

# CITY of ALBUQUERQUE

## TWENTY SECOND COUNCIL

COUNCIL BILL NO. R-17-155 ENACTMENT NO. \_\_\_\_\_

SPONSORED BY: Isaac Benton, by request

1 RESOLUTION

2 APPROVING A GRANT APPLICATION TO THE DEPARTMENT OF HOUSING  
3 AND URBAN DEVELOPMENT FOR A 2017 CONTINUUM OF CARE GRANT;  
4 AND PROVIDING AN APPROPRIATION TO THE DEPARTMENT OF FAMILY  
5 AND COMMUNITY SERVICES.

6 WHEREAS, THE U.S. Department of Housing and Urban Development  
7 (HUD) has announced its Fiscal Year 2017 competition for grants as part of the  
8 Continuum of Care program, HUD's comprehensive and coordinated approach  
9 to addressing and resolving homelessness; and

10 WHEREAS, the City of Albuquerque has provided the leadership in the  
11 community to carefully plan and build a systematic approach to address  
12 homelessness; and

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

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

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1 BE IT RESOLVED BY THE COUNCIL, THE GOVERNING BODY OF THE CITY OF  
2 ALBUQUERQUE:

3 Section 1. That the attached application for a Continuum of Care program  
4 in the amount of Three Million, Three Hundred Thirty-Three Thousand, Six  
5 Hundred Ninety-Three Dollars (\$3,333,693) in Federal Funds for the period of  
6 May 1, 2017 to September 30, 2018 is hereby made part of this resolution and  
7 is approved, and its final submission and filing with the U.S. Department of  
8 Housing and Urban Development is in all respects approved.

9 Section 2. That, in the event this grant is awarded, funds in the amount of  
10 Three Million, Three Hundred Thirty-Three Thousand, Six Hundred Ninety-  
11 Three Dollars (\$3,333,693), of which \$5,184.00 is for indirect costs, are hereby  
12 appropriated to the Department of Family Community Services in the  
13 Operating Grant Fund, Fund 265 for FY2018.

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Mayor Richard J. Berry

# CITY OF ALBUQUERQUE

## Albuquerque, New Mexico

### Office of the Mayor

#### INTER-OFFICE MEMORANDUM

December 6, 2016

**TO:** Isaac Benton, President, City Council

**FROM:** Richard J. Berry, Mayor *[Signature]*

**SUBJECT:** Resolution Approving a Grant Application to the U.S. Department of Housing and Urban Development for the 2017 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services

This resolution approves a grant application to the Department of Housing and Urban Development and appropriates \$3,333,693 in Federal funds from the Continuum of Care Grant to the Department of Family and Community Services. Indirect costs of \$5,184.00 will be covered by the grant. The grant will provide critical resources for rapid re-housing and supportive services for homeless families through the Rapid Re-housing Program. The grant will also provide transitional housing and supportive services for disabled homeless individuals through the Transitional Housing Program. Additionally, the grant will provide the resources for permanent housing and supportive services for disabled homeless households through the Rental Assistance Program. The grant will also provide monies for planning, coordination and evaluation activities for the Albuquerque Continuum of Care through the Albuquerque CoC Planning Project. The funding will be awarded to sub-grantees experienced in serving the various homeless sub-populations. The breakdown of the awards is as follows:

**Rapid Re-housing Program**

CLNkids	\$217,004.00
Barrett Foundation	\$160,782.00
Catholic Charities	\$309,374.00
SAFE House	\$408,593.00

**Transitional Housing Program**

Crossroads for Women	\$ 46,458.00
St. Martin's Hospitality Center	\$ 87,978.00

**Rental Assistance Program**

St. Martin's Hospitality Center	\$664,686.00
Albuquerque Health Care for the Homeless	\$740,018.00
Therapeutic Living Services	\$446,163.00


**Albuquerque CoC Planning Project**

City Administration	\$ 86,779.00
<b>Total Award Amount</b>	<b>\$3,333,693.00</b>

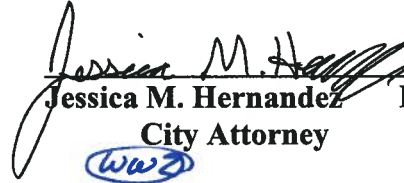

This is forwarded to City Council for approval.

**Legislation Title: Resolution Approving a Grant Application to the U.S. Department of Housing and Urban Development for the 2017 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services**

**Recommended:**

  
\_\_\_\_\_  
Robert J. Perry                      Date  
Chief Administrative Officer

**Approved as to Legal Form:**

  
\_\_\_\_\_  
Jessica M. Hernandez                      Date  
City Attorney  


**Recommended:**

  
\_\_\_\_\_  
Douglas H. Chaplin, Director                      Date  
Dept. of Family & Community Services

## **Cover Analysis**

### **1. What is it?**

The Continuum of Care is a comprehensive coordinated approach to address and resolve homelessness facilitated by the Department of Family and Community Services and the U.S. Department of Housing and Urban Development (HUD).

### **2. What will this piece of legislation do?**

This legislation will serve two purposes, first, it will approve the grant application submitted to HUD, and secondly, it will appropriate \$3,333,693 the Department of Family and Community Services.

### **3. Why is the project needed?**

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

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

The grant will come from the Rapid Re-housing, Transitional Housing and Rental Assistance programs administered by HUD. The funds are passed through monies to sub-grantees. The grant does allow for the City to charge HUD for administrative costs. Indirect costs of \$5,184.00 will be covered by the grant.

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

No.

# FISCAL IMPACT ANALYSIS

TITLE: Grant Application with the US Department of Housing and Urban R: O:  
Development for the Continuum of Care Grant for FY17/18 FUND: 265  
 DEPT: Family and Community Services

- [ ] No measurable fiscal impact is anticipated, i.e., no impact on fund balance over and above existing appropriations.
- [x] (If Applicable) The estimated fiscal impact (defined as impact over and above existing appropriations) of this legislation is as follows:

		2017	Fiscal Years 2018	2019	Total
Base Salary/Wages		37,839			37,839
Fringe Benefits at	49.570%	18,757	-	-	18,757
Subtotal Personnel		56,595	-	-	56,595
Operating Expenses		3,271,914			3,271,914
Property					-
Indirect Costs	13.70%	5,184	-	-	5,184
Total Expenses		\$ 3,333,693	\$ -	\$ -	\$ 3,333,693
[ ] Estimated revenues not affected					
[x] Estimated revenue impact					
Amount of Grant		3,333,693	-	-	3,333,693
City Cash Match					-
City In-kind Match					-
City IDOH					-
Total Revenue		\$ 3,333,693	\$ -	\$ -	\$ 3,333,693

These estimates do not include any adjustment for inflation.

\* Range if not easily quantifiable.

Number of Positions Funded\*\* 5

\*\*Not Fulltime Positions

COMMENTS: The CoC Program Grant runs May 1, 2017 through September 30, 2018. HUD allowable administrative expenses amount to \$173,560. The CoC program agencies receive \$111,781 for HUD Admin. Costs, leaving the City with a Budget of \$61,779. The CoC Grant also includes a Planning Administrative amount of 165,858.00. Of this amount New Mexico Coalition to End Homelessness will receive 101,858 for CoC Planning.

## 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 48 homeless families with rapid re-housing and supportive services, 31 disabled homeless individuals with transitional housing, 193 disabled homeless households with permanent supportive housing and 10 homeless families with children age 6 months to 5 years old with rapid re-housing and supportive services. The Grant will also provide monies for planning, coordination and evaluation activities for the Albuquerque Continuum of Care.

PREPARED BY:

FISCAL ANALYST

APPROVED:

DIRECTOR

(date)

REVIEWED BY:

EXECUTIVE BUDGET ANALYST

BUDGET OFFICER

(date)

CITY ECONOMIST

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/24/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NM0015L6B001508  
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

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

X

**6. Date Received by State:**

**7. State Application Identifier:**



## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of Albuquerque

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

	<b>c. Organizational DUNS:</b>	615720401	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**County:** Bernalillo

**State:** New Mexico

**Country:** United States

**Zip / Postal Code:** 87102

### e. Organizational Unit (optional)

**Department Name:** Family and Community Services

**Division Name:** Community Development

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

**Prefix:** Ms.

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**First Name:** Heidilizi  
**Middle Name:**  
**Last Name:** Jordan  
**Suffix:**  
**Title:** Community Outreach Coordinator  
**Organizational Affiliation:** City of Albuquerque  
**Telephone Number:** (505) 768-2844  
**Extension:**  
**Fax Number:** (505) 768-3204  
**Email:** hljordan@cabq.gov

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government  
**If "Other" please specify:**

**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-6000-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

**15. Descriptive Title of Applicant's Project:** Rental Assistance - TLS

**16. Congressional District(s):**

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

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

**17. Proposed Project**

a. **Start Date:** 05/01/2017

b. **End Date:** 04/30/2018

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

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Doug

**Middle Name:**

**Last Name:** Chaplin

**Suffix:**

**Title:** Director, Department of Family and Community Services

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

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


**Email:** dchaplin@cabq.gov

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**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/24/2016



## 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: \$446,163**

Organization	Type	Sub-Award Amount
Transitional Living Services	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$446,163

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** Transitional Living Services

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 85-0264256

	<b>* d. Organizational DUNS:</b>	081467326	<b>PLUS 4</b>	
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**e. Physical Address**

**Street 1:** 5601 Domingo Road NE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87108

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

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

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

**i. Expected Sub-Award Amount:** \$446,163

**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.

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

**APR Submission:** Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

**HUD Monitoring Findings:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

**Quarterly Drawdowns:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

**Recaptured Funds:** Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** Yes

**Date HUD or OIG issued the oldest unresolved finding(s)** 07/07/2016

### **Explain why the finding(s) remains unresolved**

The City of Albuquerque received HUD's monitoring letter on July 7, 2016, and they had 30 days to submit their required corrective actions. They submitted the required corrective actions by the deadline, and are now waiting for a response from the local HUD field office.

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

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

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

The FY14 grant was not fully expended. During the FY14 grant year, HUD found that the program was serving some ineligible participants. These participants were exited from the program and it took some time to get up to full capacity again. As a result, not all rental assistance funds were expended. The program is now at fully capacity and expects to fully expend its FY15 grant.

## 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** NM0015L6B001508

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

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

**2b. CoC Collaborative Applicant Name:** City of Albuquerque

**3. Project Name:** Rental Assistance - TLS

**4. Project Status:** Standard

**5. Component Type:** PH

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



## 3B. Project Description

### Instructions:

#### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

#### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

**FOR SSO PROJECTS ONLY**

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

**FOR SSO COORDINATED ENTRY PROJECTS ONLY**

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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 mental illness and households with children where the head of household has a 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 re-assessment, health care, job placement/job training services, substance abuse treatment, mental health services, life skills training, and income support services. TLS will partner with each other and with agencies such as Goodwill

Industries, CLNkids, University of New Mexico, First Nations, First Choice Community Health Care, MATS Detox, Albuquerque Heading Home, the SOAR initiative and other agencies to provide these services.

The project will serve 45 households at any point in time, with approximately 35 single adults and 10 families with children. 80% of all clients (adults and children) will be in the program or have exited to another permanent housing destination by the end of the program year. 69% of adults in the program will have increased or maintained their income by the end of the program year.

TLS uses a Housing First approach for the Rental Assistance programs. Participants are not required to be clean and sober when they enter the program, and Rental Assistance participants are not terminated from the program simply because they are using drugs or alcohol. TLS does not screen out clients because of a poor rental history or criminal history. Rental Assistance participants meet with their case manager on a regular basis, but are not required to participate in services as a condition of receiving housing. TLS offers participants the opportunity to participate in other services, including individual therapy, group therapy, family therapy and/or Psycho Social Rehabilitation.

