

**CITY of ALBUQUERQUE
TWENTY THIRD COUNCIL**

COUNCIL BILL NO. R-19-144 ENACTMENT NO. _____

SPONSORED BY: Klarissa J. Peña, by request

1 **RESOLUTION**
2 **APPROVING AND AUTHORIZING A GRANT APPLICATION TO THE U.S.**
3 **DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR A 2019**
4 **CONTINUUM OF CARE GRANT; AND PROVIDING AN APPROPRIATION TO THE**
5 **DEPARTMENT OF FAMILY AND COMMUNITY SERVICES BEGINNING IN FISCAL**
6 **YEAR 2019.**

7 **WHEREAS, THE U.S. Department of Housing and Urban Development (HUD)**
8 **has announced its Fiscal Year 2019 competition for grants as part of the**
9 **Continuum of Care program, HUD’s comprehensive and coordinated approach to**
10 **addressing and resolving homelessness; and**

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11 **WHEREAS, the City of Albuquerque has provided the leadership in the**
12 **community to carefully plan and build a systematic approach to address**
13 **homelessness; and has submitted an application for these grant funds for which**
14 **the IDOH is estimated at \$17,479 and reimbursed by the Grantor, \$198,667**
15 **City in kind services, and \$591,702 matching from sub-recipient cash and in**
16 **kind services; and**

17 **WHEREAS, the City of Albuquerque and the New Mexico Coalition to End**
18 **Homelessness have identified three priorities that must be addressed in the city:**
19 **(1) to provide rapid re-housing for homeless families; (2) to provide transitional**
20 **housing for homeless individuals with disabilities; and (3) to provide permanent**
21 **supportive housing for homeless households with disabilities; and**

22 **WHEREAS, the HUD Continuum of Care program provides critical resources**
23 **to provide: (1) rapid re-housing and supportive services for homeless families**
24 **through the Rapid Re-housing Program; (2) transitional housing and supportive**
25 **services for disabled homeless individuals through the Transitional Housing**

1 Program; and (3) permanent housing and supportive services for disabled
2 homeless households through the Rental Assistance Program.

3 BE IT RESOLVED BY THE COUNCIL, THE GOVERNING BODY OF THE CITY OF
4 ALBUQUERQUE:

5 Section 1. That the attached six applications for a Continuum of Care
6 program in the amount of \$3,243,264 are hereby approved, and its acceptance
7 and filing with the U.S. Department of Housing and Urban Development is in all
8 respects approved.

9 Section 2. That, in the event these six grant applications are awarded, the
10 following estimated federal funds and City grant match requirements are hereby
11 appropriated to the Department of Family Community Services in the Operating
12 Grants Fund (265), beginning in Fiscal Year 2019:

13 <u>Grant Name</u>	<u>Est. Award</u>
14 Rapid Re-housing	\$ 867,485
15 CLNkids Rapid Rehousing	\$ 217,983
16 Transitional Housing	\$ 138,982
17 Rental Assistance	\$1,427,548
18 TLS Rental Assistance	\$ 428,285
19 Albuquerque CoC Planning	\$ 162,981
20 GRAND TOTALS	\$3,243,264

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CITY OF ALBUQUERQUE
Albuquerque, New Mexico
Office of the Mayor

Mayor Timothy M. Keller

INTER-OFFICE MEMORANDUM

February 14, 2019

TO: Clarissa Pena, President, City Council

FROM: Timothy M. Keller, Mayor 

SUBJECT: Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2019 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services, beginning in Fiscal Year 2019.

This resolution approves a grant application to the Department of Housing and Urban Development and appropriates \$3,243,264 in Federal funds from the Continuum of Care Grants to the Department of Family and Community Services. The grant will provide critical resources for rapid re-housing and supportive services for homeless families through the Rapid Re-housing Program. The grant will also provide transitional housing and supportive services for disabled homeless individuals through the Transitional Housing Program. Additionally, the grant will provide the resources for permanent housing and supportive services for disabled homeless households through the Rental Assistance Program. The grant will also provide monies for planning, coordination and evaluation activities for the Albuquerque Continuum of Care through the Albuquerque CoC Planning Project. The funding will be awarded to sub-grantees experienced in serving the various homeless sub-populations. The breakdown of the awards is as follows:

CLNkids	\$208,388.00
Rapid Re-housing Program	
Barrett Foundation	\$152,682.00
Catholic Charities	\$296,731.00
SAFE House	\$391,560.00
Transitional Housing Program	
St. Martin's	\$134,436.00
Rental Assistance Program	
St. Martin's	\$659,362.00
Albuquerque Health Care for the Homeless	\$733,162.00
Therapeutic Living Services	\$417,183.00
Albuquerque CoC Planning Project	\$108,654.00
City Administration (All 6 grants)	\$140,565.00
Total Award Amount	\$3,243,264.00

This is forwarded to City Council for approval.

Legislation Title: Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2019 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services, beginning in Fiscal Year 2019.

Recommended:

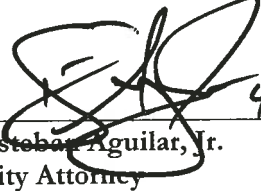


Sarita Nair
Chief Administrative Officer

4/29/19

Date

Approved as to Legal Form:

pp 

Esteban Aguilar, Jr.
City Attorney

4-18-19

Date

Recommended:



Carol M. Pierce, Director
Dept. of Family & Community Services

2-25-19

Date

Cover Analysis

1. What is it?

Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2019 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services, beginning in Fiscal Year 2019.

2. What will this piece of legislation do?

The Continuum of Care (CoC) is a comprehensive coordinated approach to address and resolve homelessness facilitated by the Department of Family and Community Services and the U.S. Department of Housing and Urban Development (HUD). This legislation will serve two purposes, first, it will approve the grant applications submitted to HUD, and secondly, it will appropriate \$3,243,264 to the Department of Family and Community Services.

3. Why is the project needed?

The grants will allow the City of Albuquerque, through the use of existing organizations to provide 48 homeless families with rapid re-housing and supportive services, 31 disabled homeless individuals with transitional housing, 193 disabled homeless households with permanent supportive housing, and 10 homeless families with children age 6 months to 5 years old with rapid re-housing and supportive services. The grants will also provide funding for planning, coordination and evaluation activities for the Albuquerque Continuum of Care.

4. How much will it cost and what is the funding source?

\$198,667 City in kind services, and \$591,702 matching from sub-recipient cash and in-kind services. The total grant amount is \$3,243,264 which includes \$17,479 for IDOH.

5. Is there a revenue source associated with this contract? If so, what level of income is projected?

No.

FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, Albuquerque CoC Planning Project

R:

FUND: 265

O:

DEPT: Family & Community Services

No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.

(If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages		31,351			31,351
Fringe Benefits at	50.223%	15,745	-		15,745
Subtotal Personnel		47,096	-	-	47,096
Operating Expenses		109,197	-		109,197
Property		0	-	-	0
Indirect Costs	14.20%	6,688	-	-	6,688
City In-Kind Match					
Total Expenses		\$ 162,981	\$ -	\$ -	\$ 162,981
<hr/>					
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		162,981	-		162,981
			-	-	-
Total Revenue		\$ 162,981	\$ -	\$ -	\$ 162,981

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded:

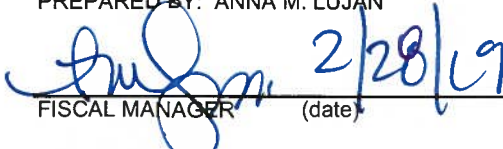
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COMMENTS: Grant application includes \$42,215 of In-Kind City match.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

The grant will provide planning, coordination and evaluation activities for the Albuquerque Continuum of Care.

PREPARED BY: ANNA M. LUJAN

 2/28/19
 FISCAL MANAGER (date)

APPROVED:

 2-28-19
 DIRECTOR (date)

REVIEWED BY:


 EXECUTIVE BUDGET ANALYST

 3/8/19
 BUDGET OFFICER (date)


 CITY ECONOMIST

Grant application for HUD CoC Grant, Albuquerque CoC Planning Project
Supporting Worksheet - Personnel Expenditures

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	27.12	
10007150	FCS Program Specialist	M14	20.24	
				\$ 15.79
10003642	Sr Principal Accountant	E17	33.81	
10008109	Fiscal Manager	E18	40.29	\$ 37.05

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health	
M Series	3	627.55	\$ 29,720.77	31.57%	\$ 9,382.85	18.7117% \$ 5,561.26
E Series	2	22	\$ 1,630.20	30.44%	\$ 496.23	18.7117% \$ 305.04
			\$ 31,350.97	31.01%	\$ 9,879.08	18.7117% \$ 5,866.30

50.2229% Average rate of Fringe benefits for FIA

\$ 15,745.38 Total Fringe

\$ 47,096.35 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	30.440%	18.7117%	49.151700%
M Series	31.570%	18.7117%	50.281700%

<u>Blended Rate</u>	<u>E Series</u>	<u>M Series</u>
PERA	19.41%	20.54%
Medicare	1.45%	1.45%
Soc Sec	6.20%	6.20%
RHCA	2%	2%
Group Life	0.83%	0.83%
Unemp cor	0.25%	0.25%
Ins Admin	0.30%	0.30%
	<u>30.44%</u>	<u>31.57%</u>

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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/12/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title:

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Extension:

Fax Number: (505) 768-3204
Email: hlshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): New Mexico
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Albuquerque CoC Planning Project 2018

16. Congressional District(s):

a. Applicant: NM-001

b. Project: NM-001

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title:

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$162,981

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Albuquerque CoC Planning Project 2018 400 Marquette NW Albuquerque New Mexico

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 Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$300,000.00	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Program Manager Salaries
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Housing Placement and Support Services

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 (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$733,601.00	23%
Barrett Foundation	85-0336208	Subrecipient	\$153,870.00	5%
Catholic Charities	80-0110070	Subrecipient	\$296,075.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$208,388.00	6%

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: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 05/01/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title:

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

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: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque
Street 1: 400 Marquette NW
Street 2:
City: Albuquerque
County: Bernalillo
State: New Mexico
Country: United States
Zip / Postal Code: 87102

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title:

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

2A. Project Detail

- 1a. CoC Number and Name:** NM-500 - Albuquerque CoC
1b. Collaborative Applicant Name: City of Albuquerque
- 2. Project Name:** Albuquerque CoC Planning Project 2018
- 3. Component Type:** CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

This project will provide planning, coordination and evaluation activities for the Albuquerque Continuum of Care. The Project will undertake the following activities:

- 1) Hold monthly CoC Membership Meetings with published agendas and written meeting minutes;
- 2) Update the CoC Governance Charter and invite new members to join the CoC at least annually;
- 3) Oversee the election of the CoC Board based on the written process in the CoC Governance Charter and hold quarterly CoC Board Meetings;
- 4) Appoint additional workgroups as needed, including the Independent Review Committee;
- 5) Establish appropriate performance targets, monitor recipient/subrecipient performance, evaluate outcomes and take action against poor performers for all CoC and ESG projects;
- 6) Coordinate the CoC Independent Review Committee, which will evaluate all renewal projects annually using HMIS data, APRs, financial audits and HUD monitoring reports and which will select new projects;
- 7) Conduct on site monitoring visits of CoC and ESG recipients using a standard monitoring protocol, which will include: a review of utilization rates, housing stability, income and mainstream benefits outcomes, compliance with CoC regulations and CoC Common standards.
- 8) Continue implementation of the NM Coordinated Entry System;
- 9) Update Common Standards for Administering CoC Assistance as needed in coordination with the Coordinated Entry System and ESG subrecipients;
- 10) Continue implementation of CoC's plan to end homelessness which addresses the coordination of housing and services systems to meet the needs of everyone experiencing homelessness and encompasses outreach/engagement/assessment, shelter/housing/services, and prevention activities. Update the plan as needed;
- 11) Plan for and conduct, at least biennially, a point-in-time count;
- 12) Conduct an annual gaps analysis of the homeless needs and services available within the CoC;
- 13) Provide information required to complete a Consolidated Plan within the CoC's geographic area;
- 14) Consult with ESG program recipients within the Continuum's geographic area on the plan for allocated ESG program funds and report on and evaluate the performance of ESG program recipients/subrecipients;
- 15) Coordinate the completion of a VAWA Emergency transfer plan for the CoC;
- 16) Coordinate the completion and submission of the annual CoC application to HUD;
- 17) Provide support and technical assistance to low performing CoC and ESG projects to help them improve outcomes, including housing, earned income and mainstream benefit outcomes;
- 18) Ensure that the CoC is compliant with all HMIS rules and regulations;
- 19) Provide training and technical assistance to agencies within the CoC to

ensure they are using best practices to help participants increase income, obtain mainstream benefits and achieve housing stability. This includes coordinating CoC-wide SOAR activities, such as SOAR trainings and the SOAR Steering Committee.

