



1 WHEREAS, the HUD Continuum of Care program provides critical  
 2 resources to provide: (1) rapid re-housing and supportive services for  
 3 homeless families through the Rapid Re-housing Program; (2) transitional  
 4 housing and supportive services for disabled homeless individuals through  
 5 the Transitional Housing Program; and (3) permanent housing and supportive  
 6 services for disabled homeless households through the Rental Assistance  
 7 Program.

8 BE IT RESOLVED BY THE COUNCIL, THE GOVERNING BODY OF THE CITY OF  
 9 ALBUQUERQUE:

10 Section 1. That the attached documentation of the City’s grant application  
 11 to HUD, for a Continuum of Care program is hereby approved. The amounts in  
 12 the application may vary from the amounts appropriated.

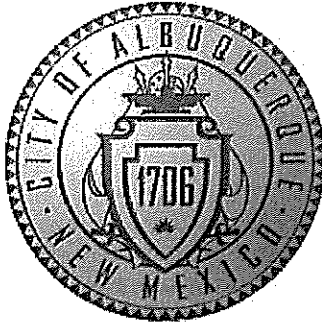
13 Section 2. That the following estimated federal funds and City grant match  
 14 requirements are hereby appropriated to the Department of Health, Housing &  
 15 Homelessness in the Operating Grants Fund (265), for City Fiscal Year 2026.

<u>Grant Name</u>	<u>Est. Award</u>
<u>Rapid Re-housing Program</u>	
Barrett Foundation	\$210,774.07
Chicanos Por La Causa	\$403,813.88
SAFE House	\$516,804.56
CLN Kids/Cuidando Los Niños	\$276,608.48
City Admin	\$36,107.00
<u>Transitional Housing Program</u>	
New Mexico Dream Center	\$134,436.00
City Admin	\$4,546.00
<u>Rental Assistance Program</u>	
HopeWorks	\$579,832.36
Albuquerque Healthcare for the Homeless	\$646,304.64
City Admin	\$33,067.00
<u>Therapeutic Living Services Rental Assistance Program</u>	
<u>Therapeutic Living Services</u>	\$558,820.00
City Admin	\$11,823.00
<u>CoC Planning Project</u>	

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1	<b>New Mexico Coalition to End Homelessness</b>	<b>\$220,116.00</b>
2	<b>City Admin</b>	<b>\$80,363.00</b>
3	<b><u>City IDOH (All 5 grants)</u></b>	<b>\$92,386.00</b>
4	<b><u>Total Award Amount</u></b>	<b>\$3,713,416.00</b>
5	<b><u>City Match Requirement</u></b>	<b>\$250,936.00</b>
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# CITY OF ALBUQUERQUE

## Albuquerque, New Mexico

### Office of the Mayor

Mayor Timothy M. Keller

#### INTER-OFFICE MEMORANDUM

April 4, 2025

**TO:** Brooke Bassan, 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 2024 Continuum of Care Grant and Providing an Appropriation to the Department Health, Housing, and Homelessness for Fiscal Year 2026.

This resolution approves a grant application to the U.S. Department of Housing and Urban Development and appropriates \$3,713,416.00 in Federal funds from the Continuum of Care Grants to the Department of Health, Housing, and Homelessness. The grants will provide critical resources for rapid re-housing and supportive services for homeless families through the Rapid Re-housing Program. The grants will also provide transitional housing and supportive services for disabled homeless individuals through the Transitional Housing Program. Additionally, the grants will provide the resources for permanent housing and supportive services for disabled homeless households through the Rental Assistance Program. The grants will also provide monies for planning, coordination and evaluation activities for the Albuquerque Continuum of Care through the Albuquerque CoC Planning Project. The grants will use up to \$250,936.00 from City match, and up to \$548,437.00 matching from sub-recipient cash and in-kind services. The total grant amount is \$3,713,416.00 which includes \$92,386.06 for IDOH. The funding will be awarded to sub-grantees experienced in serving the various homeless sub-populations. The breakdown of the awards is as follows:

Rapid Re-housing Program	Maximum Amount to be Funded
Barrett Foundation	\$210,774.07
Chicanos Por La Causa	\$403,813.88
SAFE House	\$516,804.56
Cuidando los Niños	\$276,608.49
City Administration	\$36,107.00

<b>Transitional Housing program</b>	
New Mexico Dream Center	\$134,436.00
City Administration	\$4,546.00
<b>Rental Assistance Program</b>	
HopeWorks	\$579,832.36
Albuquerque Health Care for the Homeless	\$646,304.64
City Administration	\$33,067.00
<b>Therapeutic Living Services Rental Assistance Program</b>	\$558,820.00
City Administration	\$11,823.00
<b>NMCEH CoC Planning Project</b>	\$220,116.00
City Administration	\$80,363.00
<b>Sub-Total Grant for Services</b>	<b>\$3,547,510.00</b>
<b>Sub-Total City Administration</b>	<b>\$165,906.00</b>
<b>TOTAL GRANT AWARD AMOUNT</b>	<b>\$3,713,416.00</b>
Sub-Total City IDOH (All 5 grants)	\$92,386.06
City Match Requirement	\$250,936.00

TITLE/SUBJECT OF LEGISLATION: Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2023 Continuum of Care Grant and Providing an Appropriation to the Department of Health, Housing, and Homelessness for Fiscal Year 2026.

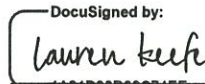
Approved:

Approved as to Legal Form:

 4/28/25

Samantha Sengel, EdD  
Chief Administrative Officer

Date

DocuSigned by:  


Lauren Keefe  
City Attorney

4/21/2025 | 5:01 PM MDT

Date

Recommended:

DS  


DocuSigned by:  


4/18/2025 | 2:54 PM MDT

Gilbert Ramirez, Director  
Department of Family and Community Services,

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 2024 Continuum of Care Grant and Providing an Appropriation to the Department of Health, Housing, and Homelessness, for Fiscal Year 2026.

**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 Health, Housing, and Homelessness and the U.S. Department of Housing and Urban Development (HUD). This legislation will appropriate \$3,713,416 to the Department of Health, Housing, and Homelessness.

**3. Why is this project needed?**

The grants will allow the City of Albuquerque, through the use of existing organizations to continue to provide 85 homeless families with rapid re-housing and supportive services, 40 homeless individuals with disabilities with transitional housing, 57 homeless households with disabilities with permanent supportive housing, and 10 homeless families with children aged 6 months to 5 years old with rapid re-housing and supportive services. The grants will also continue to 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?**

Up to \$250,936.00 match from City in-kind services and cash, and up to \$548,437.00 match from sub-recipient/sub-award cash and in-kind services. The total grant amount is \$3,713,416.00 which includes \$ 92,386.06 for IDOH.

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

No.

**6. What will happen if the project is not approved?**

Over 280 homeless families, including 193 families with a disability, and 10 homeless families with children aged 6 months to 5 years old, will not have housing and supportive services. The city will also not have funding for planning, coordination and evaluation activities for the Albuquerque Continuum of care.