The project will also serve "families" to ensure that there is not a violation of Fair Housing and Equal Opportunity regulations under the Equal Access Rule.

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

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

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

**Other:**

**3. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found 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

**4. Does the PH project provide PSH or RRH?** PSH

**4a. Does the project request costs under the rental assistance budget line item?** Yes

**4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, 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
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Subrecipient	Weekly

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

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



**2b. Use of a single application form for four or more mainstream programs?** Yes

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

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

**3a. 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:** 45

**Total Beds:** 55

**Total Dedicated CH Beds:** 0

**Total Prioritized CH Beds:** 13

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	45	55	0	13

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>



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

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

**a. Units:** 45

**b. Beds:** 55

**3. Beds for the Chronically Homeless**

**a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?** 0

**b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?** 55  
Auto calculated

**c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?** 15

**d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?** 13

**4. Address:**

**Street 1:** 5601 Domingo Road NE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87108

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

350012 Albuquerque

## 5A. Project Participants - Households

### Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	35	0	45
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total

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Adults over age 24	8	29		37
Adults ages 18-24	2	6		8
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	20	35	0	55

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	7		1	0	0	29	0	0	0	0
Adults ages 18-24		0	0	0	0	6	0	0	0	0
Total Persons	7	0	1	0	0	35	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

#### Describe the unlisted subpopulations referred to above:

These are children without disabilities, who are part of a household where the head of household has a disability.

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

40%	Directly from the street or other locations not meant for human habitation.
45%	Directly from emergency shelters.
	Directly from safe havens.
15%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

## 6A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

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

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** 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:**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	\$11,103

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

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



**5. Renewal Grant Term:** 1 Year

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

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



## 6D. 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:		\$435,060	
Total Units:		45	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	45	\$435,060

## Rental Assistance Budget Detail

### Instructions:

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

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

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

**Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

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

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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	\$443	\$443	x		=	\$0
0 Bedroom		x	\$591	\$591	x		=	\$0
1 Bedroom	35	x	\$767	\$767	x		=	\$322,140
2 Bedrooms	10	x	\$941	\$941	x		=	\$112,920
3 Bedrooms		x	\$1,352	\$1,352	x		=	\$0
4 Bedrooms		x	\$1,643	\$1,643	x		=	\$0
5 Bedrooms		x	\$1,889	\$1,889	x		=	\$0
6 Bedrooms		x	\$2,136	\$2,136	x		=	\$0
7 Bedrooms		x	\$2,382	\$2,382	x		=	\$0
8 Bedrooms		x	\$2,629	\$2,629	x		=	\$0
9 Bedrooms		x	\$2,875	\$2,875	x		=	\$0
<b>Total Units and Annual Assistance Requested</b>	45							\$435,060
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$435,060

**Click the 'Save' button to automatically calculate totals.**

## 6H. 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:				\$2,776	
Total Value of In-Kind Commitments:				\$119,868	
Total Value of All Commitments:				\$122,644	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Medicaid (TLS)	08/12/2016	\$119,868
Yes	Cash	Government	City of Albuquerque...	08/01/2016	\$2,776

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** In-Kind

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** Medicaid (TLS)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 08/12/2016

**6. Value of Written Commitment:** \$119,868

## Sources of Match Detail

### Instructions:

Renewal Project Application FY2016	Page 39	09/22/2016
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Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

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

**5. Date of Written Commitment:** 08/01/2016

**6. Value of Written Commitment:** \$2,776

## 6I. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$435,060

3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$435,060
7. Admin (Up to 10%)	\$22,205
8. Total Assistance plus Admin Requested	\$457,265
9. Cash Match	\$2,776
10. In-Kind Match	\$119,868
11. Total Match	\$122,644
12. Total Budget	\$579,909



## 7A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/23/2014
2) Other Attachment	No	Match Documentation	08/12/2016
3) Other Attachment	No	Cost Allocation Plan	08/12/2016

## Attachment Details

**Document Description:** Nonprofit documentation

## Attachment Details

**Document Description:** Match Documentation

## Attachment Details

**Document Description:** Cost Allocation Plan

## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Doug Chaplin

**Date:** 08/24/2016

**Title:** Director, Department of Family and Community Services

**Applicant Organization:** City of Albuquerque

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

**I certify that I have been duly authorized by**

X

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

## 8B Submission Summary

Page	Last Updated	
1A. Application Type	08/08/2016	
1B. Legal Applicant	No Input Required	
1C. Application Details	No Input Required	
1D. Congressional District(s)	08/24/2016	
1E. Compliance	08/08/2016	
1F. Declaration	08/08/2016	
2A. Subrecipients	08/08/2016	
2B. Recipient Performance	08/24/2016	
3A. Project Detail	08/08/2016	
Renewal Project Application FY2016	Page 48	09/22/2016

<b>3B. Description</b>	08/12/2016
<b>4A. Services</b>	08/08/2016
<b>4B. Housing Type</b>	08/08/2016
<b>5A. Households</b>	08/08/2016
<b>5B. Subpopulations</b>	08/08/2016
<b>5C. Outreach</b>	08/12/2016
<b>6A. Funding Request</b>	08/23/2016
<b>6D. Rental Assistance</b>	08/08/2016
<b>6H. Match</b>	08/12/2016
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/12/2016
<b>7B. Certification</b>	08/24/2016

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.



**CITY OF ALBUQUERQUE, NEW MEXICO  
OMB COST ALLOCATION PLAN  
FOR FISCAL YEAR 2017  
Based on FY2015 costs**

**INTRODUCITON**

The City of Albuquerque, New Mexico, submits this federal Office of Management and Budget (OMB) cost allocation plan as a document to support the City's indirect overhead rates charged to federal awards in the City's Operating Grant Funds for Fiscal Year 2017 beginning July 1, 2016.

This plan utilized the principles and guidelines outlined in the Federal Register of the Office of Management and Budget regulations 2CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

This plan restricts the costs allocated to only those costs allowed by the federal government in accordance with the 2 CFR part 200 Subpart E: Cost Principles. The application of these principles is based on the fundamental premises that:

1. Governmental units are responsible for the efficient and effective administration of Federal awards through the application of sound management practices and can provide adequate documentation of costs.
2. Governmental units assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program, objectives and the terms and conditions of the Federal award.

To be allowable under Federal awards, costs must meet the following general criteria as stated the Uniform Administrative Requirements CFR 200 Part 200 Subpart E:

1. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.
2. Be allocable to Federal awards under the provisions of CFR200 Subpart E.
3. Be authorized or not prohibited under State and Local Laws or Regulations.
4. Conform to any limitations or exclusions set forth in these principles, Federal Laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.
5. Be consistent with policies, regulations and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
6. Be accorded consistent accounting treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect costs.
7. Except as otherwise provided for in this Circular (CFR 200), be determined in accordance with generally accepted accounting principles.
8. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.
9. Be the net of all applicable credits
10. Be adequately documented.

## PLAN PREPARATION

The preparation of this plan involves three basic steps:

1. Identification of the services and the costs of each service to be claimed.
2. Determination of the method for allocating the cost of each service to user departments.
3. Mathematical allocation of those costs to the user Departments or Divisions in the form of a single formal comprehensive plan.

## ALLOCATION METHODS

This plan allocates efforts of central service programs using several allocation methods in order to best match the efforts expended with the beneficiaries of those efforts.

There are two categories of allocation methods, a direct allocation and a general allocation. A direct allocation to the user department is supported when work is done specifically for that department. A general allocation to all user departments occurs when the work that is done cannot be identified to a specific department, but instead benefits all user departments who share similar characteristics. The most prevalent example of a general allocation is to distribute costs to user departments based upon the full time equivalents (FTEs) in each department.

The information for direct allocations comes from the central service programs themselves, while the statistical information for general allocations is derived from running queries on the source year using Oracle and Cognos software.

The two primary general allocation methods, besides FTEs, are allocations based on the count of a certain type of transaction in the general ledger and allocations of building costs based on occupied square footage.

Types of transactions that are used for allocations based on count, and the type of effort allocated using each count include 1) accounts payable transactions for central service activities involved in purchasing and the payment of invoices 2) accounts receivable transactions for central service activities involved in cash handling and the recording of receipts into the City's bank accounts.

Allocations of building costs are done without consideration given to the common areas of a building. The premise is that each tenant in that building must bear a share of the costs of the common areas. For example, if the common areas of a building comprise 10 % of the total square footage of that building, then the tenants comprising 90 % of the space are allocated 100 % of the costs of that building.

## NON-ALLOCABLES

Some of the allocations include an allocation to a user department called "Non Allocables".

The purpose of this Plan is to determine an indirect overhead rate for grantee user departments, therefore, and allocation that goes other than to a central service program or a grantee user department is a non allocable. A non allocable is a cost that will not be recovered by the General Fund based upon this Plan.

In an effort to reduce the time needed to prepare this Plan, we took the FY2016 Full Cost Plan and excluded the Central Service Departments not allowable (Mayor's Office, City Council, Litigation). The reader will see user departments other than grantee user departments receiving allocations. No indirect overhead rate for these other user departments is calculated in Schedule F of this Plan. These other user departments represent 1) the enterprise and internal service fund user departments in the Full Cost Plan

4. The first central service department allocates all of the new charges to the other departments lower on the hierarchy.
5. The second central service department allocates all of the new charges to the third central service department and the operating departments. This third department being made up of all the service departments below the second central service department.
6. The third and subsequent central service departments allocate all of the new charges from previous allocations to the operating department thus completing the allocation process.

#### **OTHER NOTES**

Inserted into the detail section of the Plan are narrative summaries of each central service program. These narratives precede the worksheets showing the mathematical allocation of costs for that particular central service program. The narratives describe the specific method(s) used to allocate service costs and provide additional information intended to assist the reader in understanding what service this central service program provides and why the particular allocation method(s) used were chosen.

The allocated service costs are summarized in the City's Comprehensive Annual Financial Report. The report can be found by accessing the following link:

<http://documents.cabq.gov/budget/cafr/comprehensive-annual-financial-report-2015.pdf>.

Questions regarding this plan should be directed to the preparer listed below and the Financial Reporting Section of the Accounting Division – Department of Finance & Administrative Services.

#### **PREPARED BY:**

Pamela S. Fanelli  
City Controller  
City of Albuquerque  
Phone: (505) 768-3508

Gerald Romero  
Budget Officer  
City of Albuquerque  
Phone: (505) 768-3370

Stephanie Manzanares  
Budget Analyst  
City of Albuquerque  
Phone: (505) 768-3115

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## DESCRIPTION OF CENTRAL SERVICE DEPARTMENTS

**CC Building Usage** – Building costs in lieu of depreciation for City Hall, City/County Building @ 50%, N 4<sup>th</sup> City Yards, Law Enforcement Center @50%, Pino Yards, Plaza Del Sol, and Records Warehouse. The purchase price is divided over the useful life of the building. The allowance includes an allocation of 3.3% of the cost of the buildings in lieu of depreciation.

**CC Equipment Usage** – The equipment use allowance is claimed on certain equipment in lieu of depreciation. This rate is comparable to straight line depreciation computed with a useful life of 5 years for vehicles and computers and 15 years for other equipment. Equipment usage is calculated solely on fixed assets purchased by central service programs. The total cost of assets purchased by the central service program is divided by the useful life of the asset category. The total cost is derived from a query that identifies depreciation by custodial department.

**CC Finance and Administrative Services** – This department manages the personnel working under F&A. F&A includes IT, Accounting, ERP, Treasury, Fleet, Risk, Budget, Purchasing and Real Property. In FY2015 Real Property and IT services were moved out of DFAS. Appropriate changes will be made in the next update.

