community.

Clark County Department of Social Service commits \$88,814 in match from the Interlocal Agreement for Shared Funding of the HMIS. These funds are currently under contract for HMIS administration with Bitfocus, Inc.

We look forward to the opportunity to continue growing the HMIS for the benefit of our Continuum of Care.

Sincerely,

Michael J. Pawlak

BOARD OF COUNTY COMMISSIONERS

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