**7. Is this service already provided by another entity?**

No.

**FISCAL IMPACT ANALYSIS**

TITLE: Grant application for HUD CoC Grant, Rental Assistance - AHCH/Hopeworks R: O:  
 FUND: 265  
 DEPT: Health, Housing & Homelessness

- 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			Total
		2026	2027	2028	
Base Salary/Wages		21,881			21,881
Fringe Benefits at	51.127%	11,187	-		11,187
Subtotal Personnel		33,067	-	-	33,067
Operating Expenses		1,206,176	-		1,206,176
Property		0	-	-	0
Indirect Costs	15.00%	19,960	-	-	19,960
<b>Total Expenses</b>		<b>\$ 1,259,204</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,259,204</b>
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		1,259,204	-		1,259,204
City Match		-			-
<b>Total Revenue</b>		<b>\$ 1,259,204</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,259,204</b>

These estimates do not include any adjustment for inflation.

\* Range if not easily quantifiable.

Number of Partial Positions funded: 4

**COMMENTS:** Grant application includes \$275,420 of cash match partner agencies from Hopeworks in the amount \$80,923 and AHCH in the amount \$194,497.

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

The grants will allow the City of Albuquerque, through the use of existing organizations to continue to provide 85 homeless families with rapid re-housing and supportive services.

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 PREPARED BY: ANNA M LUJAN  
*Anna M Lujan*  
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APPROVED:  
*Gilbert Ramirez*  
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EXECUTIVE BUDGET ANALYST

BUDGET OFFICER (date)

CITY ECONOMIST

### FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, Rental Assistance -TLS

R: O:

FUND: 265

DEPT: Health, Housing & Homelessness

- 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			
		2026	2027	2028	Total
Base Salary/Wages		7,796			7,796
Fringe Benefits at	51.660%	4,027	-		4,027
Subtotal Personnel		11,823	-	-	11,823
Operating Expenses		559,892	-		559,892
Property		0	-	-	0
Indirect Costs	15.00%	9,273	-	-	9,273
City In-Kind Match					
Total Expenses		<u>\$ 580,988</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 580,988</u>
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		570,643	-		570,643
City match		10,345			10,345
Total Revenue		<u>\$ 580,988</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 580,988</u>

These estimates do not include any adjustment for inflation.


\* Range if not easily quantifiable.


Number of Partial Positions funded: 3

**COMMENTS:** Grant application includes \$10,345 of City cash match and TLS will be providing \$114,061 in cash match.

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

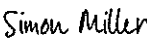
The grants will allow the City of Albuquerque, through the use of existing organizations to continue to provide 40 homeless individuals with disabilities with transitional housing.

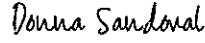
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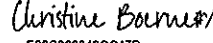
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 EXECUTIVE BUDGET ANALYST

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 BUDGET OFFICER (date)

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 CITY ECONOMIST

**FISCAL IMPACT ANALYSIS**

TITLE: Grant application for HUD CoC Grant, Rapid Rehousing - City of Albuquerque R: O:  
 FUND: 265  
 DEPT: Health, Housing & Homelessness

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			
		2026	2027	2028	Total
Base Salary/Wages		27,218			27,218
Fringe Benefits at	32.660%	8,889	-		8,889
Subtotal Personnel		36,107	-	-	36,107
Operating Expenses		1,534,410	-		1,534,410
Property			-	-	-
Indirect Costs	15.00%	35,416	-	-	35,416
<b>Total Expense</b>		<b>\$ 1,605,933</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,605,933</b>
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		1,444,108	-		1,444,108
City Match		161,825			161,825
			-	-	-
<b>Total Revenue</b>		<b>\$ 1,605,933</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,605,933</b>

These estimates do not include any adjustment for inflation.

\* Range if not easily quantifiable.

Number of Partial Positions funded: 5

**COMMENTS:** Grant application includes \$161,825 City match and \$39,914 cash match from Barrett Foundation and \$56,926 cash match from CLN and \$10,000 in kind match from SAFE House and \$52,116 cash match from SAFE House.

**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 57 households, including survivors of domestic violence, with rapid rehousing rental assistance and case management services.

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 BUDGET OFFICER (date)

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 CITY ECONOMIST

**FISCAL IMPACT ANALYSIS**

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

DEPT: Health, Housing & Homelessness

- 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			
		2026	2027	2028	Total
Base Salary/Wages		3,008			3,008
Fringe Benefits at	51.160%	1,539	-		1,539
Subtotal Personnel		4,546	-	-	4,546
Operating Expenses		128,527	-		128,527
Property		0	-	-	0
Indirect Costs	15.00%	8,182	-	-	8,182
<b>Total Expense</b>		<b>\$ 141,255</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 141,255</b>
[ ] Estimated revenues not affected					
[x] Estimated revenue impact					
Amount of Grant		138,982	-		138,982
City Match		2,273			2,273
<b>Total Revenue</b>		<b>\$ 141,255</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 141,255</b>

COA adm  
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These estimates do not include any adjustment for inflation.

\* Range if not easily quantifiable.

Number of Partial Positions funded: 3

COMMENTS: Grant application includes \$2,273 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.

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APPROVED:

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CITY ECONOMIST

### FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, Albuquerque CoC Planning Project

R: O:

FUND: 265

DEPT: Health, Housing & Homelessness

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			
		2026	2027	2028	Total
Base Salary/Wages		52,989			52,989
Fringe Benefits at	51.660%	27,374	0		27,374
Subtotal Personnel		80,363	0	0	80,363
Operating Expenses		277,055	0		277,055
Property		0	0	0	0
Indirect Costs	15.00%	19,554	0	0	19,554
City In-Kind Match					
<b>Total Expenses</b>		<b>376,972</b>	<b>0</b>	<b>0</b>	<b>376,972</b>
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		300,479	0		300,479
City match		76,493			76,493
			0	0	0
<b>Total Revenue</b>		<b>376,972</b>	<b>0</b>	<b>0</b>	<b>376,972</b>

These estimates do not include any adjustment for inflation.

\* Range if not easily quantifiable.