**CC Accounting** – This program provides accounting services to all city departments. Included is the processing of revenue, expenditures and general ledger transactions, distribution of data reports, preparation of financial reports, including reporting to the Federal and State Governments on various grants. Services include Payroll, Accounts Payable, Accounts Receivable, Accounting and Grants. Included in this cost allocation plan is the Fiscal Agent Support fees provided to Treasury.

**CC IT Strategic Support, Infrastructure and Applications** – This program is responsible for maintaining the City's centralized computing infrastructure. This includes computer infrastructure support including system and network services, integration, maintenance and support of the City's information Systems. It also includes a division that focuses on providing reports to end users.

**CC F&A ERP** – This program is responsible for the technical and functional support of the PeopleSoft system to City departments.

**CC Purchasing** – This program provides the City's central purchasing function. Major activities include writing and reviewing contracts, reviewing specifications, soliciting, receiving of bids and quotations, processing purchase order requisitions and purchase orders. They also provide office services function.

**CC MD – Facilities Security, Energy Management, Building Maintenance** – This activity provides security to Pino Yards, Plaza Del Sol, City/County Building, and the law enforcement center. Security Services are also provided to some Grantee departments. The estimated cost is excluded from the CC allocation. Further allocation is done based on square feet. Building Maintenance is responsible for maintaining all

allocates the cost of the record keeping responsibilities. Hearing Officers are included in the City Clerk Department. Hearing Officers spent some of their time on labor relations. A portion of their cost is allocated based on FTE's.

CC City Council – City Council is the governing body of the City. They provide overall policy direction for City Departments as well as appropriating funds for the operation of the City. Council Services provides support to City Council.



# City of Albuquerque

**The People of  
Albuquerque**

**Mayor**  
Richard J. Berry

**City Council**  
Director of Council Services  
Jon Zaman

DST. 1 Ken Sanchez  
DST. 2 Isaac Benton  
DST. 3 Klarissa Peña  
DST. 4 Brad Winter  
DST. 5 Dan Lewis  
DST. 6 Pat Davis  
DST. 7 Diane Gibson  
DST. 8 Trudy Jones  
DST. 9 Don Harris

**City Clerk**  
Natalie Y. Howard

**Office of Inspector General**  
Peter Pacheco  
Acting

**Office of Internal Audit**  
Debra Yoshimura  
Director

**Administrative Hearing**  
Stanley Harada

**Chief Administrative Officer**  
Robert J. Perry

**Chief of Staff / Deputy Chief  
Administrative Officer**  
Gilbert A. Montano

**Chief Operations Officer**  
Michael J. Riordan, P.E.

**Police**  
Gordon E. Eden, Jr.

**Emergency Preparedness**  
Roger Ebner

**Fire**  
David Downey

**Legal**  
Jessica M. Hernandez

**Human Resources**  
Mary Scott

**Economic Development**  
Gary Oppedahl

**Finance & Administrative  
Services**  
Lou Hoffman

**Mayor's Office**

**Communications Office**

**Department of Technology  
& Innovation**  
Peter Amba

**Innovation Delivery Team**

**Legislative Services &  
Grant Administration**

**Internal Government Affairs**

**Intergovernmental Affairs**

**Education Coordinator**

**Mayor's Designee to selected  
Boards & Commissions**

**Planning/Development**

**Animal Welfare**  
Paul Caster  
Acting

**Aviation**  
James Hinde

**Cultural Services**  
Dana Feldman

**Municipal Development**  
Melissa Lozoya, PE  
Acting

**Environmental Health**  
Mary Lou Leonard

**Family & Community Services**  
Doug Chaplin

**Parks & Recreation**  
Barbara Taylor

**Planning**  
Suzie Lubar

**Senior Affairs**  
Jorja Armijo-Brasher

**Solid Waste**  
John Soladay

**Transit**  
Bruce Rizzieri

Signature:

Robert J. Perry, Chief Administrative Officer

Updated January 12, 2016

## DESCRIPTION OF INTERNAL SERVICE FUNDS

**Overview:** Internal Service Funds are set up to be self-supporting funds that bill user departments for centralized services. Services provided include workers compensation, tort and other self-insurance, supply warehousing, vehicle maintenance and motor pool, group health and communication services. Internal services are not included in the Indirect Cost Allocation Plan. Rates are charged to each department based on an appropriate rate structure. Internal service funds are listed below with their overall rate structure explained in the attached Internal Service Charges document. All financial information is included in the Comprehensive Annual Financial Report.

**RISK MANAGEMENT FUND** - To account for the cost of providing Workers' Compensation, tort and other claims insurance coverage to City departments.

**SUPPLIES INVENTORY MANAGEMENT FUND** - To account for the cost of providing supplies, warehousing and inventory issuance services to City departments.

**FLEET MANAGEMENT FUND** - To account for the cost of providing vehicle maintenance and motor pool services to City departments.

**EMPLOYEE INSURANCE FUND** - To account for the cost of providing group health, dental, vision and life insurance to City employees.

**COMMUNICATIONS FUND** - To account for the cost of providing communication services to City departments.

## Internal Service Charges by Fund/Division for FY15

### Risk Fund - 705

#### **Workers Compensation**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Tort and Other**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Unemployment Compensation**

Rate: .54% assessed biweekly thru payroll

### Supplies Inventory Management Fund - 715

Different % used based on the type of inventory

17% For Stocked Inventory

8% Non- stocked items (JIT)

5% (JIT) consolidated billing office supply and uniforms.

### Fleet Fund - 725

#### **Maintenance:**

Labor charges

\$117 per hour

Parts

30% markup

Outside Maintenance

15% markup

#### **Fuel**

\$.155 per gallon markup

### Employee Insurance Fund - 735

Administrative Overhead Rate: .25% assessed biweekly thru payroll

Costs are based on actual premiums paid to vendors for medical, dental, vision and life insurance. Employees pay 20%, City pays 80% for medical, dental and vision coverage. The City pays for cost of basic life insurance for current actively employed staff.

### Communications Fund - 745

#### **Telephone**

#### Fixed Costs

Flat rate

\$2.39 per line

Maintenance

\$.90 per line

PBX

\$13.51 per month

Plaza Del Sol

\$18.5 per month

#### Variable and dependent upon channels

Voice T1

\$37.75 per month

Data T1, DSL

varies month to month

Long Distance

varies month to month

#### **Radio Maintenance**

Costs are recouped by an allocation process that reviews the last 18 months of costs for departments/entities who have used Radio Maintenance Services during that time frame. Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

#### **Network**

Based on Ports

\$5.25 per port

Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.



**City of Albuquerque, New Mexico**

**OMB Cost Allocation Plan**

**For Fiscal Year 2017**

**Based on Fiscal Year 2015 Costs**

**CERTIFICATE OF COST ALLOCATION PLAN**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal for Fiscal Year 2017 based on FY2015 costs are used to establish cost allocations or billings for fiscal year 2017 are allowable in accordance with the requirements of this Part and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: City of Albuquerque, NM

Signature: [Signature]

Name of Official: LOU HOFFMAN

Title: DIRECTOR

Date of Execution: 1/28/2016

**FY2017**

**Administrative Indirect Overhead Rates**

Indirect Cost Allocation Rates – Enterprise, Internal Service Funds and Special Revenue Funds	Admin Rate		Indirect Cost Allocation Rates – Grants (Personnel)	Rate	Indirect Cost Allocation Rates – Grants (Non Personnel) Rate
Air Quality	17.7%		Environmental Health – Air Quality	15.3%	8.7%
Aviation	13.7%		Cultural Affairs - Library	9.3%	4.3%
Sports Stadium*	55.2%		Fire	7.0%	4.2%
Parking	40.8%		Family & Community Svc	13.7%	2.7%
Solid Waste	15.8%		Solid Waste	13.1%	4.7%
Transit	26.1%		Transit	22.8%	9.1%
Golf Course**	10.0%		Parks & Recreation	11.9%	4.2%
Risk	30.6%		Planning	28.7%	15.7%
Supplies*	62.5%		Police/Emergency Management/CAO	9.8%	5.1%
Fleet	37.6%		Senior Affairs	23.7%	9.5%
Insurance & Benefits	13.1%		Senior Affairs - AAA Fund	9.2%	4.2%
Communications	15.4%		Insurance & Benefits	10.9%	n/a
			Information Technology Systems Division (ITSD)	28.4%	13.1%
Water Utility Authority	Billed Separately	\$ 459,353			

\* Adjusted rate based on budgeted wages

\*\* Per Jerry, we are going to leave at 10%

g. The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the nonprofit organization. The cognizant agency for indirect costs must make available copies of the agreement to all concerned Federal agencies.

h. If a dispute arises in a negotiation of an indirect cost rate between the cognizant agency for indirect costs and the nonprofit organization, the dispute must be resolved in accordance with the appeals procedures of the cognizant agency for indirect costs.

i. To the extent that problems are encountered among the Federal agencies in connection with the negotiation and approval process, OMB will lend assistance as required to resolve such problems in a timely manner.

#### D. Certification of Indirect (F&A) Costs

(1) Required Certification. No proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j. of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization.

(2) Each indirect cost rate proposal must be accompanied by a certification in the following form:

##### Certificate of Indirect (F&A) Costs

This is to certify that to the best of my knowledge and belief:

(1) I have reviewed the indirect (F&A) cost proposal submitted herewith;

(2) All costs included in this proposal [identify date] to establish billing or final indirect (F&A) costs rate for [identify period covered by rate] are allowable in accordance with the requirements of the Federal awards to which they apply and with Subpart E—Cost Principles of Part 200.

(3) This proposal does not include any costs which are unallowable under Subpart E—Cost Principles of Part 200 such as (without limitation): public relations costs, contributions and donations, entertainment costs, fines and penalties, lobbying costs, and defense of fraud proceedings; and

(4) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements.

I declare that the foregoing is true and correct.

Nonprofit Organization:

Signature:

Name of Official:

Title:

Date of Execution:

[78 FR 78608, Dec. 26, 2013, as amended at 80 FR 54410, Sept. 10, 2015]

#### Appendix V to Part 200—State/Local Governmentwide Central Service Cost Allocation Plans

##### A. General

1. Most governmental units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All costs and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

2. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services or at their Web site at <https://rates.psc.gov>.

##### B. Definitions

1. Agency or operating agency means an organizational unit or sub-division within a governmental unit that is responsible for the performance or administration of Federal awards or activities of the governmental unit.

2. Allocated central services means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. Billed central services means central services that are billed to benefitted agencies or programs on an individual fee-for-service

or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.

4. Cognizant agency for indirect costs is defined in §200.19 Cognizant agency for indirect costs of this Part. The determination of cognizant agency for indirect costs for states and local governments is described in section F.1, Negotiation and Approval of Central Service Plans.

5. Major local government means local government that receives more than \$100 million in direct Federal awards subject to this Part.

##### C. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central service costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in section E. Costs of central services omitted from the plan will not be reimbursed.

##### D. Submission Requirements

1. Each state will submit a plan to the Department of Health and Human Services for each year in which it claims central service costs under Federal awards. The plan should include (a) a projection of the next year's allocated central service cost (based either on actual costs for the most recently completed year or the budget projection for the coming year), and (b) a reconciliation of actual allocated central service costs to the estimated costs used for either the most recently completed year or the year immediately preceding the most recently completed year.

2. Each major local government is also required to submit a plan to its cognizant agency for indirect costs annually.

3. All other local governments claiming central service costs must develop a plan in accordance with the requirements described in this Part and maintain the plan and related supporting documentation for audit. These local governments are not required to submit their plans for Federal approval unless they are specifically requested to do so by the cognizant agency for indirect costs. Where a local government only receives funds as a subrecipient, the pass-through entity will be responsible for monitoring the subrecipient's plan.