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

July 1, 2019 is the anticipated start date for project. The following activities will take place starting in the first quarter of the grant and will take place each quarter throughout the grant year:

- CoC Board and CoC Membership continues to meet regularly;
- Develop/implement strategies for using Coordinated Assessment to most effectively address/assess gaps in housing and services;
- Conduct CoC and ESG monitoring visits to assess whether projects are complying with regulations and HUD priorities;
- Provide training, support and technical assistance to CoC and ESG projects that need it in order to comply with CoC Interim Rule, ESG regulations and to achieve high outcomes;
- Monitor CoC-wide and agency-level performance on HUD System Performance Measures and develop/implement strategies to improve outcomes;
- Develop/implement strategies for improving the Coordinated Entry System

The following activities will also take place specific to the quarter indicated below:

July 1 - September 30, 2019: CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for all FY19 renewals; IRC makes final evaluation, ranking and reallocation decision on FY19 renewal projects; IRC sets selection criteria for FY19 new projects, solicits new projects and selects new projects; Report System Performance Measures to HUD.
October 1 - December 31, 2019: FY19 CoC Application to HUD is completed and submitted; Plan the 2020 Sheltered PIT Count and Housing Inventory
January 1 - March 31, 2020: Plan and conduct 2020 Sheltered PIT Count and Housing Inventory; Begin preparing for FY20 CoC Application
April 1 to June 30, 2020: Report PIT and Housing Inventory data to HUD; Update Governance Charter; CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for all FY20 renewals;
This project will be managed by the Division Manager, Division of Homeless Programs and Initiatives, at the City of Albuquerque Department of Family and Community Services (DFCS). The person in this position currently oversees Albuquerque CoC coordination. The City of Albuquerque will contract with the New Mexico Coalition to End Homelessness to carry out many of the activities listed above. The DFCS will assess project implementation at least quarterly to ensure all activities are being implemented as planned.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

The Albuquerque CoC review committee evaluates all CoC projects' performance annually using APR data, HUD audits, City of Albuquerque audits,

and financial audits. If a project is low-performing, the review committee asks the project to submit a written plan for improving performance. The planning funds will allow the City of Albuquerque to evaluate outcomes throughout the year, not just during the annual renewal evaluation process. The planning funds will also allow the City to actively help projects improve their outcomes and monitor their improvement throughout the year. The planning funds will allow the City of Albuquerque to conduct monitoring visits of CoC and ESG projects throughout the year. Part of the visit will focus on the project's outcomes and how to improve those outcomes if needed. The planning funds will also allow the City or Albuquerque to provide ongoing technical assistance to projects with lower outcomes and to monitor their outcomes throughout the year.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

This HUD financial assistance will allow the CoC to develop new systems for coordinating and evaluating our CoC. For example, these funds will help us establish baselines and goals for the new system performance measurements. Once these systems are in place, we anticipate that we would have the resources to continue after HUD financial assistance expired, or was reduced in scale. The City of Albuquerque currently uses City General Funds to fund the cost of some CoC planning activities. This will continue even after the expiration of HUD financial assistance.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Yes

4a. If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.

Supportive Housing Coalition (SHC) appealed the IRC decision for Casita Bonita's ranking and Albuquerque Health Care for the Homeless (AHCH) appealed the full reallocation of their SSO-CES grant to NMCEH, requesting that the funds be only partially reallocated. On 8/23/18 the CoC held a formal appeals meeting. The Special Appeals Committee voted to uphold the IRCs decision on SHC's project ranking and chose to reallocate 50% of AHCH's CES grant to NMCEH and to leave the remainder with AHCH.

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Independent Review Committee	This group solicits, selects and ranks new CoC projects. It also establishes evaluation criteria for renewal projects, evaluates renewal projects, determines whether to renew renewal projects, and ranks renewal projects. The committee members represent a diverse group of viewpoints. Members include representatives from homeless service providers, local government, and persons who have experienced homelessness. Together, the committee members understand the programmatic aspect of serving the homeless, and our local plan to end homelessness.	Quarterly	Apartment Association of NM, City of ABQ Family and Community Services, APSTitle One, NM MFA; Abby Long - Amity Foundation, Charlie Ward – Formerly Homeless & Good Shepherd Center, Debbie Johnson - Formerly Homeless & Tenderlove Community Center
SOAR Steering Committee	The SOAR Steering Committee leads the implementation of the SSI/SSDI Outreach Access and Recovery model, which is a HUD supported model for helping homeless people with disabilities obtain SSI or SSDI. The CoC has prioritized SSI/SSDI as the mainstream resource we want to help homeless persons obtain, and the CoC has decided to do this through implementation of SOAR. The committee plans SOAR trainings and addresses challenges/issues with SOAR implementation.	Quarterly	Social Security Administration, Disability Determination Services, NM Coalition to End Homelessness, Heading Home, St. Martin's
Veterans Case Conferencing Committee	The role of the Veteran Case Conferencing Committee is to coordinate city-wide efforts to end homelessness for veterans in Albuquerque by the end of 2019. This committee meets monthly to review the by name list of homeless veterans and to develop a strategy to house the most vulnerable homeless veterans at the top of the list.	Monthly	New Mexico VA, New Mexico Coalition to End Homelessness, NM Veterans Integration Center SSVF and GPD, NM Goodwill Industries SSVF, Heading Home GPD
Albuquerque Continuum of Care Board	The role of the CoC Board is to provide high-level oversight to the Continuum of Care. The Board nominates candidates for the IRC, monitors Albuquerque's progress in implementing the Albuquerque plan to end homelessness, represent the CoC in the community, monitors CoC membership and provides guidance on CoC related issues, such as converting transitional housing to rapid rehousing.	Quarterly	Barrett Foundation, City of Albuquerque, Family Promise, Good Shepherd, Hope Works, Molina Healthcare, Mortgage Finance Authority (MFA), New Day, SAFE House, Veteran's Administration

RRH Workgroup	The role of the RRH Workgroup is to assess current system-gaps that may be addressed by RRH, and to develop system-wide best practices for administering RRH.	Monthly	Barrett Foundation, Catholic Charities, CLNKids, Goodwill Industries, SAFE House, Veterans Integration Center
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4A. 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:	\$0
Total Value of In-Kind Commitments:	\$42,215
Total Value of All Commitments:	\$42,215

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	City General Funds	08/29/2018	\$42,215

Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment:** City General Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/29/2018
- 6. Value of Written Commitment:** \$42,215

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

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award.

Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

**a. Please complete the indirect cost rate schedule below:
 (At least one row must be entered)**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14.20%	\$47,096.00

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.20 FTE CoC Director Salary/Wages and Benefits; .40 FTE CoC Program Manager Salary/Wages and Benefits; .10 FTE City of Albuquerque Homeless Program Staff Salary /Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$42,341

2. Project Evaluation	.10 FTE CoC Director Salary/Wages and Benefits; .30 FTE CoC Program Manager Salary/Wages and Benefits; .10FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$28,384
3. Project Monitoring Activities	.15 FTE CoC Director Salary/Wages and Benefits; .55 FTE CoC Program Manager Salary/Wages and Benefits; .20FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$42,341
4. Participation in the Consolidated Plan	.05 FTE CoC Director Salary/Wages and Benefits; .05 FTE CoC Program Manager Salary/Wages and Benefits; .20 FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$10,571
5. CoC Application Activities	.10 FTE CoC Director Salary/Wages and Benefits; .25 FTE CoC Program Manager Salary/Wages and Benefits; .20FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$19,078
6. Determining Geographical Area to Be Served by the CoC		\$0
7. Developing a CoC System		\$0
8. HUD Compliance Activities	.10 FTE Executive Director Salary/Wages and Benefits, .05 FTE CoC Director Salary/Wages and Benefits; .10 FTE CoC Program Manager Salary/Wages and Benefits; .20FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$20,266
Total Costs Requested		\$162,981
Cash Match		\$0
In-Kind Match		\$42,215
Total Match		\$42,215
Total Budget		\$205,196

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Job Descriptions ...	09/06/2018
2. Other Attachment(s)	No	Environmental Rev...	09/06/2018

Attachment Details

Document Description: Job Descriptions and Responsibilities

Attachment Details

Document Description: Environmental Review and IDOH Itrs

5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

5B. 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.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

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

Name of Authorized Certifying Official: Carol Pierce

Date: 09/12/2018

Title:

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

6A. Submission Summary

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)	09/12/2018
1E. SF-424 Compliance	08/16/2018
1F. SF-424 Declaration	08/16/2018
1G. HUD 2880	08/16/2018
1H. HUD 50070	08/16/2018
1I. Cert. Lobbying	08/16/2018
1J. SF-LLL	08/16/2018

2A. Project Detail	08/16/2018
2B. Description	09/01/2018
3A. Governance and Operations	09/01/2018
3B. Committees	09/01/2018
4A. Match	09/11/2018
4B. Funding Request	09/11/2018
5A. Attachment(s)	09/06/2018
5A. In-Kind MOU Attachment	No Input Required
5B. Certification	09/01/2018

FISCAL IMPACT ANALYSIS

TITLE: Grant application for HUD CoC Grant, Rental Assistance - AHCH/SMHC

R: O:
FUND: 265

DEPT: Family & Community Services

No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.

(If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages		20,422			20,422
Fringe Benefits at	50.179%	10,247	-		10,247
Subtotal Personnel		30,669	-	-	30,669
Operating Expenses		1,392,524	-		1,392,524
Property		0	-		0
Indirect Costs	14.20%	4,355	-	-	4,355
Total Expenses		\$ 1,427,548	\$ -	\$ -	\$ 1,427,548
[] Estimated revenues not affected					
[x] Estimated revenue impact					
Amount of Grant		1,427,548	-		1,427,548
-					
Total Revenue		\$ 1,427,548	\$ -	\$ -	\$ 1,427,548

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded: 6

COMMENTS: Grant application includes \$8,756 of In-Kind City match.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

The grant will allow the City of Albuquerque, through the use of existing organizations, to provide permanent supportive housing in the form of rental assistance to households where one of the household members has a disability. The project will serve an estimated 148 households at any point in time, with approximately 137 single adults and 11 families with children.