Number of Partial Positions funded: 3


**COMMENTS:** Grant application includes \$73,741 of City match

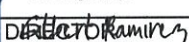
**COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:**

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

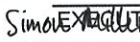
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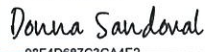
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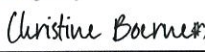
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EXECUTIVE BUDGET ANALYST

BUDGET OFFICER (date)

CITY ECONOMIST

## 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: 09/30/2024

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. Unique Entity Identifier:** FXHXYLX5LWD8

### 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:**

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

- Prefix:** Mr.
- First Name:** Gavino
- Middle Name:** Jose
- Last Name:** Archuleta
- Suffix:**
- Title:**
- Organizational Affiliation:** City of Albuquerque
- Telephone Number:** (505) 768-2844
- Extension:**
- Fax Number:** (505) 768-3204

**Email:** [gavinoarchuleta@cabq.gov](mailto:gavinoarchuleta@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-6800-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: FY2024 Albuquerque CoC Planning Project

16. Congressional District(s):

a. Applicant: NM-001

b. Project: NM-001

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:**

**Telephone Number:** (505) 768-2866  
(Format: 123-456-7890)

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 09/30/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Albuquerque

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:**

**Organizational Affiliation:** City of Albuquerque

**Telephone Number:** (505) 768-2866

**Extension:**

**Email:** gramirez@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: \$305,972.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD 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	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

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

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

**Name / Title of Authorized Official:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 09/30/2024

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

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:**

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 09/30/2024

## **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:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 09/30/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:**

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 09/30/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |           |   |
|-----------|---|
| <b>1.</b> | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| <b>2.</b> | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| <b>3.</b> | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| <b>4.</b> | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| <b>5.</b> | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| <b>6.</b> | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| <b>7.</b> | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| <b>8.</b> | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** City of Albuquerque  
**Prefix:** Mr.  
**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:**

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

**Date Signed:** 09/30/2024

## 2A. Project Detail

1. **CoC Number and Name:** NM-500 - Albuquerque CoC
2. **Collaborative Applicant Name:** City of Albuquerque
3. **Project Name:** FY2024 Albuquerque CoC Planning Project
4. **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 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 regular 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 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 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 Albuquerque Coordinated Entry System;
- 9) Update Written Standards for Administering CoC Assistance as needed in coordination with the Coordinated Entry System, CoC 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 the 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 implementation 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 training and the SOAR Steering Committee.
- 20) Address racial disparities in homelessness by hiring an Equity Director in the coming months, working with the Independent Review Committee to build racial equity measures into their scoring criteria and conducted an equity survey of current CoC recipients, and supporting agencies in developing their own

measures to track racial equity in their programs. Through this racial equity survey, agencies were alerted that racial equity measures will be included in their evaluation going forward.

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

November 1 is the anticipated start date for the 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 Entry 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:

October 1 - December 31: FY24 CoC Application to HUD is completed and submitted; Plan the Sheltered and Unsheltered PIT and Housing Inventory Counts

January 1 - March 31: Plan and conduct Sheltered PIT and Housing Inventory Counts; Begin preparing for the next CoC Competition

April 1 to June 30: Report PIT and Housing Inventory data to HUD; Update Governance Charter; CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for project in next CoC Competition

July 1 - September 30: CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for next CoC Competition; IRC makes final evaluation, ranking and reallocation decisions; IRC sets selection criteria for new projects, solicits new projects and selects new projects; Report System Performance Measures to HUD.

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 Independent Review Committee (IRC) evaluates all CoC projects' performance annually using APR data, HUD audits, City of Albuquerque audits, financial audits, and compliance with HUD requirements. If a project is low-performing, the IRC 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.

### 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

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. 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.**

The City of Albuquerque was subject to reallocation recommendation by the IRC in the FY23 competition cycle. They utilized the approved grievance process in September 2023, but the decision was not overturned.



### 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 establishes evaluation criteria for renewal projects, evaluates them, determines if any need to be reallocated, and ranks them. The committee members represent a diverse group of viewpoints. Members include representatives from homeless service providers, local legal services, local government, and persons with lived experience of homelessness. Together the committee members understand the programmatic aspect of serving the homeless, and our local plan to end homelessness.	Quarterly	UNM School of Law, Albuquerque FaithWorks, NM Mortgage Finance Authority, NM Black Leadership Council, The Healing Network, Scott Yelton (person with lived experience)
Albuquerque CoC 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, represents the COC in the community, monitors CoC membership and provides guidance on CoC related issues, such as converting transitional housing to rapid rehousing, need for coordinated entry, etc.	Monthly	NM Veterans Integration Center, NM Mortgage Finance Authority, Serenity Mesa, UNM School of Law, The Healing Network, Heading Home, Albuquerque Public Schools Title I, Barrett Foundation
CoC Housing Managers Group	This group brings together NM-500 CoC providers to share resources, discuss and resolve CoC-specific concerns and barriers their programs are facing.	Bi-Monthly	NMCEH, City of Albuquerque, Albuquerque Healthcare for the Homeless, Catholic Charities, Barrett Foundation, Therapeutic Living Services, SAFE House, NM Dream Center, TenderLove, Supportive Housing Coalition
Coordinated Entry System Governing Committee	The role of the CES Governing Committee is to provide high-level oversight to the CES. The committee developed and updates the CES policies and procedures for the CoC, informs the CoC Board and CoC membership on suggested changes to prioritization of the people within the system and uses of the system, represents the CoC and CES in the community, supports ensuring that the CES is inclusive, diverse and equitable, and develops an annual strategic plan for the CES project.	Bi-Monthly	TenderLove Community Center, Heading Home, Supportive Housing Coalition, Youth Development Initiatives, NM Veterans Administration, City of Albuquerque, State of New Mexico

Veterans Leadership and Case Conferencing Committee	The role of the Veteran Leadership and Case Conferencing Committee is to coordinate city-wide efforts to end homelessness for veterans in Albuquerque. This committee meets monthly to review the by name list of homeless veterans, upcoming resources and the development of strategies to reduce veteran homelessness.	Monthly	NM Veterans Administration, NM Coalition to End Homelessness, NM Veterans Integration Center SSVF and GPD, NM Goodwill Industries SSVF
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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:	\$76,493
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$76,493

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	City General Funds	\$76,493

## Sources of Match Details

- 1. **Type of commitment:** Cash
- 2. **Source:** Government
- 3. **Name of source:** City General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Value of Written Commitment:** \$76,493

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? 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)

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
Department of HUD	7%	\$253,280	Approved Rate

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)
<b>1. Coordination Activities</b>	.10 FTE CoC Director Salary/Wages and Benefits; .24 FTE Equity Director Salary/Wages and Benefits; .20 FTE CoC Program Officer Salary/Wages and Benefits; .09 FTE CoC Program Officer 2 Salary/Wages and Benefits; .09 FTE CoC Administrator Salary/Wages and Benefits; .05 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	\$106,896
<b>2. Project Evaluation</b>	.05 FTE CoC Director Salary/Wages and Benefits; .24 FTE Equity Director Salary/Wages and Benefits; .15 FTE CoC Program Officer Salary/Wages and Benefits; .05 FTE CoC Quality Improvement Officer Salary/Wages and Benefits; .09 FTE CoC Program Officer 2 Salary/Wages and Benefits; .09 FTE CoC Administrator Salary/Wages and Benefits; .05 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	\$33,491
<b>3. Project Monitoring Activities</b>	.14 FTE CoC Director Salary/Wages and Benefits; .50 FTE CoC Quality Improvement Officer Salary/Wages and Benefits; .18 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	\$12,940
<b>4. Participation in the Consolidated Plan</b>	.03 FTE CoC Director Salary/Wages and Benefits; .03 FTE CoC Program Officer Salary/Wages and Benefits; .13 FTE CoC Program Officer 2 Salary/Wages and Benefits; .13 FTE CoC Program Administrator Salary/Wages and Benefits; .13 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	\$6,858