4. All central service cost allocation plans will be prepared and, when required, submitted within six months prior to the beginning of each of the governmental unit's fiscal years in which it proposes to claim central

with a governmental unit. For indirect cost rates and departmental indirect cost allocation plans, the cognizant agency is the Federal agency with the largest dollar value of direct Federal awards with a governmental unit or component, as appropriate. Once designated as the cognizant agency for indirect costs, the Federal agency must remain so for a period of five years. In addition, the following Federal agencies continue to be responsible for the indicated governmental entities:

Department of Health and Human Services—Public assistance and state-wide cost allocation plans for all states (including the District of Columbia and Puerto Rico), state and local hospitals, libraries and health districts.

Department of the Interior—Indian tribal governments, territorial governments, and state and local park and recreational districts.

Department of Labor—State and local labor departments.

Department of Education—School districts and state and local education agencies.

Department of Agriculture—State and local agriculture departments.

Department of Transportation—State and local airport and port authorities and transit districts.

Department of Commerce—State and local economic development districts.

Department of Housing and Urban Development—State and local housing and development districts.

Environmental Protection Agency—State and local water and sewer districts.

## 2. Review

All proposed central service cost allocation plans that are required to be submitted will be reviewed, negotiated, and approved by the cognizant agency for indirect costs on a timely basis. The cognizant agency for indirect costs will review the proposal within six months of receipt of the proposal and either negotiate/approve the proposal or advise the governmental unit of the additional documentation needed to support/evaluate the proposed plan or the changes required to make the proposal acceptable. Once an agreement with the governmental unit has been reached, the agreement will be accepted and used by all Federal agencies, unless prohibited or limited by statute. Where a Federal awarding agency has reason to believe that special operating factors affecting its Federal awards necessitate special consideration, the funding agency will, prior to the time the plans are negotiated, notify the cognizant agency for indirect costs.

## 3. Agreement

The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the governmental unit. This agreement will be subject to re-opening if the agreement is subsequently found to violate a statute or the information upon which the plan was negotiated is later found to be materially incomplete or inaccurate. The results of the negotiation must be made available to all Federal agencies for their use.

## 4. Adjustments

Negotiated cost allocation plans based on a proposal later found to have included costs that: (a) are unallowable (i) as specified by law or regulation, (ii) as identified in subpart F, General Provisions for selected Items of Cost of this Part, or (iii) by the terms and conditions of Federal awards, or (b) are unallowable because they are clearly not allocable to Federal awards, must be adjusted, or a refund must be made at the option of the cognizant agency for indirect costs, including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations. Adjustments or cash refunds may include, at the option of the cognizant agency for indirect costs, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations. These adjustments or refunds are designed to correct the plans and do not constitute a reopening of the negotiation.

## G. Other Policies

### 1. Billed Central Service Activities

Each billed central service activity must separately account for all revenues (including imputed revenues) generated by the service, expenses incurred to furnish the service, and profit/loss.

### 2. Working Capital Reserves

Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable. A working capital reserve exceeding

60 calendar days may be approved by the cognizant agency for indirect costs in exceptional cases.

### 3. Carry-Forward Adjustments of Allocated Central Service Costs

Allocated central service costs are usually negotiated and approved for a future fiscal year on a "fixed with carry-forward" basis. Under this procedure, the fixed amounts for the future year covered by agreement are not subject to adjustment for that year. However, when the actual costs of the year involved become known, the differences between the fixed amounts previously approved and the actual costs will be carried forward and used as an adjustment to the fixed amounts established for a later year. This "carry-forward" procedure applies to all central services whose costs were fixed in the approved plan. However, a carry-forward adjustment is not permitted, for a central service activity that was not included in the approved plan, or for unallowable costs that must be reimbursed immediately.

### 4. Adjustments of Billed Central Services

Billing rates used to charge Federal awards must be based on the estimated costs of providing the services, including an estimate of the allocable central service costs. A comparison of the revenue generated by each billed service (including total revenues whether or not billed or collected) to the actual allowable costs of the service will be made at least annually, and an adjustment will be made for the difference between the revenue and the allowable costs. These adjustments will be made through one of the following adjustment methods: (a) a cash refund including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations to the Federal Government for the Federal share of the adjustment, (b) credits to the amounts charged to the individual programs, (c) adjustments to future billing rates, or (d) adjustments to allocated central service costs. Adjustments to allocated central services will not be permitted where the total amount of the adjustment for a particular service (Federal share and non-Federal) share exceeds \$500,000. Adjustment methods may include, at the option of the cognizant agency, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations.

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/24/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NM0014L6B001508  
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of Albuquerque

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

	<b>c. Organizational DUNS:</b>	615720401	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**County:** Bernalillo

**State:** New Mexico

**Country:** United States

**Zip / Postal Code:** 87102

### e. Organizational Unit (optional)

**Department Name:** Family and Community Services

**Division Name:** Community Development

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

**Prefix:** Ms.

**First Name:** Heidilizi  
**Middle Name:**  
**Last Name:** Jordan  
**Suffix:**  
**Title:** Community Outreach Coordinator  
**Organizational Affiliation:** City of Albuquerque  
**Telephone Number:** (505) 768-2844  
**Extension:**  
**Fax Number:** (505) 768-3204  
**Email:** hljordan@cabq.gov



## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government  
**If "Other" please specify:**

**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-6000-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**16. Congressional District(s):**

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

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

**17. Proposed Project**

a. **Start Date:** 05/01/2017

b. **End Date:** 04/30/2018

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

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Doug

**Middle Name:**

**Last Name:** Chaplin

**Suffix:**

**Title:** Director, Department of Family and Community Services

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



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

**Email:** dchaplin@cabq.gov

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**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/24/2016

## 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: \$1,404,704**

Organization	Type	Sub-Award Amount
St Martin's Hospitality Center	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$664,686
Albuquerque Health Care for the Homeless	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$740,018

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** St Martin's Hospitality Center

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**



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

	<b>* d. Organizational DUNS:</b>	182589663	<b>PLUS 4</b>	
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**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:** \$664,686

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Melissa

**Middle Name:**

**Last Name:** Fox

**Suffix:**

**Title:** Grant Writer/Development Specialist

**E-mail Address:** mfox@smhc-nm.org

**Confirm E-mail Address:** mfox@smhc-nm.org

**Phone Number:** 505-242-4399

**Extension:** 254

**Fax Number:**

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

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### a. Organization Name: Albuquerque Health Care for the Homeless

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 85-0368993

	<b>* d. Organizational DUNS:</b>	623211331	<b>PLUS 4</b>	
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**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:** \$740,018

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Anita

**Middle Name:**

**Last Name:** Cordova

**Suffix:**

**Title:** Associate Director

**E-mail Address:** AnitaCordova@abqhch.org

**Confirm E-mail Address:** AnitaCordova@abqhch.org

**Phone Number:** 505-766-5197

**Extension:**

**Fax Number:**

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

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** Yes

**Date HUD or OIG issued the oldest unresolved finding(s)** 07/07/2016

**Explain why the finding(s) remains unresolved**

The City of Albuquerque received HUD's monitoring letter on July 7, 2016, and they had 30 days to submit their required corrective actions. They submitted the required corrective actions by the deadline, and are now waiting for a response from the local HUD field office.

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

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

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

This grant had unspent funds for the FY14 grant which ended 4/30/16. The City and its sub-recipients are on track to spend the entire FY15 grant by the grant's end date of 4/30/17. There are several reasons this occurred for the FY14 grant. Some project participants had apartments under the Fair Market rent, and case managers also assisted clients in increasing income, which in turn, increased their client portion of rent. This led to more rental assistance funds being left at the end of the project year than projected. One of the sub-recipient's Housing Specialist position was vacant for a period of time, and obtaining chronic homelessness documentation is time consuming which has meant it takes longer to fill open beds. The sub-recipient is taking steps to expend all funds moving forward. They have filled the Housing Specialist position and has assigned one staff position solely to obtaining required documentation for chronic homeless households.

## 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** NM0014L6B001508

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

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

**2b. CoC Collaborative Applicant Name:** City of Albuquerque

**3. Project Name:** Rental Assistance - AHCH/SMHC

**4. Project Status:** Standard

**5. Component Type:** PH

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



## 3B. Project Description

### Instructions:

#### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

#### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

**FOR SSO PROJECTS ONLY**

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

**FOR SSO COORDINATED ENTRY PROJECTS ONLY**

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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 individuals with mental illness and/or substance abuse and to households with children where the head of household has a mental illness and/or substance abuse. Clients will receive tenant-based rental assistance and will select an apartment in a neighborhood they choose to live in. The City of Albuquerque will sub-contract with two non-profit service providers to administer the rental assistance program - Albuquerque Health Care for the Homeless (AHCH) and St. Martin's Hospitality Center (SMHC). AHCH and SMHC will both serve adults, and in addition AHCH will commit to serving 8 households where the head of household is a youth age 18-24.

Both sub-recipients will conduct an initial assessment which includes the administration of a standardized instrument 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 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.

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

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

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

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

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

Other:

**3. Housing First**

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

**3b. Does the project ensure that participants are not screened out based**

**on the following items? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found 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

**4. Does the PH project provide PSH or RRH?** PSH

**4a. Does the project request costs under the rental assistance budget line item?** Yes

**4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

**Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Quarterly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care		
Education Services		

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Subrecipient	Weekly
Subrecipient	As needed
Subrecipient	Weekly
Subrecipient	

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

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



**2b. Use of a single application form for four or more mainstream programs?** Yes

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

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

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

## 4B. Housing Type and Location

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

**Total Units:** 148

**Total Beds:** 161

**Total Dedicated CH Beds:** 0

**Total Prioritized CH Beds:** 43

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	148	161	0	43

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>



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

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

**a. Units:** 148

**b. Beds:** 161

**3. Beds for the Chronically Homeless**

**a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?** 0

**b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?** 161  
Auto calculated

**c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?** 50

**d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?** 43

**4. Address:**

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87102

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

350012 Albuquerque

## 5A. Project Participants - Households

### Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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Adults over age 24	14	122		136
Adults ages 18-24	2	15		17
Accompanied Children under age 18	13		0	13
Unaccompanied Children under age 18			0	0
Total Persons	29	137	0	166

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24		0	1	7	1	9	1		0	5
Adults ages 18-24		0				2			0	0
Children under age 18	0				0	0	2	3	0	8
Total Persons	0	0	1	7	1	11	3	3	0	13

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	70		5	50	1	75	1	15	0	0
Adults ages 18-24		0	0	10	0	12	1	0	0	0
Total Persons	70	0	5	60	1	87	2	15	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

### Describe the unlisted subpopulations referred to above:

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

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

40%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
40%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

## 6A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

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

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** 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:**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	\$35,024

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

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



**5. Renewal Grant Term:** 1 Year

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

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



## 6D. Rental Assistance Budget

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

Total Request for Grant Term:		\$1,369,680	
Total Units:		148	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	148	\$1,369,680

## Rental Assistance Budget Detail

### Instructions:

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

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

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

**Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

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

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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	\$443	\$443	x		=	\$0
0 Bedroom	12	x	\$591	\$591	x		=	\$85,104
1 Bedroom	125	x	\$767	\$767	x		=	\$1,150,500
2 Bedrooms	9	x	\$941	\$941	x		=	\$101,628
3 Bedrooms	2	x	\$1,352	\$1,352	x		=	\$32,448
4 Bedrooms		x	\$1,643	\$1,643	x		=	\$0
5 Bedrooms		x	\$1,889	\$1,889	x		=	\$0
6 Bedrooms		x	\$2,136	\$2,136	x		=	\$0
7 Bedrooms		x	\$2,382	\$2,382	x		=	\$0
8 Bedrooms		x	\$2,629	\$2,629	x		=	\$0
9 Bedrooms		x	\$2,875	\$2,875	x		=	\$0
<b>Total Units and Annual Assistance Requested</b>	148							\$1,369,680
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$1,369,680