PREPARED BY: ANNA M LUJAN

APPROVED:


FISCAL MANAGER (date) 2/21/19


DIRECTOR (date) 2/25/19

REVIEWED BY:


EXECUTIVE BUDGET ANALYST


BUDGET OFFICER (date) 3/8/19


CITY ECONOMIST

Grant application for HUD CoC Grant, Rental Assistance - AHCH/SMHC
 Supporting Worksheet - Personnel Expenditures

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	27.12	
10005893	FCS Program Specialist	M14	20.24	
10007150	FCS Program Specialist	M14	20.24	
				\$ 16.90
10003642	Sr Principal Accountant	E17	33.81	
10008109	Fiscal Manager	E18	40.29	\$ 37.05

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health	
M Series	4	274.69	\$ 18,569.04	31.57%	\$5,862.25	18.7117% \$ 3,474.58
E Series	2	25	\$ 1,852.50	30.44%	\$ 563.90	18.7117% \$ 346.63
			\$ 20,421.54	31.01%	\$6,426.15	18.7117% \$ 3,821.22

50.1792% Average rate of Fringe benefits for FIA

\$ 10,247.37 Total Fringe

\$ 30,668.91 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	30.440%	18.7117%	49.151700%
M Series	31.570%	18.7117%	50.281700%

<u>Blended Rate</u>	<u>E Series</u>	<u>M Series</u>
PERA	19.41%	20.54%
Medicare	1.45%	1.45%
Soc Sec	6.20%	6.20%
RHCA	2%	2%
Group Life	0.83%	0.83%
Unemp cor	0.25%	0.25%
Ins Admin	0.30%	0.30%
	30.44%	31.57%

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

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

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

If "Other", specify:

3. **Date Received:** 09/12/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** NM0014

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Extension:
Fax Number: (505) 768-3204
Email: hshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): New Mexico
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Rental Assistance - AHCH/SMHC

16. Congressional District(s):

a. Applicant: NM-001
(for multiple selections hold CTRL key)

b. Project: NM-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,427,548.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Rental Assistance - AHCH/SMHC 400 Marquette NW Albuquerque New Mexico

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 Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Program Manager Salaries
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Housing Placement and Support Services

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 (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$733,601.00	23%
Barrett Foundation	85-0336208	Subrecipient	\$153,870.00	5%
Catholic Charities	80-0110070	Subrecipient	\$296,075.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$208,388.00	6%

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: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

Information About Submission without Changes

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

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

Recipient Performance

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

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

There was a small portion of funds recaptured because Albuquerque Health Care for the Homeless conducted an internal audit on all participant files, and during that time, halted housing placements.

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: \$1,392,524

Organization	Type	Type	Sub-Award Amount
St Martin's Hospitality Center dba HopeWorks	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$658,923
Albuquerque Health Care for the Homeless	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$733,601

2A. Project Subrecipients Detail

a. Organization Name: St Martin's Hospitality Center dba HopeWorks

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0338552

	* d. Organizational DUNS:	182589663	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 1201 3rd St. NW

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$658,923

j. Contact Person

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Ames

Suffix:
Title: Housing Program Manager
E-mail Address: james@hopeworksnm.org
Confirm E-mail Address: james@hopeworksnm.org
Phone Number: 505-242-4399
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Albuquerque Health Care for the Homeless

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0368993

	* d. Organizational DUNS:	623211331	PLUS 4	
--	----------------------------------	-----------	---------------	--

e. Physical Address

Street 1: 1217 1st Street NW

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$733,601

j. Contact Person

Prefix: Ms.

First Name: Anita

Middle Name:

Last Name: Cordova

Suffix:

Title: Associate Director

E-mail Address: AnitaCordova@abqhch.org

Confirm E-mail Address: AnitaCordova@abqhch.org

Phone Number: 505-766-5197

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NM0014

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

2a. CoC Number and Name: NM-500 - Albuquerque CoC

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Rental Assistance - AHCH/SMHC

4. Project Status: Standard

5. Component Type: PH

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

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

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

3B. Project Description

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

The Rental Assistance AHCH/SMHC Project will provide permanent supportive housing to households where one of the household members has a disability. The project will primarily serve households where the head of household has a behavioral health disability, but the project will also serve households where one of the household members has another type of disability. Clients will receive tenant-based rental assistance and will select an apartment in a neighborhood they choose to live in. The City of Albuquerque will sub-contract with two non-profit service providers to administer the rental assistance program - Albuquerque Health Care for the Homeless (AHCH) and St. Martin's Hospitality Center (SMHC). AHCH and SMHC will both serve adults, and in addition AHCH will commit to serving 8 households where the head of household is a youth age 18-24.

Both sub-recipients will conduct an initial assessment which includes the administration of standardized instruments designed to ascertain addiction acuity and treatment needs to ascertain diagnosis and mental functioning at the time of entry into the program. The sub-recipients will also complete a health screening and an assessment of personal needs, including needs for housing, mainstream benefits, employment history, and job training needs. Both sub-recipients will provide case management and behavioral health services to clients. Both sub-recipients will provide directly or arrange for the provision of services that shall include to the extent needed, based on the initial assessment and re-assessment, health care, job placement/job training services, substance abuse treatment, mental health services, life skills training, and income support services. The sub-recipients will partner with each other and with other agencies to provide these services.

Their rental assistance project will be operated according to Housing First principles. The project sub-recipients do not require potential clients to be clean and sober or to complete treatment, and participants are not terminated from the program simply for using drugs or alcohol. Participants meet with their case manager on a regular basis, but participants are not required to use services in order to keep their housing. Other services, such as behavioral health services, are available to clients. The sub-recipients provide rental assistance to people with poor credit and rental history, people with criminal convictions and to people with behaviors that indicate a lack of 'housing readiness.'

The project will serve 148 households at any point in time, with approximately 137 single adults and 11 families with children. 80% of all clients (adults and children) will be in the program or have exited to another permanent housing destination by the end of the program year. 70% of adults in the program will have increased or maintained their income by the end of the program year.

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

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

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

Other:

3. Housing First

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

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

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

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

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	Subrecipient	Quarterly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services		
Life Skills Training		
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Subrecipient	As needed
Outreach Services		
Substance Abuse Treatment Services	Subrecipient	Weekly
Transportation	Subrecipient	
Utility Deposits		

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: 148

Total Beds: 161

Total Dedicated CH Beds: 137

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	148	161

4B. Housing Type and Location Detail

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

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

a. Units: 148

b. Beds: 161

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 137

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: 400 Marquette NW

Street 2:

City: Albuquerque

State: New Mexico

ZIP Code: 87102

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

350012 Albuquerque

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	11	137	0	148

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	11	122		133
Adults ages 18-24	1	15		16
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	24	137	0	161

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24		0	1	7	1	9	1		0	
Adults ages 18-24		0				1			0	0
Children under age 18	0				0	0	2	3	0	8
Total Persons	0	0	1	7	1	10	3	3	0	8

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	122			50	1	75	1	15	0	0
Adults ages 18-24	15	0	0		0			0	0	0
Total Persons	137	0	0	50	1	75	1	15	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

These are children who do not have a disability and are part of a household where the head of a household has a disability. Or in some cases these are spouses or other adult household members who are part of a household where

the head of household has a disability.

5C. Outreach for Participants

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

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

55%	Directly from the street or other locations not meant for human habitation.
35%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
10%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	30,669

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No



4. Renewal Grant Term: 1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	

HMIS

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$1,270,704	
Total Units:		148	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	148	\$1,270,704

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NM - Albuquerque, NM MSA (3500199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x		=	\$0
0 Bedroom	12	x	\$557	\$557	x		=	\$80,208
1 Bedroom	125	x	\$716	\$710	x		=	\$1,065,000
2 Bedrooms	9	x	\$878	\$878	x		=	\$94,824
3 Bedrooms	2	x	\$1,278	\$1,278	x		=	\$30,672
4 Bedrooms		x	\$1,547	\$1,547	x		=	\$0
5 Bedrooms		x	\$1,779	\$1,779	x		=	\$0
6 Bedrooms		x	\$2,011	\$2,011	x		=	\$0
7 Bedrooms		x	\$2,243	\$2,243	x		=	\$0
8 Bedrooms		x	\$2,475	\$2,475	x		=	\$0
9 Bedrooms		x	\$2,707	\$2,707	x		=	\$0
Total Units and Annual Assistance Requested	148							\$1,270,704
Grant Term								1 Year
Total Request for Grant Term								\$1,270,704

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:	\$183,440
Total Value of In-Kind Commitments:	\$173,531
Total Value of All Commitments:	\$356,971

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	HHS-Primary Health...	08/23/2018	\$183,440
Yes	In-Kind	Government	Medicaid (SMHC)	08/17/2018	\$164,775
Yes	In-Kind	Government	City General Fund...	08/29/2018	\$8,756

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: HHS-Primary Health Services (AHCH)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/23/2018
- 6. Value of Written Commitment: \$183,440

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Government
- 4. Name the Source of the Commitment: Medicaid (SMHC)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/17/2018
- 6. Value of Written Commitment: \$164,775

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

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: City General Funds (CABQ)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2018

6. Value of Written Commitment: \$8,756

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

6E. Summary Budget

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$1,270,704
3. Supportive Services	\$86,796
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$1,357,500
7. Admin (Up to 10%)	\$70,048
8. Total Assistance plus Admin Requested	\$1,427,548
9. Cash Match	\$183,440
10. In-Kind Match	\$173,531
11. Total Match	\$356,971
12. Total Budget	\$1,784,519

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/19/2014
2) Other Attachmenbt	No	IDOH Provisional ...	08/22/2018
3) Other Attachment	No		

Attachment Details

Document Description: Nonprofit documentation for AHCH and SMHC

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: Match Documentation

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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 Carol Pierce

Date: 09/12/2018

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" 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 checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" 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"/>
7A. In-Kind Match MOU Attachment	<input 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):

- 2A. In order to update the sub-award amounts and contact information.
- 3B. In order to update the response to question 3c.
- 5A. In order to update the number of persons.
- 5B. In order to update the subpopulation data.
- 6A. In order to update the IDOH.
- 6C. In order to update the Rental Assistance amounts to match FMR.
- 6D. In order to update the Match information.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/13/2018
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2018	Page 55	09/24/2018
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	08/29/2018
Renewal Grant Consolidation	08/17/2018
2A. Subrecipients	08/22/2018
3A. Project Detail	08/17/2018
3B. Description	08/17/2018
3C. Dedicated Plus	08/01/2018
4A. Services	08/01/2018
4B. Housing Type	08/01/2018
5A. Households	08/21/2018
5B. Subpopulations	08/01/2018
5C. Outreach	08/01/2018
6A. Funding Request	09/11/2018
6C. Rental Assistance	08/16/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/22/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/01/2018
Submission Without Changes	09/01/2018

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242-0000

DEPARTMENT OF THE TREASURY

Date: **DEC 07 1993**

ALBUQUERQUE HEALTH CARE FOR THE
HOMELESS INC
1001 GOLD AVE SW
ALBUQUERQUE, NM 87102-5141

Employer Identification Number:
85-0368993
Case Number:
753279015
Contact Person:
SHARI FLOWERS
Contact Telephone Number:
(214) 767-6023
Our Letter Dated:
December 20, 1989
Addendum Applies:
No

RECEIVED DEC 09 1993

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

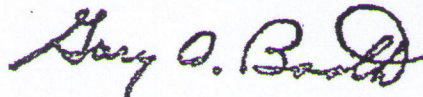
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Gary O. Booth
District Director

Letter 1050 (DO/CG)

Internal Revenue Service
 P.O. Box 2508
 Cincinnati, OH 45201

Department of the Treasury

Date: **APR 18 2008**

Person to Contact:
 David Slaughter#31-03114
 Toll Free Telephone Number:
 877-829-5500
 Employer Identification Number:
 85-0338552

ST MARTINS HOSPITALITY CENTER
 PO BOX 27258
 ALBUQUERQUE NM 87125-7258

Dear Sir or Madam:

This is in response to your request of April 18, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 1986 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott
 Manager, Exempt Organizations
 Determinations



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

June 28, 2018

Pamela S. Fanelli, CMA, MBA
City Controller
City of Albuquerque
P.O. Box 1293
Room 8010, 8th Floor
Albuquerque, NM 87103

Re: Indirect Cost Rate Proposal

Dear Ms. Fanelli:

The Federal Transit Administration's (FTA) Region 6 Office is in receipt of the City of Albuquerque Indirect Cost Rate proposal submission. FTA is the cognizant agency for City of Albuquerque and will review the CAP proposal request for reimbursement of indirect costs. The review will include compliance with FTA Circular 5010.1E and other federal requirements.