<b>5. CoC Application Activities</b>	.07 FTE CoC Director Salary/Wages and Benefits; .10 FTE CoC Program Officer Salary/Wages and Benefits; .07 FTE CoC Quality Improvement Officer; .12 FTE CoC Program Officer 2 Salary/Wages and Benefits; .12 FTE CoC Administrator Salary/Wages and Benefits; .14 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	\$24,541
<b>6. Determining Geographical Area to Be Served by the CoC</b>		\$0
<b>7. Developing a CoC System</b>	part time professional development system training for Albuquerque CoC; participation expenses for Undoing Racism workshop such as travel, room, per diem	\$12,090
<b>8. HUD Compliance Activities</b>	.07 FTE Executive Director Salary/Wages and Benefits, .03 FTE CoC Director Salary/Wages and Benefits; .03 FTE CoC Program Officer Salary/Wages and Benefits; .03 FTE CoC Quality Improvement Officer Salary/Wages and Benefits; .12 FTE CoC Program Officer 2 Salary/Wages and Benefits; .12 FTE CoC Administrator Salary/Wages and Benefits; .13 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	\$109,156
<b>Total Costs Requested</b>		\$305,972
<b>Cash Match</b>		\$76,493
<b>In-Kind Match</b>		\$0
<b>Total Match</b>		\$76,493
<b>Total Budget</b>		\$382,465

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		
2. Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 5B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

- 5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.
- 6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.
- 7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.
- 8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Gilbert Ramirez

**Date:** 09/30/2024

**Title:**

**Applicant Organization:** City of Albuquerque

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/11/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2024
1E. SF-424 Compliance	09/11/2024
1F. SF-424 Declaration	09/11/2024
1G. HUD 2880	09/11/2024
1H. HUD 50070	09/11/2024
1I. Cert. Lobbying	09/11/2024
1J. SF-LLL	09/11/2024

<b>IK. SF-424B</b>	09/11/2024
<b>2A. Project Detail</b>	09/11/2024
<b>2B. Description</b>	09/11/2024
<b>3A. Governance and Operations</b>	09/11/2024
<b>3B. Committees</b>	09/11/2024
<b>4A. Match</b>	09/11/2024
<b>4B. Funding Request</b>	09/19/2024
<b>5A. Attachment(s)</b>	No Input Required
<b>5B. Certification</b>	09/11/2024

## 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.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2023 Project Application will be imported into the FY 2024 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.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2024 CoC Program Competition NOFO.

## 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: 10/24/2024

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. Unique Entity Identifier:** FXHXYLX5LWD8

### 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:** Homeless Programs & Initiatives

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

**Prefix:** Mr.  
**First Name:** Gavino  
**Middle Name:** Jose  
**Last Name:** Archuleta  
**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:** [gavinoarchuleta@cabq.gov](mailto:gavinoarchuleta@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-6800-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: FY2024 Consolidated RRH CABQ

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: 07/01/2025

b. End Date: 06/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
(Format: 123-456-7890)

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Albuquerque

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Organizational Affiliation:** City of Albuquerque

**Telephone Number:** (505) 768-2866

**Extension:**

**Email:** gramirez@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: \$1,283,125.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD 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	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

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

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
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**Name / Title of Authorized Official:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

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

X
---

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## 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:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** City of Albuquerque  
**Prefix:** Mr.  
**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

To make any necessary updates.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

**4a. If HUD recaptured funds provide an explanation.**

Subrecipient Catholic Charities was in the process of giving up their portion of the grant during the operating year, which led to most of the funds left on the table.

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? 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: \$1,093,340**

Organization	Type	Sub-Award Amount
Barrett Foundation	M. Nonprofit with 501C3 IRS Status	\$157,438
CPLC New Mexico, Inc.	M. Nonprofit with 501C3 IRS Status	\$315,643
SAFE House	M. Nonprofit with 501C3 IRS Status	\$403,426
CLNkids	M. Nonprofit with 501C3 IRS Status	\$216,833

## 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. Unique Entity Identifier:** XFJNTARQA857

**e. Physical Address**

**Street 1:** 10300 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:** \$157,438

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Lanndhese

**Middle Name:**  
**Last Name:** Talise  
**Suffix:**  
**Title:** Interim Executive Director  
**E-mail Address:** Italice@barrettfoundation.org  
**Confirm E-mail Address:** Italice@barrettfoundation.org  
**Phone Number:** 702-818-9485  
**Extension:**  
**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:** CPLC New Mexico, Inc.
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 85-0227776
- d. Unique Entity Identifier:** DXU8NEN6E949
- e. Physical Address**
- Street 1:** 2101 Mountain Road NW  
**Street 2:** Suite A  
**City:** Albuquerque  
**State:** New Mexico  
**Zip Code:** 87104

**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:** \$315,643

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Annaliza

**Middle Name:**

**Last Name:** Gourneau

**Suffix:**

**Title:** Vice President of Strategy & Community Engagement

**E-mail Address:** annaliza.gourneau@cplc.org

**Confirm E-mail Address:** annaliza.gourneau@cplc.org

**Phone Number:** 505-317-7964

**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. Unique Entity Identifier:** CL4TS63ZSKK5

**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:** \$403,426

**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.

## 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. Unique Entity Identifier:** LMUPQ19K9P88
- 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:** \$216,833

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Jeffrey

**Middle Name:**

**Last Name:** Hoehn

**Suffix:**

**Title:** Executive Director

**E-mail Address:** jeffreyh@clnabq.org

**Confirm E-mail Address:** jeffreyh@clnabq.org

**Phone Number:** 505-843-6899

**Extension:**

**Fax Number:**

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

### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** NM0101

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

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

**3. CoC Collaborative Applicant Name:** City of Albuquerque

**4. Project Name:** FY2024 Consolidated RRH CABQ

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** RRH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Yes