**Click the 'Save' button to automatically calculate totals.**

## 6H. 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:				\$230,811	
Total Value of In-Kind Commitments:				\$129,122	
Total Value of All Commitments:				\$359,933	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Albuquerque...	07/14/2016	\$37,050
Yes	In-Kind	Government	Medicaid (SMHC)	07/14/2016	\$129,122
Yes	Cash	Government	HHS-Primary Health...	07/13/2016	\$185,005
Yes	Cash	Government	City of Albuquerque...	08/01/2016	\$8,756

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** City of Albuquerque (SMHC)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/14/2016

**6. Value of Written Commitment:** \$37,050

## Sources of Match Detail

### Instructions:

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Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** In-Kind

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** Medicaid (SMHC)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/14/2016

**6. Value of Written Commitment:** \$129,122

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field

that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** HHS-Primary Health Services (AHCH)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/13/2016

**6. Value of Written Commitment:** \$185,005

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The

Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

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

**5. Date of Written Commitment:** 08/01/2016

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



## 6I. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$1,369,680

<b>3. Supportive Services</b>	\$0
<b>4. Operating</b>	\$0
<b>5. HMIS</b>	\$0
<b>6. Sub-total Costs Requested</b>	\$1,369,680
<b>7. Admin (Up to 10%)</b>	\$70,048
<b>8. Total Assistance plus Admin Requested</b>	\$1,439,728
<b>9. Cash Match</b>	\$230,811
<b>10. In-Kind Match</b>	\$129,122
<b>11. Total Match</b>	\$359,933
<b>12. Total Budget</b>	\$1,799,661

## 7A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/19/2014
2) Other Attachment	No	Match Documentation	08/12/2016
3) Other Attachment	No	Cost Allocation Plan	08/12/2016

## Attachment Details

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

## Attachment Details

**Document Description:** Match Documentation

## Attachment Details

**Document Description:** Cost Allocation Plan

## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Doug Chaplin

**Date:** 08/24/2016

**Title:** Director, Department of Family and Community Services

**Applicant Organization:** City of Albuquerque

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

**I certify that I have been duly authorized by** ☒

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

## 8B Submission Summary

Page		Last Updated	
1A. Application Type		08/08/2016	
1B. Legal Applicant		No Input Required	
1C. Application Details		No Input Required	
1D. Congressional District(s)		08/24/2016	
1E. Compliance		08/08/2016	
1F. Declaration		08/08/2016	
2A. Subrecipients		08/08/2016	
2B. Recipient Performance		08/24/2016	
3A. Project Detail		08/08/2016	
Renewal Project Application FY2016		Page 52	09/22/2016



<b>3B. Description</b>	08/12/2016
<b>4A. Services</b>	08/08/2016
<b>4B. Housing Type</b>	08/08/2016
<b>5A. Households</b>	08/08/2016
<b>5B. Subpopulations</b>	08/08/2016
<b>5C. Outreach</b>	08/08/2016
<b>6A. Funding Request</b>	08/23/2016
<b>6D. Rental Assistance</b>	08/08/2016
<b>6H. Match</b>	08/12/2016
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/12/2016
<b>7B. Certification</b>	08/24/2016

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

DEPARTMENT OF THE TREASURY

Date: **DEC 07 1993**

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

Employer Identification Number:  
85-0368993

Case Number:  
753279015

Contact Person:  
SHARI FLOWERS

Contact Telephone Number:  
(214) 767-6023

Our Letter Dated:  
December 20, 1989

Addendum Applies:  
No

RECEIVED DEC 09 1993

Dear Applicant:

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

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

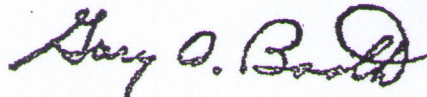
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the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

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

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

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

Sincerely yours,



Gary O. Booth  
District Director

Letter 1050 (DO/CG)



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

Department of the Treasury

Date: **APR 18 2008**

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

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

Dear Sir or Madam:

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

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

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

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

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

Sincerely,

*Cindy Westcott*

Cindy Westcott  
Manager, Exempt Organizations  
Determinations

**CITY OF ALBUQUERQUE, NEW MEXICO  
OMB COST ALLOCATION PLAN  
FOR FISCAL YEAR 2017  
Based on FY2015 costs**

**INTRODUCITON**

The City of Albuquerque, New Mexico, submits this federal Office of Management and Budget (OMB) cost allocation plan as a document to support the City's indirect overhead rates charged to federal awards in the City's Operating Grant Funds for Fiscal Year 2017 beginning July 1, 2016.

This plan utilized the principles and guidelines outlined in the Federal Register of the Office of Management and Budget regulations 2CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

This plan restricts the costs allocated to only those costs allowed by the federal government in accordance with the 2 CFR part 200 Subpart E: Cost Principles. The application of these principles is based on the fundamental premises that:

1. Governmental units are responsible for the efficient and effective administration of Federal awards through the application of sound management practices and can provide adequate documentation of costs.
2. Governmental units assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program, objectives and the terms and conditions of the Federal award.

To be allowable under Federal awards, costs must meet the following general criteria as stated the Uniform Administrative Requirements CFR 200 Part 200 Subpart E:

1. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.
2. Be allocable to Federal awards under the provisions of CFR200 Subpart E.
3. Be authorized or not prohibited under State and Local Laws or Regulations.
4. Conform to any limitations or exclusions set forth in these principles, Federal Laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.
5. Be consistent with policies, regulations and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
6. Be accorded consistent accounting treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect costs.
7. Except as otherwise provided for in this Circular (CFR 200), be determined in accordance with generally accepted accounting principles.
8. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.
9. Be the net of all applicable credits
10. Be adequately documented.

## PLAN PREPARATION

The preparation of this plan involves three basic steps:

1. Identification of the services and the costs of each service to be claimed.
2. Determination of the method for allocating the cost of each service to user departments.
3. Mathematical allocation of those costs to the user Departments or Divisions in the form of a single formal comprehensive plan.

## ALLOCATION METHODS

This plan allocates efforts of central service programs using several allocation methods in order to best match the efforts expended with the beneficiaries of those efforts.

There are two categories of allocation methods, a direct allocation and a general allocation. A direct allocation to the user department is supported when work is done specifically for that department. A general allocation to all user departments occurs when the work that is done cannot be identified to a specific department, but instead benefits all user departments who share similar characteristics. The most prevalent example of a general allocation is to distribute costs to user departments based upon the full time equivalents (FTEs) in each department.

The information for direct allocations comes from the central service programs themselves, while the statistical information for general allocations is derived from running queries on the source year using Oracle and Cognos software.

The two primary general allocation methods, besides FTEs, are allocations based on the count of a certain type of transaction in the general ledger and allocations of building costs based on occupied square footage.

Types of transactions that are used for allocations based on count, and the type of effort allocated using each count include 1) accounts payable transactions for central service activities involved in purchasing and the payment of invoices 2) accounts receivable transactions for central service activities involved in cash handling and the recording of receipts into the City's bank accounts.

Allocations of building costs are done without consideration given to the common areas of a building. The premise is that each tenant in that building must bear a share of the costs of the common areas. For example, if the common areas of a building comprise 10 % of the total square footage of that building, then the tenants comprising 90 % of the space are allocated 100 % of the costs of that building.

## NON-ALLOCABLES

Some of the allocations include an allocation to a user department called "Non Allocables".

The purpose of this Plan is to determine an indirect overhead rate for grantee user departments, therefore, and allocation that goes other than to a central service program or a grantee user department is a non allocable. A non allocable is a cost that will not be recovered by the General Fund based upon this Plan.

In an effort to reduce the time needed to prepare this Plan, we took the FY2016 Full Cost Plan and excluded the Central Service Departments not allowable (Mayor's Office, City Council, Litigation). The reader will see user departments other than grantee user departments receiving allocations. No indirect overhead rate for these other user departments is calculated in Schedule F of this Plan. These other user departments represent 1) the enterprise and internal service fund user departments in the Full Cost Plan

4. The first central service department allocates all of the new charges to the other departments lower on the hierarchy.
5. The second central service department allocates all of the new charges to the third central service department and the operating departments. This third department being made up of all the service departments below the second central service department.
6. The third and subsequent central service departments allocate all of the new charges from previous allocations to the operating department thus completing the allocation process.

#### **OTHER NOTES**

Inserted into the detail section of the Plan are narrative summaries of each central service program. These narratives precede the worksheets showing the mathematical allocation of costs for that particular central service program. The narratives describe the specific method(s) used to allocate service costs and provide additional information intended to assist the reader in understanding what service this central service program provides and why the particular allocation method(s) used were chosen.

The allocated service costs are summarized in the City's Comprehensive Annual Financial Report. The report can be found by accessing the following link:

<http://documents.cabq.gov/budget/cafr/comprehensive-annual-financial-report-2015.pdf>.

Questions regarding this plan should be directed to the preparer listed below and the Financial Reporting Section of the Accounting Division – Department of Finance & Administrative Services.

#### **PREPARED BY:**

Pamela S. Fanelli  
City Controller  
City of Albuquerque  
Phone: (505) 768-3508

Gerald Romero  
Budget Officer  
City of Albuquerque  
Phone: (505) 768-3370

Stephanie Manzanares  
Budget Analyst  
City of Albuquerque  
Phone: (505) 768-3115

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## DESCRIPTION OF CENTRAL SERVICE DEPARTMENTS

**CC Building Usage** – Building costs in lieu of depreciation for City Hall, City/County Building @ 50%, N 4<sup>th</sup> City Yards, Law Enforcement Center @50%, Pino Yards, Plaza Del Sol, and Records Warehouse. The purchase price is divided over the useful life of the building. The allowance includes an allocation of 3.3% of the cost of the buildings in lieu of depreciation.

**CC Equipment Usage** – The equipment use allowance is claimed on certain equipment in lieu of depreciation. This rate is comparable to straight line depreciation computed with a useful life of 5 years for vehicles and computers and 15 years for other equipment. Equipment usage is calculated solely on fixed assets purchased by central service programs. The total cost of assets purchased by the central service program is divided by the useful life of the asset category. The total cost is derived from a query that identifies depreciation by custodial department.

**CC Finance and Administrative Services** – This department manages the personnel working under F&A. F&A includes IT, Accounting, ERP, Treasury, Fleet, Risk, Budget, Purchasing and Real Property. In FY2015 Real Property and IT services were moved out of DFAS. Appropriate changes will be made in the next update.

**CC Accounting** – This program provides accounting services to all city departments. Included is the processing of revenue, expenditures and general ledger transactions, distribution of data reports, preparation of financial reports, including reporting to the Federal and State Governments on various grants. Services include Payroll, Accounts Payable, Accounts Receivable, Accounting and Grants. Included in this cost allocation plan is the Fiscal Agent Support fees provided to Treasury.

**CC IT Strategic Support, Infrastructure and Applications** – This program is responsible for maintaining the City's centralized computing infrastructure. This includes computer infrastructure support including system and network services, integration, maintenance and support of the City's information Systems. It also includes a division that focuses on providing reports to end users.

**CC F&A ERP** – This program is responsible for the technical and functional support of the PeopleSoft system to City departments.

**CC Purchasing** – This program provides the City's central purchasing function. Major activities include writing and reviewing contracts, reviewing specifications, soliciting, receiving of bids and quotations, processing purchase order requisitions and purchase orders. They also provide office services function.

**CC MD – Facilities Security, Energy Management, Building Maintenance** – This activity provides security to Pino Yards, Plaza Del Sol, City/County Building, and the law enforcement center. Security Services are also provided to some Grantee departments. The estimated cost is excluded from the CC allocation. Further allocation is done based on square feet. Building Maintenance is responsible for maintaining all

allocates the cost of the record keeping responsibilities. Hearing Officers are included in the City Clerk Department. Hearing Officers spent some of their time on labor relations. A portion of their cost is allocated based on FTE's.

