

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

- 1. **Type of Submission:** Application
- 2. **Type of Application:** Renewal Project Application

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

If "Other", specify:

3. **Date Received:** 08/07/2019

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** GA0342

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

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

X

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: House of TIME, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1995951

	c. Organizational DUNS:	932015266	PLUS 4	
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d. Address

Street 1: 1200 Wynnton Road

Street 2:

City: Columbus

County: Muscogee

State: Georgia

Country: United States

Zip / Postal Code: 31906

e. Organizational Unit (optional)

Department Name: House of TIME

Division Name:

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

Prefix: Mrs.

First Name: Sandy

Middle Name:

Last Name: Watson

Suffix:

Title: Executive Director

Organizational Affiliation: House of TIME, Inc.

Telephone Number: (706) 327-6836

Applicant: The House of TIME
Project: Homeless to a Home, Family Matters

58-1995951
173979

Extension: 24
Fax Number: (706) 327-8859
Email: swhouseoftime@aol.com

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-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): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Homeless to a Home, Family Matters

16. Congressional District(s):

a. Applicant: GA-002
(for multiple selections hold CTRL key)

b. Project: GA-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2020

b. End Date: 07/31/2021

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: 10/01/2011

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Sandy

Middle Name:

Last Name: Watson

Suffix:

Title: Executive Director

Telephone Number: (706) 327-6836
(Format: 123-456-7890)

Fax Number: (706) 327-8859
(Format: 123-456-7890)

Email: swhouseoftime@aol.com

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

Date Signed: 08/07/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: House of TIME, Inc.

Prefix: Mrs.

First Name: Sandy

Middle Name:

Last Name: Watson

Suffix:

Title: Executive Director

Organizational Affiliation: House of TIME, Inc.

Telephone Number: (706) 327-6836

Extension: 24

Email: swhouseoftime@aol.com

City: Columbus

County: Muscogee

State: Georgia

Country: United States

Zip/Postal Code: 31906

2. Employer ID Number (EIN): 58-1995951

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$339,237.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Homeless to a Home, Family Matters 1200 Wynnton Road Columbus Georgia

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
na	na	\$0.00	na

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	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2019		Page 10		08/07/2019

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
n/a	na	na	\$0.00	0%

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 the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Sandy Watson, Executive Director

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

Date Signed: 07/29/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: House of TIME, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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

Authorized Representative

Prefix: Mrs.

First Name: Sandy

Middle Name

Last Name: Watson

Suffix:

Title: Executive Director

Telephone Number: (706) 327-6836
(Format: 123-456-7890)

Fax Number: (706) 327-8859
(Format: 123-456-7890)

Email: swhouseoftime@aol.com

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

Date Signed: 08/07/2019

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:

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: House of TIME, Inc.

Name / Title of Authorized Official: Sandy Watson, Executive Director

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

Date Signed: 08/07/2019

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: House of TIME, Inc.
Street 1: 1200 Wynnton Road
Street 2:
City: Columbus
County: Muscogee
State: Georgia
Country: United States
Zip / Postal Code: 31906

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: Mrs.

First Name: Sandy

Middle Name:

Last Name: Watson

Suffix:

Title: Executive Director

Telephone Number: (706) 327-6836
(Format: 123-456-7890)

Fax Number: (706) 327-8859
(Format: 123-456-7890)

Email: swhouseoftime@aol.com

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

Date Signed: 08/07/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

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

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

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

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.