**9. Is this project applying for Rural costs on screen 6A?** No

### 3B. Project Description

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

The City of Albuquerque’s Consolidated Rapid Re-Housing grant will provide housing to families with children and adults without children, some of whom are survivors of domestic violence. CoC funding for this project allows subrecipients to maintain the availability of Rapid Re-Housing in the community, while increasing collaboration and services of subrecipients so homeless individuals and families can quickly obtain permanent housing and supports to be housing stable. The City of Albuquerque will subcontract with Barrett Foundation, Chicanos por la Causa, CLNkids, and SAFE House to provide rental assistance and case management services for clients served by this project. Barrett Foundation will focus on serving single adults and families, Chicanos por la Causa and CLNKids on serving families with children, and SAFE House on serving survivors of domestic violence. All subrecipients use the CoC’s Coordinated Entry System to fill openings. The City’s RRH project allows households currently in shelters, or on the street/residing in other places not meant for human habitation to exit to permanent housing. Barrett Foundation and SAFE House operate emergency shelters that serve as access points for individuals and families to connect to housing through the CES. The project will serve an estimated 57 households at any point in time, which will include a total of 137 people. Anticipated outcomes for this project include 80% of all clients exit to permanent housing and 70% of all clients served during the year will increase their income. The project will provide rental assistance and case management services for up to two years. Clients will pay 30% of their adjusted income towards rent directly to the landlord. Clients adjusted income and rent percentages are calculated according to the CoC interim rule. The leases will be in the participant’s name. A major goal of the RRH project will be to help clients maintain their rental unit after housing assistance and case management services end. All clients receive regular case management services. Clients will meet at least monthly with a case manager and more frequently if needed. Case management services focus on helping clients stabilize and increase income, including assisting clients to apply for and maintain mainstream benefits (including TANF, Medicaid, SNAPs, General Assistance, and SSI/SSDI), obtain vocational training or higher education, secure employment, stable and affordable childcare, early childhood programs, and access other community services as needed (like mental health and substance abuse treatment). Young children within the RRH program should be eligible to enroll in the CLNkids early childhood program. Case managers will assist clients with finding and obtaining an apartment that meets the households’ needs. Case managers assess program participants every three months to determine whether they still need assistance through the Rapid Re-Housing project.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

### 3. Housing First

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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 Program Participants

1. For all supportive services available to program 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	Subrecipient	Daily
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	As needed
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Non-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

Identify whether the project includes the following activities:



2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No

## 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: 57

Total Beds: 137

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	57	137

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

**a. Units:** 57

**b. Beds:** 137

### 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** Albuquerque

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87102

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

350012 Albuquerque

## 5A. Program Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	50	7	0	57
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
Persons over age 24	38	5		43
Persons ages 18-24	12	2		14
Accompanied Children under age 18	80		0	80
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>130</b>	<b>7</b>	<b>0</b>	<b>137</b>

**Click Save to automatically calculate totals**

## 5B. Program 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.

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0	0	6	0	5	21	5	0	10
Persons ages 18-24	0	0	0	2	0	2	6	2	1	5
Children under age 18	0			0	0	0	0	0	0	80
<b>Total Persons</b>	2	0	0	8	0	7	27	7	1	95

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	1	0	1	2	0	0	2
Persons ages 18-24	0	0	0	1	0	1	1	1	0	1
<b>Total Persons</b>	0	0	0	2	0	2	3	1	0	3

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
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 and children under age 18 in the project who are not anticipated to have one of the listed conditions.

## 6A. Funding Request

### VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. 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:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
City of Albuquerque	7%	\$136,107	Approved Rate

5. **Renewal Grant Term:** This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

## 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:	\$919,788
Total Units:	57

The number of beds for which funding has been requested in the Rental Assistance budget is 134.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	57	\$919,788

## 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	\$574	\$574	x	12 =	\$0
0 Bedroom		x	\$765	\$765	x	12 =	\$0
1 Bedroom	7	x	\$942	\$942	x	12 =	\$79,128
2 Bedrooms	24	x	\$1,144	\$1,144	x	12 =	\$329,472
3 Bedrooms	25	x	\$1,626	\$1,626	x	12 =	\$487,800
4 Bedrooms	1	x	\$1,949	\$1,949	x	12 =	\$23,388
5 Bedrooms		x	\$2,241	\$2,241	x	12 =	\$0
6 Bedrooms		x	\$2,534	\$2,534	x	12 =	\$0
7 Bedrooms		x	\$2,826	\$2,826	x	12 =	\$0
8 Bedrooms		x	\$3,118	\$3,118	x	12 =	\$0
9 Bedrooms		x	\$3,411	\$3,411	x	12 =	\$0
<b>Total Units and Annual Assistance Requested</b>							\$919,788
		57					
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$919,788

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 this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$310,781
Total Value of In-Kind Commitments:	\$10,000
Total Value of All Commitments:	\$320,781

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Contributor	Value of Commitments
Cash	Government	CABQ City General...	\$161,825
Cash	Private	Barrett Foundatio...	\$39,914
Cash	Private	CLN - Unrestrict...	\$56,926
In-Kind	Private	SAFE House - Dona...	\$10,000
Cash	Private	SAFE House - Dona...	\$52,116

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: CABQ City General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$161,825

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Barrett Foundation - Donations  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$39,914

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: CLN - Unrestricted Contributions  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$56,926

## Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Private

**3. Name of Source:** SAFE House - Donations  
(Be as specific as possible and include the office or grant program as applicable)

**4. Amount 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. Type of Match Commitment:** Cash

**2. Source:** Private

**3. Name of Source:** SAFE House - Donations  
(Be as specific as possible and include the office or grant program as applicable)

**4. Amount of Written Commitment:** \$52,116

## 6E. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$919,788
3. Supportive Services (Enter)	\$277,522
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$13,600
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$1,210,910
9. Admin (Up to 10% of Sub-total in #8)	\$72,215
10. HUD funded Sub-total + Admin. Requested	\$1,283,125
11. Cash Match (From Screen 6D)	\$310,781
12. In-Kind Match (From Screen 6D)	\$10,000
13. Total Match (From Screen 6D)	\$320,781
14. Total Project Budget for this grant, including Match	\$1,603,906

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Docu...	09/05/2019
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** Subrecipient Documentation

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7A. In-Kind Match MOU Attachment

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

## Attachment Details

### Document Description:

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Gilbert Ramirez

**Date:** 10/24/2024

**Title:** Director, Department of Health, Housing and Homelessness

**Applicant Organization:** City of Albuquerque

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/17/2024
1B. SF-424 Legal Applicant	09/17/2024
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	09/17/2024
1E. SF-424 Compliance	09/17/2024
1F. SF-424 Declaration	09/17/2024
1G. HUD 2880	09/17/2024
1H. HUD-50070	09/17/2024
1I. Cert. Lobbying	09/17/2024
1J. SF-LLL	09/17/2024
IK. SF-424B	09/17/2024
Submission Without Changes	09/17/2024
Recipient Performance	09/18/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/17/2024
2A. Subrecipients	10/24/2024
3A. Project Detail	09/17/2024
3B. Description	10/08/2024
4A. Services	09/17/2024
4B. Housing Type	09/18/2024
5A. Households	09/17/2024
5B. Subpopulations	09/17/2024
6A. Funding Request	09/18/2024
6C. Rental Assistance	09/17/2024
6D. Match	10/24/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2024
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/17/2024

## 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: 10/24/2024

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. **Unique Entity Identifier:** FXHXYLX5LWD8

### 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:** Homeless Programs & Initiatives

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

- Prefix:** Mr.
- First Name:** Gavino
- Middle Name:** Jose
- Last Name:** Archuleta
- 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:** [gavinoarchuleta@cabq.gov](mailto:gavinoarchuleta@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-6800-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:** FY2024 Rental Assistance AHCH/HW CABQ

**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:** 05/01/2025

**b. End Date:** 04/30/2026

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
(Format: 123-456-7890)

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Albuquerque

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Organizational Affiliation:** City of Albuquerque

**Telephone Number:** (505) 768-2866

**Extension:**

**Email:** gramirez@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: \$1,101,679.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD 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	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

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

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
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**Name / Title of Authorized Official:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

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

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## **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:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: City of Albuquerque

Prefix: Mr.