CC City Council – City Council is the governing body of the City. They provide overall policy direction for City Departments as well as appropriating funds for the operation of the City. Council Services provides support to City Council.





# City of Albuquerque

**The People of  
Albuquerque**

**Mayor**  
Richard J. Berry

**City Council**  
Director of Council Services  
Jon Zaman

DST. 1 Ken Sanchez  
DST. 2 Isaac Benton  
DST. 3 Klarissa Peña  
DST. 4 Brad Winter  
DST. 5 Dan Lewis  
DST. 6 Pat Davis  
DST. 7 Diane Gibson  
DST. 8 Trudy Jones  
DST. 9 Don Harris

**City Clerk**  
Natalie Y. Howard

**Office of Inspector General**  
Peter Pacheco  
Acting

**Office of Internal Audit**  
Debra Yoshimura  
Director

**Administrative Hearing**  
Stanley Harada

**Chief Administrative Officer**  
Robert J. Perry

**Chief of Staff / Deputy Chief  
Administrative Officer**  
Gilbert A. Montañño

**Chief Operations Officer**  
Michael J. Riordan, P.E.

**Police**  
Gordon E. Eden, Jr.

**Emergency Preparedness**  
Roger Ebner

**Fire**  
David Downey

**Legal**  
Jessica M. Hernandez

**Human Resources**  
Mary Scott

**Economic Development**  
Gary Oppedahl

**Finance & Administrative  
Services**  
Lou Hoffman

**Mayor's Office**

**Communications Office**

**Department of Technology  
& Innovation**  
Peter Amba

**Innovation Delivery Team**

**Legislative Services &  
Grant Administration**

**Internal Government Affairs**

**Intergovernmental Affairs**

**Education Coordinator**

**Mayor's Designee to selected  
Boards & Commissions**

**Planning/Development**

**Animal Welfare**  
Paul Caster  
Acting

**Aviation**  
James Hinde

**Cultural Services**  
Dana Feldman

**Municipal Development**  
Melissa Lozoya, PE  
Acting

**Environmental Health**  
Mary Lou Leonard

**Family & Community Services**  
Doug Chaplin

**Parks & Recreation**  
Barbara Taylor

**Planning**  
Suzie Lubar

**Senior Affairs**  
Jorja Armijo-Brasher

**Solid Waste**  
John Soladay

**Transit**  
Bruce Rizzieri

Signature:

Robert J. Perry, Chief Administrative Officer

Updated January 12, 2016

## DESCRIPTION OF INTERNAL SERVICE FUNDS

**Overview:** Internal Service Funds are set up to be self-supporting funds that bill user departments for centralized services. Services provided include workers compensation, tort and other self-insurance, supply warehousing, vehicle maintenance and motor pool, group health and communication services. Internal services are not included in the Indirect Cost Allocation Plan. Rates are charged to each department based on an appropriate rate structure. Internal service funds are listed below with their overall rate structure explained in the attached Internal Service Charges document. All financial information is included in the Comprehensive Annual Financial Report.

**RISK MANAGEMENT FUND** - To account for the cost of providing Workers' Compensation, tort and other claims insurance coverage to City departments.

**SUPPLIES INVENTORY MANAGEMENT FUND** - To account for the cost of providing supplies, warehousing and inventory issuance services to City departments.

**FLEET MANAGEMENT FUND** - To account for the cost of providing vehicle maintenance and motor pool services to City departments.

**EMPLOYEE INSURANCE FUND** - To account for the cost of providing group health, dental, vision and life insurance to City employees.

**COMMUNICATIONS FUND** - To account for the cost of providing communication services to City departments.

## Internal Service Charges by Fund/Division for FY15

### Risk Fund - 705

#### **Workers Compensation**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Tort and Other**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Unemployment Compensation**

Rate: .54% assessed biweekly thru payroll

### Supplies Inventory Management Fund - 715

Different % used based on the type of inventory

17% For Stocked Inventory

8% Non- stocked items (JIT)

5% (JIT) consolidated billing office supply and uniforms.

### Fleet Fund - 725

#### **Maintenance:**

Labor charges

\$117 per hour

Parts

30% markup

Outside Maintenance

15% markup

#### **Fuel**

\$.155 per gallon markup

### Employee Insurance Fund - 735

Administrative Overhead Rate: .25% assessed biweekly thru payroll

Costs are based on actual premiums paid to vendors for medical, dental, vision and life insurance. Employees pay 20%, City pays 80% for medical, dental and vision coverage. The City pays for cost of basic life insurance for current actively employed staff.

### Communications Fund - 745

#### **Telephone**

#### Fixed Costs

Flat rate

\$2.39 per line

Maintenance

\$.90 per line

PBX

\$13.51 per month

Plaza Del Sol

\$18.5 per month

#### Variable and dependent upon channels

Voice T1

\$37.75 per month

Data T1, DSL

varies month to month

Long Distance

varies month to month

#### **Radio Maintenance**

Costs are recouped by an allocation process that reviews the last 18 months of costs for departments/entities who have used Radio Maintenance Services during that time frame. Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

#### **Network**

Based on Ports

\$5.25 per port

Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

**City of Albuquerque, New Mexico**

**OMB Cost Allocation Plan**

**For Fiscal Year 2017**

**Based on Fiscal Year 2015 Costs**

**CERTIFICATE OF COST ALLOCATION PLAN**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal for Fiscal Year 2017 based on FY2015 costs are used to establish cost allocations or billings for fiscal year 2017 are allowable in accordance with the requirements of this Part and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: City of Albuquerque, NM

Signature: [Signature]

Name of Official: LOU HOFFMAN

Title: DIRECTOR

Date of Execution: 1/28/2016

**FY2017**

**Administrative Indirect Overhead Rates**

Indirect Cost Allocation Rates – Enterprise, Internal Service Funds and Special Revenue Funds	Admin Rate		Indirect Cost Allocation Rates – Grants (Personnel)	Rate	Indirect Cost Allocation Rates – Grants (Non Personnel) Rate
Air Quality	17.7%		Environmental Health – Air Quality	15.3%	8.7%
Aviation	13.7%		Cultural Affairs - Library	9.3%	4.3%
Sports Stadium*	55.2%		Fire	7.0%	4.2%
Parking	40.8%		Family & Community Svc	13.7%	2.7%
Solid Waste	15.8%		Solid Waste	13.1%	4.7%
Transit	26.1%		Transit	22.8%	9.1%
Golf Course**	10.0%		Parks & Recreation	11.9%	4.2%
Risk	30.6%		Planning	28.7%	15.7%
Supplies*	62.5%		Police/Emergency Management/CAO	9.8%	5.1%
Fleet	37.6%		Senior Affairs	23.7%	9.5%
Insurance & Benefits	13.1%		Senior Affairs - AAA Fund	9.2%	4.2%
Communications	15.4%		Insurance & Benefits	10.9%	n/a
			Information Technology Systems Division (ITSD)	28.4%	13.1%
Water Utility Authority	Billed Separately	\$ 459,353			

\* Adjusted rate based on budgeted wages

\*\* Per Jerry, we are going to leave at 10%

g. The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the nonprofit organization. The cognizant agency for indirect costs must make available copies of the agreement to all concerned Federal agencies.

h. If a dispute arises in a negotiation of an indirect cost rate between the cognizant agency for indirect costs and the nonprofit organization, the dispute must be resolved in accordance with the appeals procedures of the cognizant agency for indirect costs.

i. To the extent that problems are encountered among the Federal agencies in connection with the negotiation and approval process, OMB will lend assistance as required to resolve such problems in a timely manner.

#### D. Certification of Indirect (F&A) Costs

(1) Required Certification. No proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j. of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization.

(2) Each indirect cost rate proposal must be accompanied by a certification in the following form:

##### Certificate of Indirect (F&A) Costs

This is to certify that to the best of my knowledge and belief:

(1) I have reviewed the indirect (F&A) cost proposal submitted herewith;

(2) All costs included in this proposal [identify date] to establish billing or final indirect (F&A) costs rate for [identify period covered by rate] are allowable in accordance with the requirements of the Federal awards to which they apply and with Subpart E—Cost Principles of Part 200.

(3) This proposal does not include any costs which are unallowable under Subpart E—Cost Principles of Part 200 such as (without limitation): public relations costs, contributions and donations, entertainment costs, fines and penalties, lobbying costs, and defense of fraud proceedings; and

(4) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements.

I declare that the foregoing is true and correct.

Nonprofit Organization:

Signature:

Name of Official:

Title:

Date of Execution:

[78 FR 78608, Dec. 26, 2013, as amended at 80 FR 54410, Sept. 10, 2015]

#### Appendix V to Part 200—State/Local Governmentwide Central Service Cost Allocation Plans

##### A. General

1. Most governmental units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All costs and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

2. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services or at their Web site at <https://rates.psc.gov>.

##### B. Definitions

1. Agency or operating agency means an organizational unit or sub-division within a governmental unit that is responsible for the performance or administration of Federal awards or activities of the governmental unit.

2. Allocated central services means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. Billed central services means central services that are billed to benefitted agencies or programs on an individual fee-for-service

or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.

4. Cognizant agency for indirect costs is defined in §200.19 Cognizant agency for indirect costs of this Part. The determination of cognizant agency for indirect costs for states and local governments is described in section F.1, Negotiation and Approval of Central Service Plans.

5. Major local government means local government that receives more than \$100 million in direct Federal awards subject to this Part.

##### C. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central service costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in section E. Costs of central services omitted from the plan will not be reimbursed.

##### D. Submission Requirements

1. Each state will submit a plan to the Department of Health and Human Services for each year in which it claims central service costs under Federal awards. The plan should include (a) a projection of the next year's allocated central service cost (based either on actual costs for the most recently completed year or the budget projection for the coming year), and (b) a reconciliation of actual allocated central service costs to the estimated costs used for either the most recently completed year or the year immediately preceding the most recently completed year.

2. Each major local government is also required to submit a plan to its cognizant agency for indirect costs annually.

3. All other local governments claiming central service costs must develop a plan in accordance with the requirements described in this Part and maintain the plan and related supporting documentation for audit. These local governments are not required to submit their plans for Federal approval unless they are specifically requested to do so by the cognizant agency for indirect costs. Where a local government only receives funds as a subrecipient, the pass-through entity will be responsible for monitoring the subrecipient's plan.

4. All central service cost allocation plans will be prepared and, when required, submitted within six months prior to the beginning of each of the governmental unit's fiscal years in which it proposes to claim central

with a governmental unit. For indirect cost rates and departmental indirect cost allocation plans, the cognizant agency is the Federal agency with the largest dollar value of direct Federal awards with a governmental unit or component, as appropriate. Once designated as the cognizant agency for indirect costs, the Federal agency must remain so for a period of five years. In addition, the following Federal agencies continue to be responsible for the indicated governmental entities:

Department of Health and Human Services—Public assistance and state-wide cost allocation plans for all states (including the District of Columbia and Puerto Rico), state and local hospitals, libraries and health districts.

Department of the Interior—Indian tribal governments, territorial governments, and state and local park and recreational districts.

Department of Labor—State and local labor departments.

Department of Education—School districts and state and local education agencies.

Department of Agriculture—State and local agriculture departments.

Department of Transportation—State and local airport and port authorities and transit districts.

Department of Commerce—State and local economic development districts.

Department of Housing and Urban Development—State and local housing and development districts.

Environmental Protection Agency—State and local water and sewer districts.