No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: GA0342

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

2a. CoC Number and Name: GA-505 - Columbus-Muscogee CoC

2b. CoC Collaborative Applicant Name: United Way of the Chattahoochee Valley

3. Project Name: Homeless to a Home, Family Matters

4. Project Status: Standard

5. Component Type: PH

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

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

7. Does this project include Replacement Reserves? No

3B. Project Description

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

The Homeless to a Home (HTH) Family Matters program provides PSH for 30 CH families at risk of experiencing multiple barriers in areas of sobriety, employment and housing stability. The program is a CONSOLIDATION of four (4) HTH Programs in FY2018. The logistics of running this program is the same as the four individual programs. We serve the same number of clients on the same budget and all aspects of the program - ss, operations, etc. are the same as the individual projects before consolidation. The original HTH began in 2011 with 8 beds and has grown to 30 beds (consolidated). The programs have been overwhelmingly successful - the intensive involvement of client and staff has proven to be one of the key components to its success. The scope of the HTH Family Matters Program: The client has no time limit on stay and has access to a flexible array of comprehensive services, including medical, mental health, substance abuse management and recovery, child care, vocational and employment training, money management, case management, life skills, permanently housed, maintaining sobriety, and working with the client's disability to achieve the fullest quality of life possible. Clients live with their children in apartments within the community. The client's Individualized Treatment and Permanent Housing Plan is developed during client intake and services needed are accessed immediately. Each child receives an Individualized Case Plan to help them achieve goals, if applicable. Community networking and knowledge sharing is vital to the success of the client and is achieved by consistent effort of the residential manager and case manager of record. Client's progress is discussed weekly in a treatment team environment that includes dedicated staff members, Medical Director and Licensed Counselor. This program is designed to help one of the most needed populations, women with substance abuse issues, a mental illness and homelessness. This population and sub-populations are very difficult to serve, but by using our methodology of treatment and working with each client individually, we have been very successful in providing the necessary services to help each client regain their lives, gain meaningful employment, secure stable and permanent housing and achieve individually set goals. Most clients are "one-step" away from homelessness. We constantly work with them to address any and all issues that would result in a re-occurrence of homelessness. A stringent application process for this program makes sure we are providing assistance to the clients with the greatest need. Especially those with extended length of homelessness and or subsequent homelessness. The concept behind this program is to provide the client with a safe housing platform allowing them the individualized supportive services needed to improve quality of life. This project serves the ch and is a Housing First Model specializing in dual diagnosis clients with children.

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

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

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

Other: Dual Diagnosis

3. Housing First

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

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

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

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

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

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

approach?

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

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

4B. Housing Type and Location

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

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

Total Units: 15

Total Beds: 30

Total Dedicated CH Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	15	30

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 15

b. Beds: 30

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 30

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

4. Address:

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

Street 1: 1200 Wynnton Road

Street 2:

City: Columbus

State: Georgia

ZIP Code: 31906

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

139053 Chattahoochee County, 130750
Columbus-Muscogee County, 139197 Marion
County, 139263 Talbot County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	15		20

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	5	15		20
Persons ages 18-24				0
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	15	15	0	30

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	5			5			4	4	5	
Persons ages 18-24										
Children under age 18	10									
Total Persons	15	0	0	5	0	0	4	4	5	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	15			15		15	6	6	6	
Persons ages 18-24										
Total Persons	15	0	0	15	0	15	6	6	6	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

6A. Funding Request

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

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

6B. Leased Units Budget

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

The following list summarizes the 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:		\$171,096	
Grant Term:		1 Year	
Total Request for Grant Term:		\$171,096	
Total Units:		15	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
AL - Columbus, GA...	15	\$171,096	\$171,096

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: AL - Columbus, GA-AL MSA (0111399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom	0	
1 Bedroom	5	
2 Bedroom	9	
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	15	\$171,096
Grant Term		1 Year
Total Request for Grant Term		\$171,096

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$40,445
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$40,445

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	Private	United Way	07/01/2019	\$40,445

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** United Way
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/01/2019
- 6. Value of Written Commitment:** \$40,445

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$171,096
1b. Leased Structures	\$6,360
2. Rental Assistance	\$0
3. Supportive Services	\$118,058
4. Operating	\$36,476
5. HMIS	\$0
6. Sub-total Costs Requested	\$331,990
7. Admin (Up to 10%)	\$7,247
8. Total Assistance plus Admin Requested	\$339,237
9. Cash Match	\$40,445
10. In-Kind Match	\$0
11. Total Match	\$40,445
12. Total Budget	\$379,682

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Cash Match	07/29/2019
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Cash Match

Attachment Details

Document Description:

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Sandy Watson

Date: 08/07/2019

Title: Executive Director

Applicant Organization: House of TIME, Inc.