First Name: Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

To make any necessary changes.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? Yes
- 2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s): 04/13/2020
- 2b. Explain why the finding(s) remains unresolved.
- There are two unresolved findings as of this submission. The first was that the City had not completed all required monitoring visits for their subrecipients. Due to the COVID-19 pandemic, the City was delayed in conducting all required monitoring visits, but worked to establish remote monitoring practices for in the event of public health emergencies or other emergencies in the future. The City's most recent response to HUD was on October 15, 2021 and included all required monitoring visit documents. The other finding will be cleared when the City audit is able to put the City Auditor out to bid in April 2022. This finding has not been resolved due to the COVID-19 pandemic and the fact that the City was given an exception to keep the auditor for a 7th year and the State Audit Rule changed to an 8-year auditor rotation.
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes
- 4a. If HUD recaptured funds provide an explanation.
- One subrecipient struggled with staffing shortages for the majority of the year, leading to underspending. This subrecipient has recently brought new staff on board and are consulting with the New Mexico Coalition to End Homelessness (NMCEH) with the goal of improving performance.

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? 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: \$1,101,679**

Organization	Type	Sub-Award Amount
HopeWorks	M. Nonprofit with 501C3 IRS Status	\$323,692
Albuquerque Health Care for the Homeless	M. Nonprofit with 501C3 IRS Status	\$777,987

## 2A. Project Subrecipients Detail

**a. Organization Name:** HopeWorks

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

**c. Employer or Tax Identification Number:** 85-0338552

**d. Unique Entity Identifier:** VLPNHDWPAGH3

**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:** \$323,692

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Vicky

**Middle Name:**  
**Last Name:** Palmer  
**Suffix:**  
**Title:** Interim CEO  
**E-mail Address:** vpalmer@hopeworksnm.org  
**Confirm E-mail Address:** vpalmer@hopeworksnm.org  
**Phone Number:** 505-273-8750  
**Extension:** 8,238  
**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. Unique Entity Identifier:** GV5HQJD8TRL5
- 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:** \$777,987

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Anita

**Middle Name:**

**Last Name:** Cordova

**Suffix:**

**Title:** Chief Advancement Officer

**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. Expiring Grant Project Identification Number (PIN):** NM0014

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

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

**3. CoC Collaborative Applicant Name:** City of Albuquerque

**4. Project Name:** FY2024 Rental Assistance AHCH/HW CABQ

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** PSH

**7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No

**9. Is this project applying for Rural costs on screen 6A?** 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 HopeWorks - formerly St. Martin's Hospitality Center (SMHC). AHCH and HopeWorks 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 up to 111 households at any point in time, with approximately 100 single adults and 11 families with children (up to 24 family members). 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<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"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

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

**3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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

#### 100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? N/A  
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.B.2.r).

## 4A. Supportive Services for Program 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 program 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	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Partner	As needed
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	Weekly
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

**4a. 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: 111

Total Beds: 124

Total Dedicated CH Beds: 103

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	111	124

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

**a. Units:** 111

**b. Beds:** 124

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 103

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

### 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87102

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

350012 Albuquerque

## 5A. Program Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	11	74	0	85

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
Persons over age 24	11	67		78
Persons ages 18-24	1	7		8
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	24	74	0	98

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24		0	1	7	0	9	0		0	
Persons ages 18-24		0				1			0	0
Children under age 18	0				0	0	0	0	0	12
<b>Total Persons</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	67			50	0	67	0	0	0	0
Persons ages 18-24	7	0	0	3	0	7	0	0	0	0
<b>Total Persons</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>0</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>	<b></b>	<b></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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.

## 6A. Funding Request

### VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. 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:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
City of Albuquerque	7%	\$85,024	Approved Rate

**5. Renewal Grant Term:** This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

**6. Select the costs for which funding is requested:**

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

## 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:	\$954,276
Total Units:	85

The number of beds for which funding has been requested in the Rental Assistance budget is 98.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	85	\$954,276

## 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	\$574	\$509	x	12	=	\$0
0 Bedroom	11	x	\$765	\$727	x	12	=	\$95,964
1 Bedroom	63	x	\$942	\$921	x	12	=	\$696,276
2 Bedrooms	9	x	\$1,144	\$1,139	x	12	=	\$123,012
3 Bedrooms	2	x	\$1,626	\$1,626	x	12	=	\$39,024
4 Bedrooms		x	\$1,949	\$1,845	x	12	=	\$0
5 Bedrooms		x	\$2,241	\$2,121	x	12	=	\$0
6 Bedrooms		x	\$2,534	\$2,398	x	12	=	\$0
7 Bedrooms		x	\$2,826	\$2,675	x	12	=	\$0
8 Bedrooms		x	\$3,118	\$2,951	x	12	=	\$0
9 Bedrooms		x	\$3,411	\$3,228	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>								\$954,276
		85						
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$954,276

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

### Summary for Match

Total Value of Cash Commitments:	\$275,420
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$275,420

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	HopeWorks - Medicaid	\$80,923
Cash	Government	AHCH - HHS Primar...	\$194,497

## Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** HopeWorks - Medicaid  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$80,923

## Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** AHCH - HHS Primary Health Services  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$194,497

## 6E. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$954,276
3. Supportive Services (Enter)	\$81,269
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$1,035,545
9. Admin (Up to 10% of Sub-total in #8)	\$66,134
10. HUD funded Sub-total + Admin. Requested	\$1,101,679
11. Cash Match (From Screen 6D)	\$275,420
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$275,420
14. Total Project Budget for this grant, including Match	\$1,377,099

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/04/2019
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** Nonprofit documentation for AHCH and HopeWorks

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

- 5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.
- 6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.
- 7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.
- 8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Gilbert Ramirez

**Date:** 10/24/2024

**Title:** Director, Department of Health, Housing and Homelessness

**Applicant Organization:** City of Albuquerque

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X
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## 8B Submission Summary

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## 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: 10/24/2024

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. **Unique Entity Identifier:** FXHXYLX5LWD8

### 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:** Homeless Programs & Initiatives

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

- Prefix:** Mr.
- First Name:** Gavino
- Middle Name:** Jose
- Last Name:** Archuleta
- 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:** [gavinoarchuleta@cabq.gov](mailto:gavinoarchuleta@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-6800-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: FY2024 Rental Assistance TLS CABQ

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: 05/01/2025

b. End Date: 04/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

Prefix: Mr.