## 2. Review

All proposed central service cost allocation plans that are required to be submitted will be reviewed, negotiated, and approved by the cognizant agency for indirect costs on a timely basis. The cognizant agency for indirect costs will review the proposal within six months of receipt of the proposal and either negotiate/approve the proposal or advise the governmental unit of the additional documentation needed to support/evaluate the proposed plan or the changes required to make the proposal acceptable. Once an agreement with the governmental unit has been reached, the agreement will be accepted and used by all Federal agencies, unless prohibited or limited by statute. Where a Federal awarding agency has reason to believe that special operating factors affecting its Federal awards necessitate special consideration, the funding agency will, prior to the time the plans are negotiated, notify the cognizant agency for indirect costs.

## 3. Agreement

The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the governmental unit. This agreement will be subject to re-opening if the agreement is subsequently found to violate a statute or the information upon which the plan was negotiated is later found to be materially incomplete or inaccurate. The results of the negotiation must be made available to all Federal agencies for their use.

## 4. Adjustments

Negotiated cost allocation plans based on a proposal later found to have included costs that: (a) are unallowable (i) as specified by law or regulation, (ii) as identified in subpart F, General Provisions for selected Items of Cost of this Part, or (iii) by the terms and conditions of Federal awards, or (b) are unallowable because they are clearly not allocable to Federal awards, must be adjusted, or a refund must be made at the option of the cognizant agency for indirect costs, including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations. Adjustments or cash refunds may include, at the option of the cognizant agency for indirect costs, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations. These adjustments or refunds are designed to correct the plans and do not constitute a reopening of the negotiation.

## G. Other Policies

### 1. Billed Central Service Activities

Each billed central service activity must separately account for all revenues (including imputed revenues) generated by the service, expenses incurred to furnish the service, and profit/loss.

### 2. Working Capital Reserves

Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable. A working capital reserve exceeding

60 calendar days may be approved by the cognizant agency for indirect costs in exceptional cases.

### 3. Carry-Forward Adjustments of Allocated Central Service Costs

Allocated central service costs are usually negotiated and approved for a future fiscal year on a "fixed with carry-forward" basis. Under this procedure, the fixed amounts for the future year covered by agreement are not subject to adjustment for that year. However, when the actual costs of the year involved become known, the differences between the fixed amounts previously approved and the actual costs will be carried forward and used as an adjustment to the fixed amounts established for a later year. This "carry-forward" procedure applies to all central services whose costs were fixed in the approved plan. However, a carry-forward adjustment is not permitted, for a central service activity that was not included in the approved plan, or for unallowable costs that must be reimbursed immediately.

### 4. Adjustments of Billed Central Services

Billing rates used to charge Federal awards must be based on the estimated costs of providing the services, including an estimate of the allocable central service costs. A comparison of the revenue generated by each billed service (including total revenues whether or not billed or collected) to the actual allowable costs of the service will be made at least annually, and an adjustment will be made for the difference between the revenue and the allowable costs. These adjustments will be made through one of the following adjustment methods: (a) a cash refund including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations to the Federal Government for the Federal share of the adjustment, (b) credits to the amounts charged to the individual programs, (c) adjustments to future billing rates, or (d) adjustments to allocated central service costs. Adjustments to allocated central services will not be permitted where the total amount of the adjustment for a particular service (Federal share and non-Federal) share exceeds \$500,000. Adjustment methods may include, at the option of the cognizant agency, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations.

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.



## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/24/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NM0106L6B001500  
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of Albuquerque

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

	<b>c. Organizational DUNS:</b>	615720401	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**County:** Bernalillo

**State:** New Mexico

**Country:** United States

**Zip / Postal Code:** 87102

### e. Organizational Unit (optional)

**Department Name:** Family and Community Services

**Division Name:** Community Development

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

**Prefix:** Ms.

**First Name:** Heidilizi  
**Middle Name:**  
**Last Name:** Jordan  
**Suffix:**  
**Title:** Community Outreach Coordinator  
**Organizational Affiliation:** City of Albuquerque  
**Telephone Number:** (505) 768-2844  
**Extension:**  
**Fax Number:** (505) 768-3204  
**Email:** hljordan@cabq.gov

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government  
**If "Other" please specify:**

**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-6000-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**16. Congressional District(s):**

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

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

**17. Proposed Project**

a. **Start Date:** 07/01/2017

b. **End Date:** 06/30/2018

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

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Doug

**Middle Name:**

**Last Name:** Chaplin

**Suffix:**

**Title:** Director, Department of Family and Community Services

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

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



**Email:** dchaplin@cabq.gov



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**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/24/2016

## 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: \$217,004**

Organization	Type	Sub-Award Amount
CLNkids	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$217,004

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** CLNkids

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 85-0366029

	<b>* d. Organizational DUNS:</b>	613246313	<b>PLUS 4</b>	0000
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**e. Physical Address**

**Street 1:** 1500 Walter Street SE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87102

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

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

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

**i. Expected Sub-Award Amount:** \$217,004

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Angela

**Middle Name:**

**Last Name:** Merkert

**Suffix:**

**Title:** Executive Director

**E-mail Address:** angelam@clnkids.org

**Confirm E-mail Address:** angelam@clnkids.org

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

**Extension:** 125

**Fax Number:** 505-764-8840

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

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

This is a first time renewal and the grant will end on 6/30/17.

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

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** No

**Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.**

This is a first time renewal that has not completed a first quarter yet.

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

## 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** NM0106L6B001500

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

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

**2b. CoC Collaborative Applicant Name:** City of Albuquerque

**3. Project Name:** CLNkids Rapid ReHousing Project

**4. Project Status:** Standard



**5. Component Type:** PH

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

## 3B. Project Description

### Instructions:

#### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

#### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

**FOR SSO PROJECTS ONLY**

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

**FOR SSO COORDINATED ENTRY PROJECTS ONLY**

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

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

they still need assistance through the Rapid Rehousing program.

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

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

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

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

Other:

**3. Housing First**

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>

History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found 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

**4. Does the PH project provide PSH or RRH?** RRH

**4a. Does the project request costs under the rental assistance budget line item?** Yes

**4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

**Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Bi-weekly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Weekly
Child Care	Subrecipient	Daily
Education Services	Non-Partner	Daily

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	Daily
Subrecipient	Weekly
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	Weekly
Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Subrecipient	As needed

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

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



**2b. Use of a single application form for four or more mainstream programs?** Yes

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

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

**3a. 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:** 10

**Total Beds:** 30

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	10	30		



## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project's grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**a. Units:** 10

**b. Beds:** 30

**3. Address**

**Street 1:**

**Street 2:**

**City:**

**State:**

**ZIP Code:**

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

350012 Albuquerque

## 5A. Project Participants - Households

### Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	0	0	10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
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Adults over age 24	8	0		8
Adults ages 18-24	2	0		2
Accompanied Children under age 18	20		0	20
Unaccompanied Children under age 18			0	0
Total Persons	30	0	0	30

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	2	0	0	1			6			
Adults ages 18-24							1		1	
Children under age 18										20
Total Persons	2	0	0	1	0	0	7	0	1	20

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

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

### Describe the unlisted subpopulations referred to above:

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

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

10%	Directly from the street or other locations not meant for human habitation.
90%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

## 6A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

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

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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



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

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** 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:**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	\$9,595

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



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

**5. Renewal Grant Term:** 1 Year

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

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

## 6D. 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:		\$146,004	
Total Units:		10	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	10	\$146,004

## Rental Assistance Budget Detail

### Instructions:

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

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

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

**Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

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

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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	\$443	\$443	x	12	=	\$0
0 Bedroom		x	\$591	\$591	x	12	=	\$0
1 Bedroom		x	\$767	\$767	x	12	=	\$0
2 Bedrooms	4	x	\$941	\$941	x	12	=	\$45,168
3 Bedrooms	5	x	\$1,352	\$1,352	x	12	=	\$81,120
4 Bedrooms	1	x	\$1,643	\$1,643	x	12	=	\$19,716
5 Bedrooms		x	\$1,889	\$1,889	x	12	=	\$0
6 Bedrooms		x	\$2,136	\$2,136	x	12	=	\$0
7 Bedrooms		x	\$2,382	\$2,382	x	12	=	\$0
8 Bedrooms		x	\$2,629	\$2,629	x	12	=	\$0
9 Bedrooms		x	\$2,875	\$2,875	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	10							\$146,004
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$146,004

**Click the 'Save' button to automatically calculate totals.**

## 6E. Supportive Services Budget

### Instructions:

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

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

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

**Annual Assistance Requested:** This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.9 FTE Family Case Manager Salary and Benefits; .25 FTE Family Case Manager Salary and Benefits	\$42,805
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>		
<b>16. Utility Deposits</b>	10 Client utility deposits of \$500 each to establish utility services (i.e. gas, electrical, water)	\$5,000
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$47,805
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$47,805

**Click the 'Save' button to automatically calculate totals.**

## 6G. HMIS Budget

### Instructions:

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

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

**Annual Assistance Requested:** This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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

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

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	Annual Subscription Fee for HMIS Software	\$100
3. Services	.33 FTE HMIS Technician Salary and Benefits	\$12,500
4. Personnel		
5. Space & Operations	Portion of Facility rent allocated to Data Technician for time working in HMIS on HUD project (\$1000 is proportionate to 2% of annual Rent)	\$1,000
Total Annual Assistance Requested		\$13,600
Grant Term		1 Year
Total Request for Grant Term		\$13,600

**Click the 'Save' button to automatically calculate totals.**

## 6H. 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:				\$38,699	
Total Value of In-Kind Commitments:				\$17,951	
Total Value of All Commitments:				\$56,650	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City General Fund...	08/01/2016	\$2,399
Yes	In-Kind	Government	CYFD Childcare Su...	07/26/2016	\$17,951
Yes	Cash	Private	UNM Greek Week Th...	07/26/2016	\$15,000
Yes	Cash	Private	United Way (CLNkids)	07/26/2016	\$8,800
Yes	Cash	Private	ABQ Community Fou...	07/26/2016	\$12,500



## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

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

**5. Date of Written Commitment:** 08/01/2016

**6. Value of Written Commitment:** \$2,399

## Sources of Match Detail

### Instructions:

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Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** In-Kind

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** CYFD Childcare Subsidies (CLNkids)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/26/2016

**6. Value of Written Commitment:** \$17,951

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field

that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** UNM Greek Week The Kappa Eta Chapter(CLNkids)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/26/2016

**6. Value of Written Commitment:** \$15,000

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The

Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** United Way (CLNkids)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/26/2016

**6. Value of Written Commitment:** \$8,800

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and

include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** ABQ Community Foundation (CLNkids)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 07/26/2016

**6. Value of Written Commitment:** \$12,500

## 6I. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$146,004

<b>3. Supportive Services</b>	\$47,805
<b>4. Operating</b>	\$0
<b>5. HMIS</b>	\$13,600
<b>6. Sub-total Costs Requested</b>	\$207,409
<b>7. Admin (Up to 10%)</b>	\$19,190
<b>8. Total Assistance plus Admin Requested</b>	\$226,599
<b>9. Cash Match</b>	\$38,699
<b>10. In-Kind Match</b>	\$17,951
<b>11. Total Match</b>	\$56,650
<b>12. Total Budget</b>	\$283,249

## 7A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient NonP...	08/12/2016
2) Other Attachment	No	Match Documentation	08/12/2016
3) Other Attachment	No	Cost Allocation Plan	08/12/2016



## **Attachment Details**

**Document Description:** Subrecipient NonProfit Documentation

## **Attachment Details**

**Document Description:** Match Documentation

## **Attachment Details**

**Document Description:** Cost Allocation Plan

## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Doug Chaplin

**Date:** 08/24/2016

**Title:** Director, Department of Family and Community Services

**Applicant Organization:** City of Albuquerque

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

**I certify that I have been duly authorized by**

X

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

## 8B Submission Summary

Page	Last Updated
1A. Application Type	08/08/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/24/2016
1E. Compliance	08/08/2016
1F. Declaration	08/08/2016
2A. Subrecipients	08/08/2016