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).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

Submission Without Changes

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

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

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

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

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

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

- * Changed description by taking out the first couple of sentences that stated it was a consolidation grant.
- * Added description that the project was consolidated in FY2018.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/29/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 48	08/07/2019
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1D. SF-424 Congressional District(s)	07/29/2019
1E. SF-424 Compliance	07/29/2019
1F. SF-424 Declaration	07/29/2019
1G. HUD-2880	07/29/2019
1H. HUD-50070	07/29/2019
1I. Cert. Lobbying	07/29/2019
1J. SF-LLL	07/29/2019
Recipient Performance	07/29/2019
Renewal Expansion	08/07/2019
Renewal Grant Consolidation	07/29/2019
2A. Subrecipients	No Input Required
3A. Project Detail	07/29/2019
3B. Description	07/29/2019
3C. Dedicated Plus	07/29/2019
4A. Services	07/29/2019
4B. Housing Type	07/29/2019
5A. Households	07/29/2019
5B. Subpopulations	No Input Required
6A. Funding Request	07/29/2019
6B. Leased Units	07/29/2019
6D. Match	07/29/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/29/2019
7B. Certification	07/29/2019
Submission Without Changes	07/29/2019

Memorandum of Agreement

Between

United Way of the Chattahoochee Valley, hereafter referred to as “United Way”

and

House of T.I.M.E., Inc., hereafter referred to as “Community Partner”

For the year from July 1, 2019 through June 30, 2020

PURPOSE

We are pleased to provide funding to your organization and to establish a partnership of working together to achieve our shared community goals. Please read the entire agreement below, and confirm your acceptance by signing and returning a complete copy by June 14, 2019 to United Way. The purpose of this agreement is to set forth responsibilities of each party. It supersedes and replaces all other agreements, whether written or oral, concerning the subject matters herein.

For the fiscal year of July 1, 2019 – June 30, 2020, Community Partner has been approved to receive funding for one or more programs. This dollar amount includes designated dollars. If there are contingencies that currently affect or could affect payments during this agreement period, they are noted in the Contingency column.

<u>Programs</u>	<u>Approved Funds</u>	<u>Contingencies</u>
The House of T.I.M.E.(This I Must Earn)	\$140,000	
Homeless to a Home	\$50,000	

Payments begin July 15, 2019 and continue monthly (on the 15th) with each containing one-twelfth (1/12) of the total amount.

United Way and the participating Community Partner will sign this written document annually. **All funding is contingent upon the availability of funds; nothing in this agreement is to be construed as a guarantee of funding.**

I. JOINT RESPONSIBILITIES

- A. Be recognized as an organization exempt from federal income tax under IRS Section 501 (c)(3) Internal Revenue Code.
- B. Operate with an active and responsible governing body that ensures effective governance over the policies and financial resources of the organization. The board must meet at least quarterly and have adequate provisions for board rotation.
- C. Actively recruit volunteers, staff and board members who broadly reflect the diversity of the community.

- D. Establish and adhere to a code of ethics for volunteers, staff, and board members that includes provisions for ethical practices (e.g. program management, publicity, fundraising, full and fair disclosure).
- E. Adhere to a policy of nondiscrimination to the extent the law requires in regard to age, disability, gender, national origin, physical characteristics, religious preference, race or sexual orientation with respect to both employees and clients.
- F. Comply with the Patriot Act and certify that it is not a terrorist or terrorist organization and does not, will not, and has not knowingly provided any kind of support to such terrorists or terrorist organizations.
- G. Be registered as a not-for-profit entity within the state it resides. Additionally, each party must be registered with the Secretary of State for both Georgia and Alabama according to the Charitable Solicitations Act of 1988 if it actively solicits funds within that state unless it has been granted an exception from the respective state office(s).

II. UNITED WAY AGREES TO:

- A. Assess community issues, identify problems, seek solutions, foster cooperation and coordination, and focus efforts on community-identified needs.
- B. Act as responsible stewards on behalf of United Way donors and the community.
- C. Recognize and respect the autonomy of each Community Partner, through its governing board, to determine its own policies and to manage its own programs.
- D. Be responsible for the distribution of funds raised during the campaign.
- E. Represent and promote Community Partners through collaborative efforts, with a focus on United Way funded programs.
- F. Honor the intent of the donor to the best of our abilities.
- G. Provide training to all Community Partners on the Community Investment Process and the Annual Campaign.