First Name: Gilbert

Middle Name:

Last Name: Ramirez

Suffix: LCSW

Title: Director, Department of Health, Housing and Homelessness

Telephone Number: (505) 768-2866  
(Format: 123-456-7890)

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

Email: gramirez@cabq.gov

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

Date Signed: 10/24/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Albuquerque

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Organizational Affiliation:** City of Albuquerque

**Telephone Number:** (505) 768-2866

**Extension:**

**Email:** gramirez@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: \$497,623.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD 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	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

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

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
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**Name / Title of Authorized Official:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

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

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## **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:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)

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:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** City of Albuquerque

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

To make any necessary changes.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? Yes
- 2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s): 04/13/2020
- 2b. Explain why the finding(s) remains unresolved.
- There are two unresolved findings as of this submission. The first was that the City had not completed all required monitoring visits for their subrecipients. Due to the COVID-19 pandemic, the City was delayed in conducting all required monitoring visits, but worked to establish remote monitoring practices for in the event of public health emergencies or other emergencies in the future. The City's most recent response to HUD was on October 15, 2021 and included all required monitoring visit documents. The other finding will be cleared when the City audit is able to put the City Auditor out to bid in April 2022. This finding has not been resolved due to the COVID-19 pandemic and the fact that the City was given an exception to keep the auditor for a 7th year and the State Audit Rule changed to an 8-year auditor rotation.
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes
- 4a. If HUD recaptured funds provide an explanation.
- A very small portion of admin funds were recaptured due to staffing turnover at the City of Albuquerque.

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to **ONLY** submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to **ONLY** submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? 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: \$497,623

Organization	Type	Sub-Award Amount
Transitional Living Services	M. Nonprofit with 501C3 IRS Status	\$497,623

## 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. Unique Entity Identifier:** LANCSE7M9988

**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:** \$497,623

**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. Expiring Grant Project Identification Number (PIN):** NM0015  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** NM-500 - Albuquerque CoC
- 3. CoC Collaborative Applicant Name:** City of Albuquerque
- 4. Project Name:** FY2024 Rental Assistance TLS CABQ
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** PSH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 9. Is this project applying for Rural costs on screen 6A?** 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 40 households at any point in time, with approximately 31 single adults and 0 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

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

3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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

#### 100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” “DedicatedPLUS,” or “N/A”? N/A  
(Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of “non-dedicated permanent supportive housing beds” in the NOFO Section III.B.2.r).

## 4A. Supportive Services for Program 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 program 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		

Identify whether the project includes the following activities:


2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** No

## 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: 40

Total Beds: 49

Total Dedicated CH Beds: 42

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	40	49

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

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

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

**a. Units:** 40

**b. Beds:** 49

**c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 42

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

### 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 5601 Domingo Road NE

**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. Program Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	9	31	0	40
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
Persons over age 24	7	26		33
Persons ages 18-24	2	5		7
Accompanied Children under age 18	9		0	9
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>18</b>	<b>31</b>	<b>0</b>	<b>49</b>

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	7	0	0	0	0	6	0		0	0
Persons ages 18-24	2	0				2			0	0
Children under age 18	0				0	0	0	0	0	9
<b>Total Persons</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	26			0	0	26	0	0	0	0
Persons ages 18-24	5	0	0	0	0	5	0	0	0	0
<b>Total Persons</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**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.

## 6A. Funding Request

### VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. 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:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
City of Albuquerque	7%	\$36,102	Approved Rate

5. **Renewal Grant Term:** This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

6. Select the costs for which funding is requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

## 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:	\$473,976
Total Units:	40

The number of beds for which funding has been requested in the Rental Assistance budget is 49.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	40	\$473,976

## 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	\$574	\$574	x	12 =	\$0
0 Bedroom		x	\$765	\$765	x	12 =	\$0
1 Bedroom	31	x	\$942	\$942	x	12 =	\$350,424
2 Bedrooms	9	x	\$1,144	\$1,144	x	12 =	\$123,552
3 Bedrooms		x	\$1,626	\$1,626	x	12 =	\$0
4 Bedrooms		x	\$1,949	\$1,949	x	12 =	\$0
5 Bedrooms		x	\$2,241	\$2,241	x	12 =	\$0
6 Bedrooms		x	\$2,534	\$2,534	x	12 =	\$0
7 Bedrooms		x	\$2,826	\$2,826	x	12 =	\$0
8 Bedrooms		x	\$3,118	\$3,118	x	12 =	\$0
9 Bedrooms		x	\$3,411	\$3,411	x	12 =	\$0
<b>Total Units and Annual Assistance Requested</b>							\$473,976
		40					
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$473,976

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

### Summary for Match

Total Value of Cash Commitments:	\$124,406
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$124,406

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	CABQ City General...	\$10,345
Cash	Government	TLS - Medicaid	\$114,061

## Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** CABQ City General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$10,345

## Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** TLS - Medicaid  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$114,061

## 6E. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$473,976
3. Supportive Services (Enter)	\$0
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$473,976
9. Admin (Up to 10% of Sub-total in #8)	\$23,647
10. HUD funded Sub-total + Admin. Requested	\$497,623
11. Cash Match (From Screen 6D)	\$124,406
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$124,406
14. Total Project Budget for this grant, including Match	\$622,029

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/23/2014
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** Nonprofit documentation

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Gilbert Ramirez

**Date:** 10/24/2024

**Title:** Director, Department of Health, Housing and Homelessness

**Applicant Organization:** City of Albuquerque

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.** (18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/17/2024
1B. SF-424 Legal Applicant	09/17/2024
1C. SF-424 Application Details	No Input Required

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<b>1D. SF-424 Congressional District(s)</b>	09/17/2024
<b>1E. SF-424 Compliance</b>	09/17/2024
<b>1F. SF-424 Declaration</b>	09/17/2024
<b>1G. HUD 2880</b>	09/17/2024
<b>1H. HUD-50070</b>	09/17/2024
<b>1I. Cert. Lobbying</b>	09/17/2024
<b>1J. SF-LLL</b>	09/17/2024
<b>IK. SF-424B</b>	09/17/2024
<b>Submission Without Changes</b>	09/17/2024
<b>Recipient Performance</b>	09/18/2024
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<b>2A. Subrecipients</b>	09/19/2024
<b>3A. Project Detail</b>	09/17/2024
<b>3B. Description</b>	09/18/2024
<b>3C. Dedicated Plus</b>	09/17/2024
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<b>7A. Attachment(s)</b>	09/17/2024
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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](http://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.

## 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: 10/24/2024

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

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. Unique Entity Identifier:** FXHXYLX5LWD8

### 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:** Homeless Programs & Initiatives

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

**Prefix:** Mr.  
**First Name:** Gavino  
**Middle Name:** Jose  
**Last Name:** Archuleta  
**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:** [gavinoarchuleta@cabq.gov](mailto:gavinoarchuleta@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-6800-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: FY2024 Transitional Housing CABQ

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: 10/01/2025

b. End Date: 09/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
(Format: 123-456-7890)

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Albuquerque

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Organizational Affiliation:** City of Albuquerque

**Telephone Number:** (505) 768-2866

**Extension:**

**Email:** gramirez@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.**

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	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

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

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.**

X
---

**Name / Title of Authorized Official:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

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

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Gilbert

**Middle Name**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## **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:** Gilbert Ramirez, Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
Approved by OMB: 4040-0013 (exp. 02/28/2025)**

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:** Mr.