City of Albuquerque can move forward with the use of the indirect cost rate contained in the **2019 revised** CAP as submitted on a "**Provisional**" basis. The use of the "Provisional" rate is temporary pending the completion of a CAP review by FTA. Please note, the use of the "Provisional" rate is dependent upon the outcome of the FTA review. The "**Provisional**" rate is subject to adjustment by issuance of a final rate based on actual indirect costs incurred for the period.

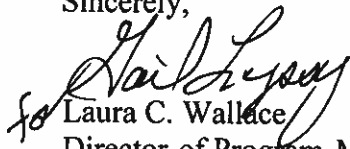
FTA will assign a contractor that will perform the CAP review for City of Albuquerque. The contractor will perform an initial review of your proposal. Upon completion of the initial review, the contractor will either issue a report to the FTA accepting the rate and proposal or follow-up with questions and requests for additional information. Site visits may be required in order to effectively and efficiently complete the review. A representative will contact you once the initial review of your proposal is completed. Please designate a point of contact for the CAP review for your agency, and email their contact information to me at Heriberto.Chavarria@dot.gov.

Prior to providing final recommendations to the FTA, the contractor will discuss issues with your point of contact; obtain additional information as necessary to reach their conclusion; and attempt to reach agreement on an indirect cost rate that is acceptable to the reviewer and the grantee. If agreement is reached on an acceptable indirect cost rate, the contractor will issue a report to the FTA that recommends accepting the proposed indirect cost rate. If agreement cannot be reached, the areas in dispute and each party's position will be fully documented for inclusion in the final report. All adjustments proposed to the indirect cost rate will be thoroughly explained.

The final report to FTA will recommend acceptance of the rate as proposed, acceptance of an adjusted rate, or rejection of the rate. Also, the rate may be accepted subject to qualifications and recommendations.

Please contact Heriberto Chavarria of my staff at 817-978-0548 if you have any questions regarding this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura C. Wallace". The signature is written in a cursive style and is positioned to the left of the printed name.

Laura C. Wallace

Director of Program Management and Oversight

FISCAL IMPACT ANALYSIS

TITLE: Grant application for HUD CoC Grant, Rapid Rehousing - City of Albuquerque

R: O:
FUND: 265

DEPT: Family & Community Services

No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.

(If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages		15,461			15,461
Fringe Benefits at	50.157%	7,755	-		7,755
Subtotal Personnel		23,216	-	-	23,216
Operating Expenses		840,973	-		840,973
Property			-	-	-
Indirect Costs	14.20%	3,297	-	-	3,297
Total Expense		\$ 867,485	\$ -	\$ -	\$ 867,485
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		867,485	-		867,485
			-	-	-
Total Revenue		\$ 867,485	\$ -	\$ -	\$ 867,485

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.


Number of Partial Positions funded: 6

COMMENTS: Grant application includes \$140,248 of In-Kind City match.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

The grant will allow the City of Albuquerque, through the use of existing organizations, to serve an estimated 48 households, including survivors of domestic violence, with rapid rehousing rental assistance and case management services.

PREPARED BY: ANNA M. LUJAN

 2/20/19
FISCAL MANAGER (date)


APPROVED:

 2/25/19
DIRECTOR (date)

REVIEWED BY:


EXECUTIVE BUDGET ANALYST

 3/8/19
BUDGET OFFICER (date)


CITY ECONOMIST

Grant application for HUD CoC Grant, Rapid Rehousing - City of Albuquerque
 Supporting Worksheet - Personnel Expenditures

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	27.12	
10005893	FCS Program Specialist	M14	20.24	
10007150	FCS Program Specialist	M14	20.24	
				\$ 16.90
10003642	Sr Principal Accountant	E17	33.81	
10008109	Fiscal Manager	E18	40.29	\$ 37.05

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health
M Series	4	203.5	\$ 13,756.60	31.57%	\$ 4,342.96
E Series	2	23	\$ 1,704.30	30.44%	\$ 518.79
			\$ 15,460.90	31.01%	\$ 4,861.75
				50.1571%	Average rate of Fringe benefits for FIA
			\$ 7,754.74		Total Fringe
			\$ 23,215.64		Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	30.440%	18.7117%	49.151700%
M Series	31.570%	18.7117%	50.281700%

<u>Blended Rate</u>	<u>E Series</u>	<u>M Series</u>
PERA	19.41%	20.54%
Medicare	1.45%	1.45%
Soc Sec	6.20%	6.20%
RHCA	2%	2%
Group Life	0.83%	0.83%
Unemp cor	0.25%	0.25%
Ins Admin	0.30%	0.30%
	30.44%	31.57%

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

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

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

If "Other", specify:

3. **Date Received:** 09/12/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** NM0101

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Extension:
Fax Number: (505) 768-3204
Email: hshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): New Mexico
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Rapid ReHousing - City of Albuquerque

16. Congressional District(s):

a. Applicant: NM-001
(for multiple selections hold CTRL key)

b. Project: NM-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$867,485.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Rapid ReHousing - City of Albuquerque 400 Marquette NW Albuquerque New Mexico

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 Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Program Manager Salaries
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Housing Placement and Support Services

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 (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$733,601.00	23%
Barrett Foundation	85-0336208	Subrecipient	\$153,870.00	5%
Catholic Charities	80-0110070	Subrecipient	\$296,075.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$208,388.00	6%

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: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

Information About Submission without Changes

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

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

Recipient Performance

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

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

The APR for this project is not due until 9/28/18 and will be submitted on time.

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? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

This project expects to have a portion of funds left due to an accounting error that took place with one of the subrecipients of this grant.

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: \$840,973

Organization	Type	Type	Sub-Award Amount
Barrett Foundation	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$153,870
Catholic Charities	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$296,075
SAFE House	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$391,028

2A. Project Subrecipients Detail

a. Organization Name: Barrett Foundation

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0336208

	* d. Organizational DUNS:	612415927	PLUS 4	
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e. Physical Address

Street 1: 103000 Constitution Ave. NE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87112

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$153,870

j. Contact Person

Prefix: Ms.

First Name: Connie

Middle Name:

Last Name: Chavez

Suffix:
Title: Executive Director
E-mail Address: CChavez@barrettfoundation.org
Confirm E-mail Address: CChavez@barrettfoundation.org
Phone Number: 505-246-9244
Extension: 101
Fax Number: 505-246-9272

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0110070

	* d. Organizational DUNS:	147263594	PLUS 4	
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e. Physical Address

Street 1: 3301 Candelaria NE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87107

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$296,075

j. Contact Person

Prefix: Mr.

First Name: James

Middle Name:

Last Name: Walker

Suffix:

Title: Housing Director

E-mail Address: walkerj@ccasfnm.org

Confirm E-mail Address: walkerj@ccasfnm.org

Phone Number: 505-724-4611

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: SAFE House

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0247473

	* d. Organizational DUNS:	602115305	PLUS 4
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Renewal Project Application FY2018	Page 24	09/24/2018
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e. Physical Address

Street 1: 400 Elm

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$391,028

j. Contact Person

Prefix: Ms.

First Name: Patricia

Middle Name:

Last Name: Gonzales

Suffix:

Title: Executive Director

E-mail Address: pgonzales@safehousenm.org

Confirm E-mail Address: pgonzales@safehousenm.org

Phone Number: 505-247-4219

Extension:

Fax Number: 505-224-9695

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NM0101

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

2a. CoC Number and Name: NM-500 - Albuquerque CoC

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Rapid ReHousing - City of Albuquerque

4. Project Status: Standard

5. Component Type: PH

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

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

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

3B. Project Description

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

This project will provide Rapid Rehousing to families with children and adults without children, some of who are survivors of domestic violence. CoC funding is needed for this project in order to increase the amount Rapid Rehousing available in the community so that homeless individuals and families can more quickly obtain permanent housing.

The project will serve an estimated 48 households at any point in time, which will include a total of 108 people. The anticipated outcomes for this project are that 80% of all participants who exit will enter permanent housing and that 70% of all participants who are served during the program year will increase their income.

The subrecipients will be Barrett Foundation, Catholic Charities and SAFE House. Barrett will focus on serving single adults and families, Catholic Charities will focus on serving families with children and SAFE House will focus on serving survivors of domestic violence. All 3 sub-recipients will use the CoC's Coordinated Assessment System to fill openings. Both Barrett and SAFE House administer emergency shelters and it is anticipated that the RRH program will allow families in the shelter to rapidly exit to permanent housing.

The project will provide rental assistance and case management services for up to two years to the program participants. Program participants will pay 30% of their income towards rent (which will be calculated as required under the CoC interim rule), and will pay their share of the rent directly to the landlord. The leases will be in the program participant's name. A major goal of this RRH project will be to help program participants maintain their rental unit even after the housing assistance and case management services end.

All program participants will receive regular case management services. Program participants will meet at least monthly with a case manager but may also meet more often if necessary. Case management services will focus on helping program participants stabilize and increase their income, and will include helping participants apply for and maintain mainstream benefits (including TANF, Medicaid, SNAPS, General Assistance and SSI/SSDI), obtain vocational training or higher education, secure employment, secure safe and affordable childcare and access other community services as needed (such as mental health and substance abuse treatment). The case managers will also assist program participants with finding and obtaining an apartment that meets the program participant's needs. Case managers will assess program participants every three months to determine whether they still need assistance through the Rapid Rehousing program.

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

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

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

Other:

3. Housing First

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

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

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

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

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

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

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	Subrecipient	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	Daily
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	Monthly
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services		
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	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. No

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: 48

Total Beds: 108

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	48	108

4B. Housing Type and Location Detail

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

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

a. Units: 48

b. Beds: 108

3. 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:

Street 2:

City:

State: New Mexico

ZIP Code:

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

350012 Albuquerque

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	40	8	0	48

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	30	6		36
Adults ages 18-24	10	2		12
Accompanied Children under age 18	60		0	60
Unaccompanied Children under age 18			0	0
Total Persons	100	8	0	108

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	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24	0	0	0	5	0	5	15	5	0	10
Adults ages 18-24	0	0	0	2	0	2	5	2	0	5
Children under age 18	0			0	0	0	0	0	0	60
Total Persons	0	0	0	7	0	7	20	7	0	75

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Adults over age 24	0	0	0	1	0	1	4	0	0	2
Adults ages 18-24	0	0	0	1	0	1	1	1	0	1
Total Persons	0	0	0	2	0	2	5	1	0	3

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non- Veterans	Chronic Homeless Veterans	Non- Chronic Homeless Veterans	Chronic Substan- ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti- c Violence	Physical Disabilit- y	Develop- mental Disabilit- y	Persons not repre- sented by listed subpopu- lations
Accompanied Children under age 18										

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

Describe the unlisted subpopulations referred to above:

These include adults without children who need Rapid Re-Housing because they have other challenges to staying housed, such as limited education or job skills. These also include children without disabilities.