III. COMMUNITY PARTNER AGREES TO:

- A. Provide United Way with an annual independent audit within nine months after the close of their fiscal year (see Attachment A).
- B. Provide United Way with a copy of their IRS Form 990 or 990 EZ within nine months after the close of their fiscal year (see Attachment A).
- C. Community Partners should preferably operate on an accrual basis. The exception is allowed in cases where the Community Partner is obtaining an annual independent audit, filing its IRS 990 tax return, and meets the current reporting standards as a “cash” or “modified” cash reporting organization.
- D. Visibly promote its partnership with United Way in media releases, public relations campaigns and general outreach (see Attachment B).
- E. Support initiatives of United Way and participate in the annual United Way Campaign as outlined in Attachment C.
- F. Agencies providing housing and/or support for individuals who are homeless shall be an active partner with Home for Good, a program of United Way. If applicable, see Attachment C, item III.
- G. Submit all required reports and complete applications by the deadlines.

- H. Immediately notify United Way if the organization becomes subject to investigation by a government agency for violations of local, state, or federal laws. United Way may withhold allocations/grants pending conclusion of the investigation.
- I. Community Partner agrees to coordinate and cooperate with other organizations, both public and private, to meet the community needs and to avoid duplicating programs/constituencies already being rendered/served.
- J. Notify United Way, in writing, of any significant changes in the program or organizational structure that may affect the delivery of the program prior to implementing the proposed changes. This includes **any change** that may affect the ability of the program to provide services to the scope described in the application. If such a change does occur, United Way may ask for a revised program application for further review and funding may be reduced.

IV. TERMINATION

A. Cessation of Support

United Way and Community Partner agree that failure by Community Partner to comply with this agreement shall constitute a breach of this agreement and, in the event the matter cannot be resolved to the mutual satisfaction of the parties involved, can be grounds for termination of United Way financial support to said Community Partner. **In such a case, United Way agrees to give Community Partner notice of said termination at least thirty (30) days before the effective termination date.**

B. Withdrawal

Any Community Partner may terminate its financial relationship with United Way upon giving written notice of such withdrawal to United Way. Community Partner agrees to give United Way at least thirty (30) days before the effective termination date.

V. WAIVER OF CLAIM

Community Partner hereby agrees that it shall not, by virtue of the operation of this agreement or otherwise, have any right to, or claim against, any funds or other assets of United Way except those allocated for the current fiscal year, and provided then that the principles of this agreement have been kept.

VI. TERM AND RENEWAL

This agreement constitutes the entire agreement between United Way and Community Partner. There are no oral agreements and any change or modification to this agreement will be made in writing with the consent of both parties. This agreement cannot be assigned or transferred in any part without the written permission of both United Way and Community Partner.

The initial term of this agreement is for July 1, 2019 through June 30, 2020, or upon change of Community Partner Executive Director. The agreement has been read and approved at a meeting of the Community Partner's governing body and an authorization was given to the Board Chairman and Executive Director to sign this agreement. **All Community Partner representatives are knowledgeable of the contents of this agreement and are responsible for ensuring they are followed.**

United Way of the Chattahoochee Valley

President, United Way

Date: _____

Chairman, United Way Board

Date: _____

Community Partner

Executive Director

Date: _____

Board Chairman

Date: _____

Attachment A: Audit and 990 Requirements

I. Audit Requirements

1. If a Community Partner has total revenues greater than **\$250,000** they must submit a financial audit by an independent Certified Public Accountant (CPA) in compliance with generally accepted accounting principles (GAAP) or other comprehensive basis of accounting and audited in accordance with generally accepted audited standards (GAAS).
2. If a Community Partner has total revenues of **\$100,000 to \$249,999** they may submit a **full disclosure review by an Independent Certified Public Accountant** in lieu of an annual independent financial audit, in accordance with Statements on Standards for Accountability and Review Services issued by the American Institute of CPAs.
3. If a Community Partner has total revenues of **\$99,999 or less**, they may submit a **compilation from an Independent Certified Public Accountant** in lieu of an independent financial audit.