**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

**Telephone Number:** (505) 768-2866  
**(Format: 123-456-7890)**

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

**Email:** gramirez@cabq.gov

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

**Date Signed:** 10/24/2024

## IK. SF-424B

### (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2025**

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

- |     |  |
|-----|--|
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

As the duly authorized representative of the applicant, I certify:

**Authorized Representative for:** City of Albuquerque  
**Prefix:** Mr.  
**First Name:** Gilbert

**Middle Name:**

**Last Name:** Ramirez

**Suffix:** LCSW

**Title:** Director, Department of Health, Housing and Homelessness

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

**Date Signed:** 10/24/2024

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2023 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

To make any necessary changes.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

**4a. If HUD recaptured funds provide an explanation.**

The subrecipient for this grant struggled with staffing shortages and a difficult housing market while taking on this grant without previous experience administering CoC funding. The subrecipient is working in consultation with the City of Albuquerque, New Mexico Coalition to End Homelessness, and local HUD office to improve performance.

## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand? 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: \$138,982

Organization	Type	Sub-Award Amount
New Mexico Dream Center	M. Nonprofit with 501C3 IRS Status	\$138,982

## 2A. Project Subrecipients Detail

**a. Organization Name:** New Mexico Dream Center

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

**c. Employer or Tax Identification Number:** 81-2479184

**d. Unique Entity Identifier:** LD4JKGKWN7D7

**e. Physical Address**

**Street 1:** 126 General Chenault NE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87123

**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:** \$138,982

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Shelley

**Middle Name:**  
**Last Name:** Repp  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** srepp@nmdreamcenter.org  
**Confirm E-mail Address:** srepp@nmdreamcenter.org  
**Phone Number:** 505-217-5060  
**Extension:**  
**Fax Number:**

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

### 3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** NM0017  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** NM-500 - Albuquerque CoC
- 3. CoC Collaborative Applicant Name:** City of Albuquerque
- 4. Project Name:** FY2024 Transitional Housing CABQ
- 5. Project Status:** Standard
- 6. Component Type:** TH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 9. Is this project applying for Rural costs on screen 6A?** 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 primarily survivors of human trafficking. This project has one subrecipient - New Mexico Dream Center. Dream Center uses these funds to lease a facility-based transitional housing program for homeless persons including youth.

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, including teaching life skills necessary for stabilization and maintenance of permanent and independent living.

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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>

Other(Click 'Save' to update)	<input checked="" type="checkbox"/>
-------------------------------	-------------------------------------

**Other:** Survivors of human trafficking

### 3. Housing First

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

**3b. Does the project enroll program participants who have the following barriers? 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. Will the project prevent program participant termination 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 Program 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 program 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	Weekly
Child Care	Subrecipient	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Partner	As needed
Life Skills Training	Partner	As needed
Mental Health Services	Subrecipient	Monthly
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Subrecipient	Monthly
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

**4a. 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: 17

Total Beds: 31

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

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

**1. Housing Type:** Clustered apartments

**2. Indicate the maximum number of units and beds available for program 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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

**Street 1:** 126 General Chenault NE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87123

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

350012 Albuquerque

## 5A. Program 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.

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	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
Persons over age 24	0	28		28
Persons ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	31	0	31

Click Save to automatically calculate totals

## 5B. Program 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.

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	28	0	28	15	0	0	0
Persons ages 18-24	0	0	0	3	0	3	0	0	0	0
<b>Total Persons</b>	0	0	0	31	0	31	15	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										

Total Persons	0			0	0	0	0	0	0	0
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## 6A. Funding Request

### VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

**Rural Cost Budget**

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. 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:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 15% de minimis rate
City of Albuquerque	7%	\$29,546	Approved Rate



**5. Renewal Grant Term:** This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

**6. Select the costs for which funding is requested:**

Leased Units	<input type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

## 6D. Sources of Match

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

### Summary for Match

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

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	City General Fund...	\$2,273

## Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Government
- 3. **Name of Source:** City General Funds (CABQ)  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$2,273

## 6E. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$129,890
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$0
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$129,890
9. Admin (Up to 10% of Sub-total in #8)	\$9,092
10. HUD funded Sub-total + Admin. Requested	\$138,982
11. Cash Match (From Screen 6D)	\$2,273
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$2,273
14. Total Project Budget for this grant, including Match	\$141,255

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Dream Center Non-...	08/30/2022
2) Other Attachment	No	Dream Center Cert...	08/30/2022
3) Other Attachment	No	NMDC Code of Conduct	09/22/2022

## **Attachment Details**

**Document Description:** Dream Center Non-Profit and EIN

## **Attachment Details**

**Document Description:** Dream Center Cert Good Standing

## **Attachment Details**

**Document Description:** NMDC Code of Conduct

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0017  
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

**Name of Authorized Certifying Official:** Gilbert Ramirez

**Date:** 10/24/2024

**Title:** Director, Department of Health, Housing and Homelessness

**Applicant Organization:** City of Albuquerque

**PHA Number (For PHA Applicants Only):**

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.**(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/09/2024
1B. SF-424 Legal Applicant	09/09/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/09/2024

1E. SF-424 Compliance	09/09/2024
1F. SF-424 Declaration	09/09/2024
1G. HUD 2880	09/09/2024
1H. HUD-50070	09/09/2024
1I. Cert. Lobbying	09/09/2024
1J. SF-LLL	09/09/2024
IK. SF-424B	09/09/2024
Submission Without Changes	09/09/2024
Recipient Performance	09/19/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/17/2024
2A. Subrecipients	09/19/2024
3A. Project Detail	09/17/2024
3B. Description	09/19/2024
4A. Services	09/09/2024
4B. Housing Type	09/09/2024
5A. Households	09/09/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/19/2024
6D. Match	09/09/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/09/2024
7B. Certification	09/17/2024

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **AUG 18 2016**

NEW MEXICO DREAM CENTER OF  
ALBUQUERQUE  
11704 MEDICINE BOW PL SE  
ALBUQUERQUE, NM 87123-0000

Employer Identification Number:  
81-2479184  
DLN:  
26053628005086  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
June 16, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

NEW MEXICO DREAM CENTER OF

Sincerely,

A handwritten signature in black ink, appearing to read "J. Cooper", written in a cursive style.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

Letter 5436

# OFFICE OF THE SECRETARY OF STATE

## NEW MEXICO

### *Certificate of Good Standing and Compliance*

IT IS HEREBY CERTIFIED THAT:

New Mexico Dream Center Of Albuquerque  
5227712

the above named entity, a Corporation incorporated under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Nonprofit Corporation, under the

Nonprofit Corporation Act

53-8-1 to 53-8-99 NMSA 1978

having filed its Articles of Incorporation on June 15, 2016, and Certificate of Incorporation issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: November 18, 2016

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



A handwritten signature in black ink that reads "Brad Winter".

**Brad Winter**  
**Secretary of State**

Certificate Validation #: 0006774

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under Certificate Validation.