5C. Outreach for Participants

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

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

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

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	23,216

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

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

Rental Assistance	X
Supportive Services	X
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$586,176	
Total Units:		48	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	48	\$586,176

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NM - Albuquerque, NM MSA (3500199999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x		=	\$0
0 Bedroom		x	\$557	\$557	x		=	\$0
1 Bedroom	8	x	\$716	\$716	x		=	\$68,736
2 Bedrooms	20	x	\$878	\$878	x		=	\$210,720
3 Bedrooms	20	x	\$1,278	\$1,278	x		=	\$306,720
4 Bedrooms		x	\$1,547	\$1,547	x		=	\$0
5 Bedrooms		x	\$1,779	\$1,779	x		=	\$0
6 Bedrooms		x	\$2,011	\$2,011	x		=	\$0
7 Bedrooms		x	\$2,243	\$2,243	x		=	\$0
8 Bedrooms		x	\$2,475	\$2,475	x		=	\$0
9 Bedrooms		x	\$2,707	\$2,707	x		=	\$0
Total Units and Annual Assistance Requested	48							\$586,176
Grant Term								1 Year
Total Request for Grant Term								\$586,176

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:	\$71,919
Total Value of In-Kind Commitments:	\$150,248
Total Value of All Commitments:	\$222,167

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private Donations...	08/22/2018	\$10,000
Yes	Cash	Private	Archdiocesan Seco...	08/22/2018	\$25,000
Yes	In-Kind	Private	Private Donations...	08/22/2018	\$10,000
Yes	Cash	Government	NM MFA Performanc...	08/21/2018	\$24,515
Yes	Cash	Government	CYFD Funds (SAFE ...	08/21/2018	\$7,404
Yes	In-Kind	Government	City General Fund...	08/29/2018	\$140,248
Yes	Cash	Private	Bank of America F...	08/22/2018	\$5,000

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: Private Donations (Barrett)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/22/2018
- 6. Value of Written Commitment: \$10,000

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: Archdiocesan Second Collection fund
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/22/2018
- 6. Value of Written Commitment: \$25,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Private Donations (Catholic Charities)
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 08/22/2018

6. Value of Written Commitment: \$10,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: NM MFA Performance Award (SAFE House)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2018

6. Value of Written Commitment: \$24,515

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: CYFD Funds (SAFE House)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2018

6. Value of Written Commitment: \$7,404

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: City General Funds (CABQ)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2018

6. Value of Written Commitment: \$140,248

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Bank of America Fund (Catholic Charities)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/22/2018

6. Value of Written Commitment: \$5,000

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$586,176
3. Supportive Services	\$228,284
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$814,460
7. Admin (Up to 10%)	\$53,025
8. Total Assistance plus Admin Requested	\$867,485
9. Cash Match	\$71,919
10. In-Kind Match	\$150,248
11. Total Match	\$222,167
12. Total Budget	\$1,089,652

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Docu...	08/12/2016
2) Other Attachmenbt	No	IDOH Provisional ...	08/22/2018
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Documentation

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: Match Documentation

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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 Carol Pierce

Date: 09/12/2018

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" 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"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<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"/>
7A. In-Kind Match MOU Attachment	<input 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):

- 2A. In order to update the sub-award amounts.
- 3B. In order to update the response to question 3c.
- 6A. In order to update the IDOH.
- 6D. In order to update the Match information.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/13/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	09/12/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	08/29/2018
Renewal Grant Consolidation	08/17/2018
2A. Subrecipients	08/22/2018
3A. Project Detail	08/17/2018
3B. Description	08/17/2018
4A. Services	08/01/2018
4B. Housing Type	08/01/2018
5A. Households	08/01/2018
5B. Subpopulations	08/01/2018
5C. Outreach	08/01/2018
6A. Funding Request	09/11/2018
6C. Rental Assistance	08/01/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/22/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/01/2018
Submission Without Changes	09/01/2018



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

June 28, 2018

Pamela S. Fanelli, CMA, MBA
City Controller
City of Albuquerque
P.O. Box 1293
Room 8010, 8th Floor
Albuquerque, NM 87103

Re: Indirect Cost Rate Proposal

Dear Ms. Fanelli:

The Federal Transit Administration's (FTA) Region 6 Office is in receipt of the City of Albuquerque Indirect Cost Rate proposal submission. FTA is the cognizant agency for City of Albuquerque and will review the CAP proposal request for reimbursement of indirect costs. The review will include compliance with FTA Circular 5010.1E and other federal requirements.

City of Albuquerque can move forward with the use of the indirect cost rate contained in the **2019 revised** CAP as submitted on a "**Provisional**" basis. The use of the "Provisional" rate is temporary pending the completion of a CAP review by FTA. Please note, the use of the "Provisional" rate is dependent upon the outcome of the FTA review. The "**Provisional**" rate is subject to adjustment by issuance of a final rate based on actual indirect costs incurred for the period.

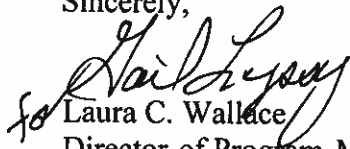
FTA will assign a contractor that will perform the CAP review for City of Albuquerque. The contractor will perform an initial review of your proposal. Upon completion of the initial review, the contractor will either issue a report to the FTA accepting the rate and proposal or follow-up with questions and requests for additional information. Site visits may be required in order to effectively and efficiently complete the review. A representative will contact you once the initial review of your proposal is completed. Please designate a point of contact for the CAP review for your agency, and email their contact information to me at Heriberto.Chavanrria@dot.gov.

Prior to providing final recommendations to the FTA, the contractor will discuss issues with your point of contact; obtain additional information as necessary to reach their conclusion; and attempt to reach agreement on an indirect cost rate that is acceptable to the reviewer and the grantee. If agreement is reached on an acceptable indirect cost rate, the contractor will issue a report to the FTA that recommends accepting the proposed indirect cost rate. If agreement cannot be reached, the areas in dispute and each party's position will be fully documented for inclusion in the final report. All adjustments proposed to the indirect cost rate will be thoroughly explained.

The final report to FTA will recommend acceptance of the rate as proposed, acceptance of an adjusted rate, or rejection of the rate. Also, the rate may be accepted subject to qualifications and recommendations.

Please contact Heriberto Chavarria of my staff at 817-978-0548 if you have any questions regarding this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura C. Wallace". The signature is written in a cursive style and is positioned to the left of the printed name.

Laura C. Wallace
Director of Program Management and Oversight

FISCAL IMPACT ANALYSIS

TITLE: Grant application for HUD CoC Grant, Transitional Housing - City of Albuquerque
 R: O:
 FUND: 265

DEPT: Family & Community Services

No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.

(If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages		2,652			2,652
Fringe Benefits at	50.124%	1,329	-		1,329
Subtotal Personnel		3,981	-	-	3,981
Operating Expenses		134,436	-		134,436
Property		0	-	-	0
Indirect Costs	14.20%	565	-	-	565
Total Expense		\$ 138,982	\$ -	\$ -	\$ 138,982
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		138,982	-	-	138,982
Total Revenue		\$ 138,982	\$ -	\$ -	\$ 138,982

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded: 6

COMMENTS: Grant application includes \$2,273 of In-Kind City match.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

The grant will allow the City of Albuquerque, through the use of existing organizations, to provide transitional housing to homeless men and women who are in recovery from mental illness and substance abuse. The project will serve an estimated 31 people at any point in time.

PREPARED BY: ANNA M. LUJAN

APPROVED:

FISCAL MANAGER

DIRECTOR

REVIEWED BY:

EXECUTIVE BUDGET ANALYST

BUDGET OFFICER

CITY ECONOMIST

Anna M. Lujan 2/20/19
Carl P. Pire 2/25/19
P. Mata
Renee Martinez 3/11/19
CBor

Grant application for HUD CoC Grant, Transitional Housing - City of Albuquerque
 Supporting Worksheet - Personnel Expenditures

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	27.12	
10005893	FCS Program Specialist	M14	20.24	
10007150	FCS Program Specialist	M14	20.24	
				\$ 16.90
10003642	Sr Principal Accountant	E17	33.81	
10008109	Fiscal Manager	E18	40.29	\$ 37.05

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health
M Series	4	33.745	\$ 2,281.16	31.57%	\$ 720.16
E Series	2	5	\$ 370.50	30.44%	\$ 112.78
			\$ 2,651.66	31.01%	\$ 832.94

50.1238% Average rate of Fringe benefits for FIA

\$ 1,329.11	Total Fringe
\$ 3,980.78	Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	30.440%	18.7117%	49.151700%
M Series	31.570%	18.7117%	50.281700%

Blended Rate	E Series	M Series
PERA	19.41%	20.54%
Medicare	1.45%	1.45%
Soc Sec	6.20%	6.20%
RHCA	2%	2%
Group Life	0.83%	0.83%
Unemp cor	0.25%	0.25%
Ins Admin	0.30%	0.30%
	30.44%	31.57%

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

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

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

If "Other", specify:

3. **Date Received:** 09/12/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** NM0017

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: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Applicant: City of Albuquerque

140042297

Project: Transitional Housing - City of Albuquerque

162127

Extension:

Fax Number: (505) 768-3204

Email: hshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): New Mexico
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Transitional Housing - City of Albuquerque

16. Congressional District(s):

a. Applicant: NM-001
(for multiple selections hold CTRL key)

b. Project: NM-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$138,982.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Transitional Housing - City of Albuquerque 400 Marquette NW Albuquerque New Mexico

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 Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Program Manager Salaries
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Housing Placement and Support Services

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 (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$733,601.00	23%
Barrett Foundation	85-0336208	Subrecipient	\$153,870.00	5%
Catholic Charities	80-0110070	Subrecipient	\$296,075.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$208,388.00	6%

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: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

Information About Submission without Changes

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

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

Recipient Performance

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

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The FY15 grant is the most recently expired grant term, with only \$2243 recaptured. This is approximately 1.6% of the total award amount and was a result of two units being closed due to necessary facility maintenance, and delayed intakes due to turnover in a key staff position.

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: \$134,436

Organization	Type	Type	Sub-Award Amount
St. Martin's Hospitality Center dba HopeWorks	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$134,436

2A. Project Subrecipients Detail

a. Organization Name: St. Martin's Hospitality Center dba HopeWorks

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0338552

	* d. Organizational DUNS:	182589663	PLUS 4	5215
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e. Physical Address

Street 1: 1201 Third St. NW

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$134,436

j. Contact Person

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Ames

Suffix:

Title: Housing Program Manager

E-mail Address: james@hopeworksnm.org

Confirm E-mail Address: james@hopeworksnm.org

Phone Number: 505-242-4399

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NM0017

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

2a. CoC Number and Name: NM-500 - Albuquerque CoC

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Transitional Housing - City of Albuquerque

4. Project Status: Standard

5. Component Type: TH

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

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

3B. Project Description

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

This project provides transitional housing to homeless men and women who are in recovery from mental illness and substance abuse. This project has one subrecipient - St. Martin's Hospitality Center (SMHC). SMHC uses these funds to lease a facility-based transitional housing program for homeless men and women who have a dual diagnosis and are in recovery.