II. 990 Requirements

- A. If a Community Partner has gross receipts greater than or equal to \$200,000 or Total Assets greater than or equal to \$500,000, they must submit a 990.
- B. If a Community Partner has gross receipts of \$50,001 - \$199,999 and total assets are less than \$500,000, they must submit a 990 or a 990 EZ.
- C. If a Community Partner has gross receipts less than or equal to \$25,000, they must submit a 990, a 990 EZ, or a 990 N.

Attachment B: United Way Community Partner Marketing Guidelines

United Way Community Partner Logo

The consistent and correct use of the United Way Community Partner logo is essential. The Community Partner logo should be visible on all printed marketing material (brochures, newsletters, annual reports, invitations, etc.), online marketing (website, social media – Facebook, twitter, etc.), and media (radio, television, etc.).

The logo should not be smaller than .75 inches wide for print and 90 pixels or 1.25 inches wide for screen applications. Do not redraw or rescale the logo. Do not alter elements of the logo, to include changing the font, altering colors, separating the symbol from the United Way name, distorting the shape, adding elements over the logo, or rearranging the elements of the logo.

The General Community Partner logo should be used if your agency receives funding from more than one United Way.

The Local Community Partner logo should be used if your agency receives funding from United Way of the Chattahoochee Valley and no other United Way.

The logo options are available on our website: www.unitedwayofthecv.org

General Community Partner Logo



Community Partner

Local Community Partner Logo



United Way of the
Chattahoochee Valley
Community Partner

Community Partner and United Way Co-Branding

- **Media Releases:** Acknowledge United Way partnership in media releases that relate to United Way funded programs, services, or initiatives.
- **Success Stories:** Provide success stories tied to program's effectiveness on a regular basis.
- **Online Marketing:** Whenever possible, such as on the agency's website, article on Facebook, etc, link to United Way's website: www.unitedwayofthecv.org
- **United Way Brochures, Window Clings, and other materials:** Community Partners will be provided with these items and other items upon request. Please display prominently to promote partnership.

For more information, please contact

Daphne Caldwell at 706-327-3255 ext. 202 or dcaldwell@unitedwayofthecv.org

Attachment C: United Way Campaign and Program/Initiative Support

I. United Way Campaign

- A. Provide speakers, displays, and/or tours of the agency facility in support of the annual campaign and other efforts. Seek to ensure a timely response to requests for speakers and tours, preferably within 2 business days.
- B. Refrain from soliciting corporate gifts or mass appeal campaigns during the United Way campaign season of September 1st – November 15th.
- C. Attend United Way campaign related training and be knowledgeable of the talking points for the campaign and suggested agency presentation.
- D. Support United Way by conducting an internal workplace campaign. Complete campaign prior to the United Way Kickoff (August 29, 2019).
- E. Refrain from engaging in any form of workplace campaigns/solicitation at any time under this agreement.
- F. Refrain from encouraging or soliciting donors to designate their gifts to the Community Partner, or any other organization.

II. United Way Programs and Initiatives

A. 211UWCV

1. Maintain an active and up to date agency record, formally updating all records at least annually.
2. Share information about seasonal programs and activities such as camps, holiday baskets, toys, meals, volunteer needs, etc.
3. Share information about 211 with your clients and community partners.

B. United Way Volunteer Center

1. Partner with United Way to provide high quality volunteer opportunities for United Way Corporate Volunteer Teams, Women United, and Emerging Leaders United.
2. Promote the partnership between United Way and your agency with United Way recruited groups.
3. When possible, seek to share thanks with various volunteer groups for their support of United Way, making the connection between their gift and your agency.

C. Home for Good, A Program of United Way:

The following applies to agencies providing housing and/or support for individuals/families experiencing homelessness:

1. Demonstrate cooperation with Home for Good and collaboration with other providers serving individuals/families who are experiencing homelessness.
2. Actively participate in the community-wide Coordinated Entry System by following policies and procedures for referrals and client management.
3. Actively participate in efforts to meet Federal Benchmarks and Criteria in Ending Veteran and Chronic Homelessness by participating in monthly housing navigation team case conferencing.
4. Agencies are encouraged to support the Continuum of Care by following Housing First principles, participation on at least one committee, and attendance at the annual landlord and semiannual membership meetings.

Reviewer Score Card View

Please select your team name:*	Health 1
Please rate the Application on the basis of the following criteria. Ratings:Does Not Meet ExpectationsMeets ExpectationsExceeds Expectations	
Need	
The mission, purpose, and structure of the agency were clearly described in the application:*	Meets Expectations
The applicant demonstrated the community need for this program and provided relevant, local data to support the stated need:*	Meets Expectations
This program and its services support and align with the organization's mission:*	Meets Expectations
The population to be served is clearly identified, of reasonable size, and within the Chattahoochee Valley:*	Meets Expectations
The program strategies, goals, services, and activities are defined and seem appropriate to address the stated need of the community/population served:*	Meets Expectations
There is collaboration with others, when possible/appropriate, and it improves client and/or population outcomes:*	Meets Expectations
The team believes there is a need for this program in our community:*	Meets Expectations
Comments:	
There is a definite need for housing related to women with substance abuse, disabilities and mental health issues. These appear to be some of the most vulnerable to homelessness as they are unable to maintain consistent sources of income.	
Results	
The program has clearly defined the results they anticipate for their client population. Results are outcomes defined as a change in knowledge, skill, behavior, attitude or condition.*	Meets Expectations
The program's results can reasonably be achieved through the stated strategies, services, and activities:*	Meets Expectations
The results can be measured during the period of time that the program will have contact with clients:*	Meets Expectations
The projected number served and achieving success seems reasonable and appropriate based on program design and delivery:*	Meets Expectations
The midyear results (July 2018-Dec 2018) appear accurate and indicate success:	Meets Expectations
The measurement tool appears appropriate for tracking client outcome data, measuring client success, and is time-specific:*	Meets Expectations
The team believes, based on the identified need, this program is making/will make a positive change in the lives of participants:*	Meets Expectations
Comments:	

**2019-2020 Community Investment Grant Application - The House of T.I.M.E., Inc. |
Watson, Sandy
Program Name :Homeless to a Home**

Many participants that stay in the program are able to transition out of this provided permanent housing into situations they are able to pay for themselves. This allows others to enter the program.	
Stewardship	
The Financial Review findings indicate financial stability/good financial position of the organization. Or, if there were findings, the agency provided a response to indicate the findings are being/will be addressed and corrected:*	Meets Expectations
The team understands the purpose of this request and how the funds will be spent:*	Meets Expectations
The amount requested for United Way funding is needed for program success and seems reasonable:*	Meets Expectations
The agency and program budget forms are correctly completed and appear accurate:*	Meets Expectations
There are adequate and diverse sources of revenue:*	Meets Expectations
The budgets and narrative indicate the program and organization are financially stable and operates within budget:*	Meets Expectations
The organization has the capacity needed (adequate staff/volunteers, experience, resources, etc) to successfully operate and sustain the program:*	Meets Expectations
Comments:	
While most of the agency's funding comes from HUD grants, it doesn't appear that the programs are in jeopardy. The HUD funds do not cover separate utilities so the agency is required to pay the utility bills for clients. It is suggested that the agency work with the landlords - perhaps using 12 month averages on power, water, etc. or "budget billing" options that would allow the utilities to be included with the monthly rent - in these cases HUD would pay the utilities because they are included in the rent amount (the landlord would be required to pay the actual utility bills.) Being able to use HUD funds for rents that included utilities would free up the agency's other funds to be used to expand services.	
Overall	
The application was accurately completed, responses informed the volunteers, and helped support a positive funding recommendation:*	Meets Expectations
The program has considered and, where possible, addressed the recommendations from prior year reviews:*	Meets Expectations
The agency/program effectively addressed all questions, issues, and/or concerns posed by the panel during the site visit and/or through subsequent follow-up:*	Meets Expectations
Briefly describe the strengths of this program:	
The site visit covered all the prior year concerns and how they are being addressed.	
Briefly describe the weaknesses of this program:	
Not having utilities included in the rents the agency pays for clients forces the agency to pay all clients utility bills. The increase requested is related to paying utility bills. If they can work with the landlords and use HUD funds to pay the rent with utilities included, those utility funds would be free for other uses.	
Please note any suggestions for improving the written application:	
The written application was well done.	