The sub-recipient provides case management services to help their clients with services and encouragement to ensure their clients succeed. Case managers help clients apply for mainstream benefits and work towards increasing their income through education, training and employment.

The project serves approximately 31 people at any point in time. 80% of all people who exit the program during the program year will enter permanent housing. 60% of all adults served by the program during the program year will increase their income.

This project has established policies and practices that are consistent with, and do not restrict the exercise of rights provided by education subtitle of the McKinney-Vento Act. This includes the following 1) Ensure that all school-aged children in the programs are enrolled in school and, to the maximum extent practicable, place families with children as close to possible to their schools of origin so as not to disrupt the children's education; 2) Inform all homeless families and youth of their eligibility for McKinney-Vento education services; 3) Make a best faith effort to ensure that all children in the programs are connected to appropriate services in the community; 4) Designate a staff person to ensure all children in the programs are connected to appropriate services in the community; 5) Work in the best interest of all children, including those with disabilities, to help them access all McKinney-Vento services for which they are eligible.

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

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

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input 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 type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

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

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

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

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

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	Subrecipient	Monthly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services		
Life Skills Training		
Mental Health Services	Subrecipient	Monthly
Outpatient Health Services		As needed
Outreach Services		
Substance Abuse Treatment Services	Subrecipient	Monthly
Transportation		As needed
Utility Deposits		

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

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: 17

Total Beds: 31

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	17	31

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 17

b. Beds: 31

3. 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: 528 San Pablo SE

Street 2:

City: Albuquerque

State: New Mexico

ZIP Code: 87108

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

350012 Albuquerque

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	17	0	17

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	0	28		28
Adults ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	31	0	31

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	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic 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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic 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	0	0	0	28	0	28	15	0	0	0
Adults ages 18-24	0	0	0	3	0	3	0	0	0	0
Total Persons	0	0	0	31	0	31	15	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic Homeless Non-Veterans	Chronic Homeless Veterans	Non-Chronic Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

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

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

25%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	3,981

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

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

Leased Units	
Leased Structures	X
Rental Assistance	
Supportive Services	
Operating	

HMIS

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:	\$0
Total Value of In-Kind Commitments:	\$2,273
Total Value of All Commitments:	\$2,273

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	City General Fund...	08/29/2018	\$2,273

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: City General Funds (CABQ)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2018

6. Value of Written Commitment: \$2,273

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

6E. Summary Budget

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$129,890
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$129,890
7. Admin (Up to 10%)	\$9,092
8. Total Assistance plus Admin Requested	\$138,982
9. Cash Match	\$0
10. In-Kind Match	\$2,273
11. Total Match	\$2,273
12. Total Budget	\$141,255

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	10/19/2015
2) Other Attachmenbt	No	IDOH Provisional ...	08/22/2018
3) Other Attachment	No		

Attachment Details

Document Description: Nonprofit Documentation of Subrecipients

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: Match Documentation

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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 Carol Pierce

Date: 09/12/2018

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" 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"/>
7A. In-Kind Match MOU Attachment	<input 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):

- 2A. Update to remove Crossroads for Women as a subrecipient and to update contact information.
- 3B. In order to update responses to questions 1 and 3c.
- 4B. Updated to reflect the change in subrecipients and resulting sites.
- 5A. Updated to reflect correct number of households.
- 6A. In order to update the IDOH.
- 6D. In order to update the Match information.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/13/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2018
Renewal Project Application FY2018	Page 48
	09/24/2018

1E. SF-424 Compliance	08/10/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	08/29/2018
Renewal Grant Consolidation	08/17/2018
2A. Subrecipients	08/22/2018
3A. Project Detail	08/17/2018
3B. Description	08/17/2018
4A. Services	08/10/2018
4B. Housing Type	08/17/2018
5A. Households	08/17/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/10/2018
6A. Funding Request	09/11/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/22/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/01/2018
Submission Without Changes	09/01/2018



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

June 28, 2018

Pamela S. Fanelli, CMA, MBA
City Controller
City of Albuquerque
P.O. Box 1293
Room 8010, 8th Floor
Albuquerque, NM 87103

Re: Indirect Cost Rate Proposal

Dear Ms. Fanelli:

The Federal Transit Administration's (FTA) Region 6 Office is in receipt of the City of Albuquerque Indirect Cost Rate proposal submission. FTA is the cognizant agency for City of Albuquerque and will review the CAP proposal request for reimbursement of indirect costs. The review will include compliance with FTA Circular 5010.1E and other federal requirements.

City of Albuquerque can move forward with the use of the indirect cost rate contained in the **2019 revised** CAP as submitted on a "**Provisional**" basis. The use of the "Provisional" rate is temporary pending the completion of a CAP review by FTA. Please note, the use of the "Provisional" rate is dependent upon the outcome of the FTA review. The "**Provisional**" rate is subject to adjustment by issuance of a final rate based on actual indirect costs incurred for the period.

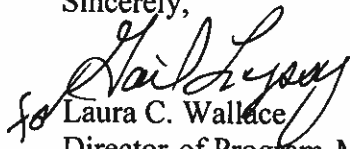
FTA will assign a contractor that will perform the CAP review for City of Albuquerque. The contractor will perform an initial review of your proposal. Upon completion of the initial review, the contractor will either issue a report to the FTA accepting the rate and proposal or follow-up with questions and requests for additional information. Site visits may be required in order to effectively and efficiently complete the review. A representative will contact you once the initial review of your proposal is completed. Please designate a point of contact for the CAP review for your agency, and email their contact information to me at Heriberto.Chavarria@dot.gov.

Prior to providing final recommendations to the FTA, the contractor will discuss issues with your point of contact; obtain additional information as necessary to reach their conclusion; and attempt to reach agreement on an indirect cost rate that is acceptable to the reviewer and the grantee. If agreement is reached on an acceptable indirect cost rate, the contractor will issue a report to the FTA that recommends accepting the proposed indirect cost rate. If agreement cannot be reached, the areas in dispute and each party's position will be fully documented for inclusion in the final report. All adjustments proposed to the indirect cost rate will be thoroughly explained.

The final report to FTA will recommend acceptance of the rate as proposed, acceptance of an adjusted rate, or rejection of the rate. Also, the rate may be accepted subject to qualifications and recommendations.

Please contact Heriberto Chavarria of my staff at 817-978-0548 if you have any questions regarding this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura C. Wallace". The signature is written in a cursive style and is positioned to the left of the printed name.

Laura C. Wallace
Director of Program Management and Oversight

FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, CLNkids Rapid Rehousing Project

R:

O:

FUND: 265

DEPT: Family & Community Services

No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.

(If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages		5,599			5,599
Fringe Benefits at	50.057%	2,803	-		2,803
Subtotal Personnel		8,402	-	-	8,402
Operating Expenses		208,388	-		208,388
Property		0	-	-	0
Indirect Costs	14.20%	1,193	-	-	1,193
Total Expenses		\$ 217,983	\$ -	\$ -	\$ 217,983
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		217,983	-		217,983
			-	-	-
Total Revenue		\$ 217,983	\$ -	\$ -	\$ 217,983

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded: 5

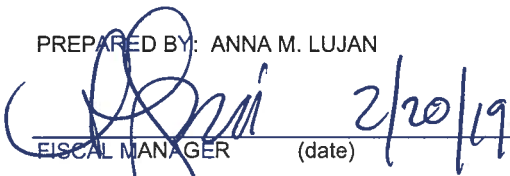
COMMENTS: Grant application includes \$2,399 of In-Kind City match.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

The grant will allow the City of Albuquerque, through the use of existing organizations, to serve an estimated 10 families with children, with rapid rehousing rent assistance and case management services at any point in time.

PREPARED BY: ANNA M. LUJAN

APPROVED:

 2/20/19
 FISCAL MANAGER (date)

 2/25/19
 DIRECTOR (date)

REVIEWED BY:


 EXECUTIVE BUDGET ANALYST

 3/8/19
 BUDGET OFFICER (date)


 CITY ECONOMIST

Grant application for HUD CoC Grant, CLNkids Rapid Rehousing Project
 Supporting Worksheet - Personnel Expenditures

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	27.12	
10007150	FCS Program Specialist	M14	20.24	
				\$ 15.79
10003642	Sr Principal Accountant	E17	33.81	
10008109	Fiscal Manager	E18	40.29	\$ 37.05

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health	
M Series	2	142.125	\$ 4,487.36	31.57%	\$1,416.66	18.7117% \$ 839.66
E Series	2	15	\$ 1,111.50	30.44%	\$ 338.34	18.7117% \$ 207.98
			\$ 5,598.86	31.01%	\$1,755.00	18.7117% \$ 1,047.64

50.0574% Average rate of Fringe benefits for FIA

\$ 2,802.64 Total Fringe

\$ 8,401.50 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	30.440%	18.7117%	49.151700%
M Series	31.570%	18.7117%	50.281700%

<u>Blended Rate</u>	<u>E Series</u>	<u>M Series</u>
PERA	19.41%	20.54%
Medicare	1.45%	1.45%
Soc Sec	6.20%	6.20%
RHCA	2%	2%
Group Life	0.83%	0.83%
Unemp cor	0.25%	0.25%
Ins Admin	0.30%	0.30%
	30.44%	31.57%

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

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

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

If "Other", specify:

3. **Date Received:** 09/12/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** NM0106

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

	c. Organizational DUNS:	615720401	PLUS 4	
--	--------------------------------	-----------	---------------	--

d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Extension:
Fax Number: (505) 768-3204
Email: hshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): New Mexico
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: CLNkids Rapid ReHousing Project

16. Congressional District(s):

a. Applicant: NM-001
(for multiple selections hold CTRL key)

b. Project: NM-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$217,983.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CLNkids Rapid ReHousing Project 400 Marquette NW Albuquerque New Mexico

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 Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Program Manager Salaries
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Housing Placement and Support Services

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 (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$733,601.00	23%
Barrett Foundation	85-0336208	Subrecipient	\$153,870.00	5%
Catholic Charities	80-0110070	Subrecipient	\$296,075.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$208,388.00	6%

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: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

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;	

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

Information About Submission without Changes

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

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

Recipient Performance

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

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

The APR for this project is not due until 9/28/18 and will be submitted on time.

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? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

There was a delay in billing between the City of Albuquerque and CLNkids for this grant due to a change in administrative processes regarding record and time keeping. The project is expected to fully expend its current FY17 grant.

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: \$208,388

Organization	Type	Type	Sub-Award Amount
CLNkids	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$208,388

2A. Project Subrecipients Detail

a. Organization Name: CLNkids

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0366029

	* d. Organizational DUNS:	613246313	PLUS 4	0000
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e. Physical Address

Street 1: 1500 Walter Street SE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$208,388

j. Contact Person

Prefix: Ms.

First Name: Ilyssa

Middle Name:

Last Name: Bozza

Suffix:

Title: Housing Director

E-mail Address: ilyssab@clnkids.org

Confirm E-mail Address: ilyssab@clnkids.org

Phone Number: 505-843-6899

Extension:

Fax Number: 505-764-8840

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NM0106

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

2a. CoC Number and Name: NM-500 - Albuquerque CoC

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: CLNkids Rapid ReHousing Project

4. Project Status: Standard

5. Component Type: PH

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

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

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

3B. Project Description

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

This project will provide Rapid Rehousing to families with children. CoC funding is needed for this project in order to increase the amount of Rapid Rehousing available in the community so that homeless families can more quickly obtain permanent housing. The City of Albuquerque will sub-contract with CLNkids to operate the Rapid ReHousing project, including both the rental assistance and case management component.

This Rapid ReHousing project will assist at least 10 families with rent assistance and case management services at any point in time. The target population is homeless families. The project will fill openings using the CoC's Coordinated Assessment System. Once a client family is determined to be eligible for Rapid ReHousing, CLNkids will provide case management services and access to a licensed social worker trained in trauma-related work, which many of the parents and children have experienced. CLNkids will work with families to help them move into self-sustainability. The Rapid ReHousing case manager will help the families develop their goals and access the support services, both within and outside CLNkids, that they need to achieve these goal. Young children will be eligible to enroll in the early childhood program at CLNkids. The client will meet with his/her case manager at least once a month, and the case manager will assess the household every three months to determine whether they still need assistance through the Rapid Rehousing program.

The project will provide rental assistance and case management services for up to two years to the program participants. Program participants will pay 30% of their income towards rent (calculated per the CoC Interim Rule) and will pay their share of the rent directly to the landlord. The leases will be in the program participant's name. The major goal of this Rapid ReHousing project will be to help program participants maintain their rental unit even after the housing assistance and case management services end. The projected performance outcomes for the project are that 83% of those who exit the Rapid ReHousing program will exit into permanent housing, that 90% will be housed within 30 days of program intake, and that 90% will increase their income while in the program.

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

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

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input 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 type="checkbox"/>

Other:

3. Housing First

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

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

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

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

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

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

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	Subrecipient	Bi-weekly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Weekly
Child Care	Subrecipient	Daily
Education Services	Non-Partner	Daily
Employment Assistance and Job Training	Non-Partner	Daily
Food	Subrecipient	Weekly
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	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. No

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: 10

Total Beds: 30

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	30

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 30

3. 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:

Street 2:

City:

State:

ZIP Code:

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

350012 Albuquerque

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	10	0	0	10

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	8	0		8
Adults ages 18-24	2	0		2
Accompanied Children under age 18	20		0	20
Unaccompanied Children under age 18			0	0
Total Persons	30	0	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	2	0	0	1			6			
Adults ages 18-24							1		1	
Children under age 18										20
Total Persons	2	0	0	1	0	0	7	0	1	20

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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

Describe the unlisted subpopulations referred to above:

Generally children under age 18 in this project are not anticipated to have one of the listed conditions.

5C. Outreach for Participants

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

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

10%	Directly from the street or other locations not meant for human habitation.
90%	Directly from emergency shelters.
	Directly from safe havens.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	8,402

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

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

Rental Assistance	X
Supportive Services	X
HMIS	X

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$137,388	
Total Units:		10	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	10	\$137,388

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NM - Albuquerque, NM MSA (3500199999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x		=	\$0
0 Bedroom		x	\$557	\$557	x		=	\$0
1 Bedroom		x	\$716	\$716	x		=	\$0
2 Bedrooms	4	x	\$878	\$878	x		=	\$42,144
3 Bedrooms	5	x	\$1,278	\$1,278	x		=	\$76,680
4 Bedrooms	1	x	\$1,547	\$1,547	x		=	\$18,564
5 Bedrooms		x	\$1,779	\$1,779	x		=	\$0
6 Bedrooms		x	\$2,011	\$2,011	x		=	\$0
7 Bedrooms		x	\$2,243	\$2,243	x		=	\$0
8 Bedrooms		x	\$2,475	\$2,475	x		=	\$0
9 Bedrooms		x	\$2,707	\$2,707	x		=	\$0
Total Units and Annual Assistance Requested	10							\$137,388
Grant Term								1 Year
Total Request for Grant Term								\$137,388

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:	\$28,000
Total Value of In-Kind Commitments:	\$28,895
Total Value of All Commitments:	\$56,895

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	City General Fund...	08/29/2018	\$2,399
Yes	In-Kind	Government	CYFD Childcare Su...	08/29/2018	\$26,496
Yes	Cash	Private	United Way (CLNkids)	08/29/2018	\$28,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: City General Funds (CABQ)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2018

6. Value of Written Commitment: \$2,399

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: CYFD Childcare Subsidies (CLNKids)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/29/2018

6. Value of Written Commitment: \$26,496

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

Sources of Match Detail

-
- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** United Way (CLNkids)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/29/2018
- 6. Value of Written Commitment:** \$28,000

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$137,388
3. Supportive Services	\$47,805
4. Operating	\$0
5. HMIS	\$13,600
6. Sub-total Costs Requested	\$198,793
7. Admin (Up to 10%)	\$19,190
8. Total Assistance plus Admin Requested	\$217,983
9. Cash Match	\$28,000
10. In-Kind Match	\$28,895
11. Total Match	\$56,895
12. Total Budget	\$274,878

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient NonP...	08/12/2016
2) Other Attachmenbt	No	IDOH Provisional ...	08/22/2018
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient NonProfit Documentation

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: Match Documentation

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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 Carol Pierce

Date: 09/12/2018

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" 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"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<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"/>
7A. In-Kind Match MOU Attachment	<input 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):

- 2A. In order to update the contact person for the subrecipient.
- 3B. In order to update the response to question 3c.
- 6A. In order to update the IDOH.
- 6D. In order to update the Match information.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/01/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 51	09/24/2018
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1D. SF-424 Congressional District(s)	09/12/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	09/01/2018
Renewal Grant Consolidation	08/17/2018
2A. Subrecipients	08/21/2018
3A. Project Detail	08/17/2018
3B. Description	09/01/2018
4A. Services	08/01/2018
4B. Housing Type	08/01/2018
5A. Households	08/01/2018
5B. Subpopulations	08/01/2018
5C. Outreach	08/01/2018
6A. Funding Request	09/11/2018
6C. Rental Assistance	08/01/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/22/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/01/2018
Submission Without Changes	09/01/2018

8A. Attachment(s)

Instructions:

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

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

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

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

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

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

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	10/19/2015
3) Other Attachment(s)	No	Approved Indirect...	11/17/2015
2) Other Attachment(s)	No	Match Funds Letter	10/22/2015

OGDEN UT 84201-0046

In reply refer to: 0423263449
Mar. 17, 2015 LTR 252C 0
85-0366029 201406 67

00005774
BODC: TE

CLNKIDS INC
PO BOX 12786
ALBUQUERQUE NM 87195

MAR 23 2015



058877

Taxpayer Identification Number: 85-0366029

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,



Brett S. Bemenderfer
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

June 28, 2018

Pamela S. Fanelli, CMA, MBA
City Controller
City of Albuquerque
P.O. Box 1293
Room 8010, 8th Floor
Albuquerque, NM 87103

Re: Indirect Cost Rate Proposal

Dear Ms. Fanelli:

The Federal Transit Administration's (FTA) Region 6 Office is in receipt of the City of Albuquerque Indirect Cost Rate proposal submission. FTA is the cognizant agency for City of Albuquerque and will review the CAP proposal request for reimbursement of indirect costs. The review will include compliance with FTA Circular 5010.1E and other federal requirements.

City of Albuquerque can move forward with the use of the indirect cost rate contained in the **2019 revised** CAP as submitted on a "**Provisional**" basis. The use of the "Provisional" rate is temporary pending the completion of a CAP review by FTA. Please note, the use of the "Provisional" rate is dependent upon the outcome of the FTA review. The "**Provisional**" rate is subject to adjustment by issuance of a final rate based on actual indirect costs incurred for the period.

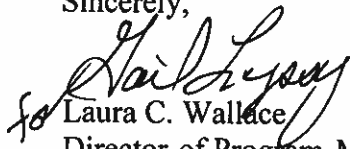
FTA will assign a contractor that will perform the CAP review for City of Albuquerque. The contractor will perform an initial review of your proposal. Upon completion of the initial review, the contractor will either issue a report to the FTA accepting the rate and proposal or follow-up with questions and requests for additional information. Site visits may be required in order to effectively and efficiently complete the review. A representative will contact you once the initial review of your proposal is completed. Please designate a point of contact for the CAP review for your agency, and email their contact information to me at Heriberto.Chavarria@dot.gov.

Prior to providing final recommendations to the FTA, the contractor will discuss issues with your point of contact; obtain additional information as necessary to reach their conclusion; and attempt to reach agreement on an indirect cost rate that is acceptable to the reviewer and the grantee. If agreement is reached on an acceptable indirect cost rate, the contractor will issue a report to the FTA that recommends accepting the proposed indirect cost rate. If agreement cannot be reached, the areas in dispute and each party's position will be fully documented for inclusion in the final report. All adjustments proposed to the indirect cost rate will be thoroughly explained.

The final report to FTA will recommend acceptance of the rate as proposed, acceptance of an adjusted rate, or rejection of the rate. Also, the rate may be accepted subject to qualifications and recommendations.

Please contact Heriberto Chavarria of my staff at 817-978-0548 if you have any questions regarding this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura C. Wallace". The signature is written in a cursive style and is positioned to the left of the printed name.

Laura C. Wallace
Director of Program Management and Oversight

FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, Rental Assistance - TLS

R:

FUND: 265

O:

DEPT: Family & Community Services

No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.

(If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		Fiscal Years			
		2019	2020	2021	Total
Base Salary/Wages		6,474			6,474
Fringe Benefits at	50.165%	3,248	-		3,248
Subtotal Personnel		9,722	-	-	9,722
Operating Expenses		417,183	-		417,183
Property		0	-	-	0
Indirect Costs	14.20%	1,381	-	-	1,381
City In-Kind Match					
Total Expenses		\$ 428,285	\$ -	\$ -	\$ 428,285
[] Estimated revenues not affected					
[x] Estimated revenue impact					
Amount of Grant		428,285	-		428,285
			-	-	-
Total Revenue		\$ 428,285	\$ -	\$ -	\$ 428,285

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded: 5

COMMENTS: Grant application includes \$2,776 of In-Kind City match.

COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

The grant will allow the City of Albuquerque, through the use of existing organizations, to provide permanent supportive housing to individuals with mental illnesses and households with children where the head of household has a mental illness. The project will serve 45 households at any point in time, with approximately 35 single adults and 10 families with children.

PREPARED BY: ANNA M. LUJAN

APPROVED:

 2/20/19
 FISCAL MANAGER (date)

 2/25/19
 DIRECTOR (date)

REVIEWED BY:


 EXECUTIVE BUDGET ANALYST

 3/8/19
 BUDGET OFFICER (date)


 CITY ECONOMIST

Grant application for HUD CoC Grant, Rental Assistance - TLS
 Supporting Worksheet - Personnel Expenditures

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	27.12	
10007150	FCS Program Specialist	M14	20.24	
				15.79
10003642	Sr Principal Accountant	E17	33.81	
10008109	Fiscal Manager	E18	40.29	\$ 37.05

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health
M Series	3	122.62	\$ 5,807.28	31.57%	\$ 1,833.36
E Series	2	9	\$ 666.90	30.44%	\$ 203.00
			\$ 6,474.18	31.01%	\$ 2,036.36

50.1653% Average rate of Fringe benefits for FIA

\$ 3,247.79 Total Fringe

\$ 9,721.98 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	30.440%	18.7117%	49.151700%
M Series	31.570%	18.7117%	50.281700%

<u>Blended Rate</u>	<u>E Series</u>	<u>M Series</u>
PERA	19.41%	20.54%
Medicare	1.45%	1.45%
Soc Sec	6.20%	6.20%
RHCA	2%	2%
Group Life	0.83%	0.83%
Unemp cor	0.25%	0.25%
Ins Admin	0.30%	0.30%
	30.44%	31.57%

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/12/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NM0015

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Extension:
Fax Number: (505) 768-3204
Email: hshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township 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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): New Mexico
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Rental Assistance - TLS

16. Congressional District(s):

a. Applicant: NM-001
(for multiple selections hold CTRL key)

b. Project: NM-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$428,285.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Rental Assistance - TLS 400 Marquette NW
 Albuquerque New Mexico

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 Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Program Manager Salaries
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$28,504.00	Housing Placement and Support Services

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 (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$733,601.00	23%
Barrett Foundation	85-0336208	Subrecipient	\$153,870.00	5%
Catholic Charities	80-0110070	Subrecipient	\$296,075.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$208,388.00	6%

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: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 08/13/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

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;	

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate.