**2019-2020 Community Investment Grant Application - The House of T.I.M.E., Inc. |
Watson, Sandy
Program Name :Homeless to a Home**

Please note any suggestions for improving the site visit:

The site visit was spot on. The Director and Board representative were able to answer all questions and provided valuable insight to the situations their clients face every day. It was apparent both are engaged and know what is going on within the agency.

Please summarize any program recommendations and/or areas of concern that may need follow up throughout the year:

We had a couple of team members volunteer to help with the utilities issue. Perhaps, they could follow up with the Director to see if a workable solution could be found.

Overall Scoring Comments:*

Great programs that helps a vulnerable population within the community.

Reviewer Score Card View

Please select your team name:*	Health 1
Please rate the Application on the basis of the following criteria. Ratings:Does Not Meet ExpectationsMeets ExpectationsExceeds Expectations	
Need	
The mission, purpose, and structure of the agency were clearly described in the application:*	Exceeds Expectations
The applicant demonstrated the community need for this program and provided relevant, local data to support the stated need:*	Exceeds Expectations
This program and its services support and align with the organization's mission:*	Meets Expectations
The population to be served is clearly identified, of reasonable size, and within the Chattahoochee Valley:*	Meets Expectations
The program strategies, goals, services, and activities are defined and seem appropriate to address the stated need of the community/population served:*	Exceeds Expectations
There is collaboration with others, when possible/appropriate, and it improves client and/or population outcomes:*	Meets Expectations
The team believes there is a need for this program in our community:*	Exceeds Expectations
Comments:	
The need for this organization was very well explained and documented in the application and information shared during the site visit. The service the organization provides for those who have mental and substance abuse is the only one in the area that treats both and is needed.	
Results	
The program has clearly defined the results they anticipate for their client population. Results are outcomes defined as a change in knowledge, skill, behavior, attitude or condition.*	Exceeds Expectations
The program's results can reasonably be achieved through the stated strategies, services, and activities:*	Meets Expectations
The results can be measured during the period of time that the program will have contact with clients:*	Meets Expectations
The projected number served and achieving success seems reasonable and appropriate based on program design and delivery:*	Exceeds Expectations
The midyear results (July 2018-Dec 2018) appear accurate and indicate success:	Meets Expectations
The measurement tool appears appropriate for tracking client outcome data, measuring client success, and is time-specific:*	Meets Expectations
The team believes, based on the identified need, this program is making/will make a positive change in the lives of participants:*	Exceeds Expectations
Comments:	

**2019-2020 Community Investment Grant Application - The House of T.I.M.E., Inc. |
Watson, Sandy
Program Name :The House of T.I.M.E., Inc.**