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

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

Applicant's Organization: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

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

Date Signed: 09/12/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

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

Date Signed: 09/12/2018

Information About Submission without Changes

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

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

Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** 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 Grant Consolidation Screen

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

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

2A. Project Subrecipients

This 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: \$417,183

Organization	Type	Type	Sub-Award Amount
Transitional Living Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$417,183

2A. Project Subrecipients Detail

a. Organization Name: Transitional Living Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 85-0264256

	* d. Organizational DUNS:	081467326	PLUS 4	
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e. Physical Address

Street 1: 5601 Domingo Road NE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87108

f. Congressional District(s): NM-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$417,183

j. Contact Person

Prefix: Ms.

First Name: Barbara

Middle Name:

Last Name: Church

Suffix:

Title: Executive Director

E-mail Address: bchurch@tls-nm.org

Confirm E-mail Address: bchurch@tls-nm.org

Phone Number: 505-268-5295

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: NM0015

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

2a. CoC Number and Name: NM-500 - Albuquerque CoC

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Rental Assistance - TLS

4. Project Status: Standard

5. Component Type: PH

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

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

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

3B. Project Description

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

The Rental Assistance TLS Project will provide permanent supportive housing to individuals with a disability and households with children where the head of household has a disability. The project will target, but not limit to, persons with mental illness. Clients will receive tenant-based rental assistance and will select an apartment in a neighborhood they choose to live in. The City of Albuquerque will sub-contract with the nonprofit Transitional Living Services (TLS) to administer the rental assistance program. This rental assistance projects will be operated according to Housing First principles.

TLS will conduct an initial assessment which includes the administration of a standardized instrument designed to ascertain addiction acuity and treatment needs and a standardized instrument designed to ascertain diagnosis and mental functioning at the time of entry into the program. TLS will also complete a health screening and an assessment of personal needs, including needs for housing, eligibility for entitlements, employment history, and job training needs. TLS will provide case management and behavioral health services to clients. TLS will provide directly or arrange for the provision of services that shall include to the extent needed, based on the initial assessment and reassessment, health care, job placement/job training services, substance abuse treatment, mental health services, life skills training, and income support services. TLS will partner with agencies such as Goodwill Industries, CLNkids, University of New Mexico, First Nations, First Choice Community Health Care, MATS Detox, Albuquerque Heading Home, the SOAR initiative and other agencies to provide these services.

The project will serve 45 households at any point in time, with approximately 35 single adults and 10 families with children. 80% of all clients (adults and children) will be in the program or have exited to another permanent housing destination by the end of the program year. 69% of adults in the program will have increased or maintained their income by the end of the program year.

TLS uses a Housing First approach for the Rental Assistance programs. Participants are not required to be clean and sober when they enter the program, and Rental Assistance participants are not terminated from the program simply because they are using drugs or alcohol. TLS does not screen out clients because of a poor rental history or criminal history. Rental Assistance participants meet with their case manager on a regular basis, but are not required to participate in services as a condition of receiving housing. TLS offers participants the opportunity to participate in other services, including individual therapy, group therapy, family therapy and/or Psycho Social Rehabilitation.

The project will also serve "families" to ensure that there is not a violation of Fair Housing and Equal Opportunity regulations under the Equal Access Rule.

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

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

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

Other:

3. Housing First

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

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

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

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

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	Subrecipient	Monthly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services		
Life Skills Training		
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

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. No

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: 45

Total Beds: 55

Total Dedicated CH Beds: 47

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	45	55

4B. Housing Type and Location Detail

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

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

a. Units: 45

b. Beds: 55

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 47

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: 5601 Domingo Road NE

Street 2:

City: Albuquerque

State: New Mexico

ZIP Code: 87108

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

350012 Albuquerque

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	10	35	0	45

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	8	29		37
Adults ages 18-24	2	6		8
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	20	35	0	55

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	4	0	0	0	0	6	0		0	2
Adults ages 18-24	2	0				2			0	0
Children under age 18	6				0	0	0	0	0	4
Total Persons	12	0	0	0	0	8	0	0	0	6

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	29			0	0		0	0	0	0
Adults ages 18-24	6	0	0	0	0	6	0	0	0	0
Total Persons	35	0	0	0	0	6	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

These are children without disabilities, who are part of a household where the head of household has a disability.

5C. Outreach for Participants

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

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

40%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
10%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	9,722

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	

HMIS

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$406,080	
Total Units:		45	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	45	\$406,080

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NM - Albuquerque, NM MSA (3500199999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x		=	\$0
0 Bedroom		x	\$557	\$557	x		=	\$0
1 Bedroom	35	x	\$716	\$716	x		=	\$300,720
2 Bedrooms	10	x	\$878	\$878	x		=	\$105,360
3 Bedrooms		x	\$1,278	\$1,278	x		=	\$0
4 Bedrooms		x	\$1,547	\$1,547	x		=	\$0
5 Bedrooms		x	\$1,779	\$1,779	x		=	\$0
6 Bedrooms		x	\$2,011	\$2,011	x		=	\$0
7 Bedrooms		x	\$2,243	\$2,243	x		=	\$0
8 Bedrooms		x	\$2,475	\$2,475	x		=	\$0
9 Bedrooms		x	\$2,707	\$2,707	x		=	\$0
Total Units and Annual Assistance Requested	45							\$406,080
Grant Term								1 Year
Total Request for Grant Term								\$406,080

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:	\$0
Total Value of In-Kind Commitments:	\$109,848
Total Value of All Commitments:	\$109,848

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Medicaid (TLS)	08/16/2018	\$107,072
Yes	In-Kind	Government	City General Fund...	08/29/2018	\$2,776

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Medicaid (TLS)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/16/2018
- 6. Value of Written Commitment:** \$107,072

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

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** City General Funds (CABQ)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/29/2018
- 6. Value of Written Commitment:** \$2,776

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

6E. Summary Budget

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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$406,080
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$406,080
7. Admin (Up to 10%)	\$22,205
8. Total Assistance plus Admin Requested	\$428,285
9. Cash Match	\$0
10. In-Kind Match	\$109,848
11. Total Match	\$109,848
12. Total Budget	\$538,133

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/23/2014
2) Other Attachmenbt	No	IDOH Provisional ...	08/22/2018
3) Other Attachment	No		

Attachment Details

Document Description: Nonprofit documentation

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: Match Documentation

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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 Carol Pierce

Date: 09/12/2018

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" 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 checked="" type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<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"/>
7A. In-Kind Match MOU Attachment	<input 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):

- 2A. In order to update the expected sub-award amount.
- 3B. In order to update the response to questions 1 and 3c.
- 5B. In order to update subpopulation data.
- 6A. In order to update the IDOH.
- 6D. In order to update the Match information.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/13/2018
1B. SF-424 Legal Applicant	No Input Required

Renewal Project Application FY2018	Page 52	09/24/2018
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/13/2018
1G. HUD-2880	08/13/2018
1H. HUD-50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
Recipient Performance	08/29/2018
Renewal Grant Consolidation	08/17/2018
2A. Subrecipients	08/22/2018
3A. Project Detail	08/17/2018
3B. Description	08/17/2018
3C. Dedicated Plus	08/01/2018
4A. Services	08/01/2018
4B. Housing Type	08/01/2018
5A. Households	08/01/2018
5B. Subpopulations	08/01/2018
5C. Outreach	08/01/2018
6A. Funding Request	09/11/2018
6C. Rental Assistance	08/01/2018
6D. Match	08/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/22/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/01/2018
Submission Without Changes	09/01/2018

CINCINNATI OH 45999-0038

In reply refer to: 0248221235
Jan. 17, 2014 LTR 4168C 0
85-0264256 000000 00
00019344
BODC: TE

THERAPEUTIC LIVING SERVICES INC
5601 DOMINGO RD NE
ALBUQUERQUE NM 87108



021550

Employer Identification Number: 85-0264256
Person to Contact: Ms. Howard
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 08, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1978.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

June 28, 2018

Pamela S. Fanelli, CMA, MBA
City Controller
City of Albuquerque
P.O. Box 1293
Room 8010, 8th Floor
Albuquerque, NM 87103

Re: Indirect Cost Rate Proposal

Dear Ms. Fanelli:

The Federal Transit Administration's (FTA) Region 6 Office is in receipt of the City of Albuquerque Indirect Cost Rate proposal submission. FTA is the cognizant agency for City of Albuquerque and will review the CAP proposal request for reimbursement of indirect costs. The review will include compliance with FTA Circular 5010.1E and other federal requirements.

City of Albuquerque can move forward with the use of the indirect cost rate contained in the **2019 revised** CAP as submitted on a "**Provisional**" basis. The use of the "Provisional" rate is temporary pending the completion of a CAP review by FTA. Please note, the use of the "Provisional" rate is dependent upon the outcome of the FTA review. The "**Provisional**" rate is subject to adjustment by issuance of a final rate based on actual indirect costs incurred for the period.

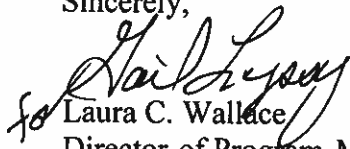
FTA will assign a contractor that will perform the CAP review for City of Albuquerque. The contractor will perform an initial review of your proposal. Upon completion of the initial review, the contractor will either issue a report to the FTA accepting the rate and proposal or follow-up with questions and requests for additional information. Site visits may be required in order to effectively and efficiently complete the review. A representative will contact you once the initial review of your proposal is completed. Please designate a point of contact for the CAP review for your agency, and email their contact information to me at Heriberto.Chavarria@dot.gov.

Prior to providing final recommendations to the FTA, the contractor will discuss issues with your point of contact; obtain additional information as necessary to reach their conclusion; and attempt to reach agreement on an indirect cost rate that is acceptable to the reviewer and the grantee. If agreement is reached on an acceptable indirect cost rate, the contractor will issue a report to the FTA that recommends accepting the proposed indirect cost rate. If agreement cannot be reached, the areas in dispute and each party's position will be fully documented for inclusion in the final report. All adjustments proposed to the indirect cost rate will be thoroughly explained.

The final report to FTA will recommend acceptance of the rate as proposed, acceptance of an adjusted rate, or rejection of the rate. Also, the rate may be accepted subject to qualifications and recommendations.

Please contact Heriberto Chavarria of my staff at 817-978-0548 if you have any questions regarding this process.

Sincerely,

A handwritten signature in black ink, appearing to read "Laura C. Wallace". The signature is written in a cursive style with a large initial "L".

Laura C. Wallace
Director of Program Management and Oversight