The House of T.I.M.E. has a very ridged four phase treatment approach with the underlying theme of This I Must Earn. The long term results are evident in the low relapse rate of 21% - which is 51% lower than the national rate.	
Stewardship	
The Financial Review findings indicate financial stability/good financial position of the organization. Or, if there were findings, the agency provided a response to indicate the findings are being/will be addressed and corrected:*	Meets Expectations
The team understands the purpose of this request and how the funds will be spent:*	Exceeds Expectations
The amount requested for United Way funding is needed for program success and seems reasonable:*	Meets Expectations
The agency and program budget forms are correctly completed and appear accurate:*	Meets Expectations
There are adequate and diverse sources of revenue:*	Meets Expectations
The budgets and narrative indicate the program and organization are financially stable and operates within budget:*	Meets Expectations
The organization has the capacity needed (adequate staff/volunteers, experience, resources, etc) to successfully operate and sustain the program:*	Meets Expectations
Comments:	
The program documented its financial situation very well and demonstrated they track exactly where the funds are used. Part of the program requires participants to give back financially to support the program, which is wonderful.	
Overall	
The application was accurately completed, responses informed the volunteers, and helped support a positive funding recommendation:*	Exceeds Expectations
The program has considered and, where possible, addressed the recommendations from prior year reviews:*	Meets Expectations
The agency/program effectively addressed all questions, issues, and/or concerns posed by the panel during the site visit and/or through subsequent follow-up:*	Exceeds Expectations
Briefly describe the strengths of this program:	
Strong leadership and a solid plan for participants to follow. The staff has a great grasp on both the need in our area and how best to help the client base.	
Briefly describe the weaknesses of this program:	
The agency depends heavily on government grants (HUD) for most of its funding. Currently, there appears to be no threat of a decrease in funding. The leadership is looking for ways to diversify their funding sources in the future to prevent a loss of services should government funding change.	
Please note any suggestions for improving the written application:	
None noted	
Please note any suggestions for improving the site visit:	
None	

**2019-2020 Community Investment Grant Application - The House of T.I.M.E., Inc. |
Watson, Sandy
Program Name :The House of T.I.M.E., Inc.**

Please summarize any program recommendations and/or areas of concern that may need follow up throughout the year:

None. The program is well run, leadership is engaged and involved, as well as Board members.

Overall Scoring Comments:*

This program is needed and beneficial to our community. Leadership is great and adds to the success of the program.

TO: Agencies Receiving Designations from the 2018 United Way Campaign

FROM: Denise Guthrie, Campaign Accounts Receivable Manager

RE: Donor Designation Information

Enclosed is a list of designations to your agency from the 2018 United Way campaign.

Contributors participating in the campaign have the option of anonymous giving. These individuals are listed with the name anonymous.

Contributors who wish to be acknowledged are listed with their address and or email information. Please acknowledge these contributors as soon as possible.

Should you have any questions, please feel free to contact me at 706-327-3255, ext. 204.

Acknowledgements to Agencies - United Way of the Chattahoochee Valley Inc.

Campaign Year: 2018
 Campaign Account: 0 All campaigns
 Include previously sent donors: Yes
 Acknowledge Account: 124719 House of T.I.M.E.
 Acknowledge Account Address:
 Program:

**** Anonymous Donors ****

The following donors wish to remain anonymous. They are listed individually as a service to you.

Donor Account#	Donor Name & Address	Employer Name	Total Gift	Payment Method	Acknowledgement Previously Sent On	Information Requested		
137208	Anonymous Giver Columbus GA 31904 U.S.A.	Veterans Memorial Middle School	\$240.00	EmpPayroll		No		
520452	Anonymous Giver	Columbus Police Department-CCG	\$26.00	EmpPayroll		No		
371450	Anonymous Giver Columbus GA 31906 U.S.A.	Columbus Museum	\$240.00	EmpPayroll		No		
205534	Anonymous Giver Midland GA 31807 U.S.A.	Brookstone School	\$50.00	EmpPayroll		No		
494575	Anonymous Giver Fortson GA 31808 U.S.A.	St. Francis Hospital	\$260.00	EmpPayroll		No		
85720	Anonymous Giver Fortson GA 31808 U.S.A.	House of T.I.M.E.	\$100.00	EmpPayroll		No		
508523	Anonymous Giver Fortson GA 31808 U.S.A.	Columbus Public Library	\$60.00	EmpPayroll		No		
498956	Anonymous Giver	District Attorney's Office-CCG	\$52.00	EmpPayroll		No		
412585	Anonymous Giver Columbus GA 31907 U.S.A.	Pratt & Whitney United Technologies Corp.	\$200.00	EmpPayroll		No		
490227	Anonymous Giver Cottonton AL 36851 U.S.A.	St. Francis Hospital	\$52.00	EmpPayroll		No		
			Current Gift	Current #Donors	Previously Reported	Previous #Donors	Total Gift	Total #Donors
** Anonymous Total			1,280.00	10	0.00	0	1,280.00	10
**** Agency Total			1,280.00	10	0.00	0	1,280.00	10