Renewal Project Application FY2016	Page 54	09/22/2016
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<b>2B. Recipient Performance</b>	08/11/2016
<b>3A. Project Detail</b>	08/08/2016
<b>3B. Description</b>	08/11/2016
<b>4A. Services</b>	08/11/2016
<b>4B. Housing Type</b>	08/08/2016
<b>5A. Households</b>	08/08/2016
<b>5B. Subpopulations</b>	08/08/2016
<b>5C. Outreach</b>	08/08/2016
<b>6A. Funding Request</b>	08/23/2016
<b>6D. Rental Assistance</b>	08/08/2016
<b>6E. Supp. Srvcs. Budget</b>	08/11/2016
<b>6G. HMIS Budget</b>	08/11/2016
<b>6H. Match</b>	08/12/2016
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/12/2016
<b>7B. Certification</b>	08/24/2016

## 8A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	10/19/2015
3) Other Attachment(s)	No	Approved Indirect...	11/17/2015
2) Other Attachment(s)	No	Match Funds Letter	10/22/2015

OGDEN UT 84201-0046

In reply refer to: 0423263449  
Mar. 17, 2015 LTR 252C 0  
85-0366029 201406 67  
00005774  
BODC: TE

CLNKIDS INC  
PO BOX 12786  
ALBUQUERQUE NM 87195

MAR 23 2015



058877

Taxpayer Identification Number: 85-0366029

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at [www.irs.gov](http://www.irs.gov) or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Sincerely yours,



Brett S. Bemenderfer  
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):  
Copy of this letter



**CITY OF ALBUQUERQUE, NEW MEXICO  
OMB COST ALLOCATION PLAN  
FOR FISCAL YEAR 2017  
Based on FY2015 costs**

**INTRODUCITON**

The City of Albuquerque, New Mexico, submits this federal Office of Management and Budget (OMB) cost allocation plan as a document to support the City's indirect overhead rates charged to federal awards in the City's Operating Grant Funds for Fiscal Year 2017 beginning July 1, 2016.

This plan utilized the principles and guidelines outlined in the Federal Register of the Office of Management and Budget regulations 2CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

This plan restricts the costs allocated to only those costs allowed by the federal government in accordance with the 2 CFR part 200 Subpart E: Cost Principles. The application of these principles is based on the fundamental premises that:

1. Governmental units are responsible for the efficient and effective administration of Federal awards through the application of sound management practices and can provide adequate documentation of costs.
2. Governmental units assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program, objectives and the terms and conditions of the Federal award.

To be allowable under Federal awards, costs must meet the following general criteria as stated the Uniform Administrative Requirements CFR 200 Part 200 Subpart E:

1. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.
2. Be allocable to Federal awards under the provisions of CFR200 Subpart E.
3. Be authorized or not prohibited under State and Local Laws or Regulations.
4. Conform to any limitations or exclusions set forth in these principles, Federal Laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.
5. Be consistent with policies, regulations and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
6. Be accorded consistent accounting treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect costs.
7. Except as otherwise provided for in this Circular (CFR 200), be determined in accordance with generally accepted accounting principles.
8. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.
9. Be the net of all applicable credits
10. Be adequately documented.

## PLAN PREPARATION

The preparation of this plan involves three basic steps:

1. Identification of the services and the costs of each service to be claimed.
2. Determination of the method for allocating the cost of each service to user departments.
3. Mathematical allocation of those costs to the user Departments or Divisions in the form of a single formal comprehensive plan.

## ALLOCATION METHODS

This plan allocates efforts of central service programs using several allocation methods in order to best match the efforts expended with the beneficiaries of those efforts.

There are two categories of allocation methods, a direct allocation and a general allocation. A direct allocation to the user department is supported when work is done specifically for that department. A general allocation to all user departments occurs when the work that is done cannot be identified to a specific department, but instead benefits all user departments who share similar characteristics. The most prevalent example of a general allocation is to distribute costs to user departments based upon the full time equivalents (FTEs) in each department.

The information for direct allocations comes from the central service programs themselves, while the statistical information for general allocations is derived from running queries on the source year using Oracle and Cognos software.

The two primary general allocation methods, besides FTEs, are allocations based on the count of a certain type of transaction in the general ledger and allocations of building costs based on occupied square footage.

Types of transactions that are used for allocations based on count, and the type of effort allocated using each count include 1) accounts payable transactions for central service activities involved in purchasing and the payment of invoices 2) accounts receivable transactions for central service activities involved in cash handling and the recording of receipts into the City's bank accounts.

Allocations of building costs are done without consideration given to the common areas of a building. The premise is that each tenant in that building must bear a share of the costs of the common areas. For example, if the common areas of a building comprise 10 % of the total square footage of that building, then the tenants comprising 90 % of the space are allocated 100 % of the costs of that building.

## NON-ALLOCABLES

Some of the allocations include an allocation to a user department called "Non Allocables".

The purpose of this Plan is to determine an indirect overhead rate for grantee user departments, therefore, and allocation that goes other than to a central service program or a grantee user department is a non allocable. A non allocable is a cost that will not be recovered by the General Fund based upon this Plan.

In an effort to reduce the time needed to prepare this Plan, we took the FY2016 Full Cost Plan and excluded the Central Service Departments not allowable (Mayor's Office, City Council, Litigation). The reader will see user departments other than grantee user departments receiving allocations. No indirect overhead rate for these other user departments is calculated in Schedule F of this Plan. These other user departments represent 1) the enterprise and internal service fund user departments in the Full Cost Plan

4. The first central service department allocates all of the new charges to the other departments lower on the hierarchy.
5. The second central service department allocates all of the new charges to the third central service department and the operating departments. This third department being made up of all the service departments below the second central service department.
6. The third and subsequent central service departments allocate all of the new charges from previous allocations to the operating department thus completing the allocation process.

#### **OTHER NOTES**

Inserted into the detail section of the Plan are narrative summaries of each central service program. These narratives precede the worksheets showing the mathematical allocation of costs for that particular central service program. The narratives describe the specific method(s) used to allocate service costs and provide additional information intended to assist the reader in understanding what service this central service program provides and why the particular allocation method(s) used were chosen.

The allocated service costs are summarized in the City's Comprehensive Annual Financial Report. The report can be found by accessing the following link:

<http://documents.cabq.gov/budget/cafr/comprehensive-annual-financial-report-2015.pdf>.

Questions regarding this plan should be directed to the preparer listed below and the Financial Reporting Section of the Accounting Division – Department of Finance & Administrative Services.

#### **PREPARED BY:**

Pamela S. Fanelli  
City Controller  
City of Albuquerque  
Phone: (505) 768-3508

Gerald Romero  
Budget Officer  
City of Albuquerque  
Phone: (505) 768-3370

Stephanie Manzanares  
Budget Analyst  
City of Albuquerque  
Phone: (505) 768-3115

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## DESCRIPTION OF CENTRAL SERVICE DEPARTMENTS

**CC Building Usage** – Building costs in lieu of depreciation for City Hall, City/County Building @ 50%, N 4<sup>th</sup> City Yards, Law Enforcement Center @50%, Pino Yards, Plaza Del Sol, and Records Warehouse. The purchase price is divided over the useful life of the building. The allowance includes an allocation of 3.3% of the cost of the buildings in lieu of depreciation.

**CC Equipment Usage** – The equipment use allowance is claimed on certain equipment in lieu of depreciation. This rate is comparable to straight line depreciation computed with a useful life of 5 years for vehicles and computers and 15 years for other equipment. Equipment usage is calculated solely on fixed assets purchased by central service programs. The total cost of assets purchased by the central service program is divided by the useful life of the asset category. The total cost is derived from a query that identifies depreciation by custodial department.

**CC Finance and Administrative Services** – This department manages the personnel working under F&A. F&A includes IT, Accounting, ERP, Treasury, Fleet, Risk, Budget, Purchasing and Real Property. In FY2015 Real Property and IT services were moved out of DFAS. Appropriate changes will be made in the next update.

**CC Accounting** – This program provides accounting services to all city departments. Included is the processing of revenue, expenditures and general ledger transactions, distribution of data reports, preparation of financial reports, including reporting to the Federal and State Governments on various grants. Services include Payroll, Accounts Payable, Accounts Receivable, Accounting and Grants. Included in this cost allocation plan is the Fiscal Agent Support fees provided to Treasury.

**CC IT Strategic Support, Infrastructure and Applications** – This program is responsible for maintaining the City's centralized computing infrastructure. This includes computer infrastructure support including system and network services, integration, maintenance and support of the City's information Systems. It also includes a division that focuses on providing reports to end users.

**CC F&A ERP** – This program is responsible for the technical and functional support of the PeopleSoft system to City departments.

**CC Purchasing** – This program provides the City's central purchasing function. Major activities include writing and reviewing contracts, reviewing specifications, soliciting, receiving of bids and quotations, processing purchase order requisitions and purchase orders. They also provide office services function.

**CC MD – Facilities Security, Energy Management, Building Maintenance** – This activity provides security to Pino Yards, Plaza Del Sol, City/County Building, and the law enforcement center. Security Services are also provided to some Grantee departments. The estimated cost is excluded from the CC allocation. Further allocation is done based on square feet. Building Maintenance is responsible for maintaining all

allocates the cost of the record keeping responsibilities. Hearing Officers are included in the City Clerk Department. Hearing Officers spent some of their time on labor relations. A portion of their cost is allocated based on FTE's.

CC City Council – City Council is the governing body of the City. They provide overall policy direction for City Departments as well as appropriating funds for the operation of the City. Council Services provides support to City Council.



# City of Albuquerque

**The People of  
Albuquerque**

**Mayor**  
Richard J. Berry

**City Council**  
Director of Council Services  
Jon Zaman

DST. 1 Ken Sanchez  
DST. 2 Isaac Benton  
DST. 3 Klarissa Peña  
DST. 4 Brad Winter  
DST. 5 Dan Lewis  
DST. 6 Pat Davis  
DST. 7 Diane Gibson  
DST. 8 Trudy Jones  
DST. 9 Don Harris

**City Clerk**  
Natalie Y. Howard

**Office of Inspector General**  
Peter Pacheco  
Acting

**Office of Internal Audit**  
Debra Yoshimura  
Director

**Administrative Hearing**  
Stanley Harada

**Chief Administrative Officer**  
Robert J. Perry

**Chief of Staff / Deputy Chief  
Administrative Officer**  
Gilbert A. Montañio

**Chief Operations Officer**  
Michael J. Riordan, P.E.

**Police**  
Gordon E. Eden, Jr.

**Emergency Preparedness**  
Roger Ebner

**Fire**  
David Downey

**Legal**  
Jessica M. Hernandez

**Human Resources**  
Mary Scott

**Economic Development**  
Gary Oppedahl

**Finance & Administrative  
Services**  
Lou Hoffman

**Mayor's Office**

**Communications Office**

**Department of Technology  
& Innovation**  
Peter Amba

**Innovation Delivery Team**

**Legislative Services &  
Grant Administration**

**Internal Government Affairs**

**Intergovernmental Affairs**

**Education Coordinator**

**Mayor's Designee to selected  
Boards & Commissions**

**Planning/Development**

**Animal Welfare**  
Paul Caster  
Acting

**Aviation**  
James Hinde

**Cultural Services**  
Dana Feldman

**Municipal Development**  
Melissa Lozoya, PE  
Acting

**Environmental Health**  
Mary Lou Leonard

**Family & Community Services**  
Doug Chaplin

**Parks & Recreation**  
Barbara Taylor

**Planning**  
Suzie Lubar

**Senior Affairs**  
Jorja Armijo-Brasher

**Solid Waste**  
John Soladay

**Transit**  
Bruce Rizzieri

Signature:

Robert J. Perry, Chief Administrative Officer

Updated January 12, 2016

## DESCRIPTION OF INTERNAL SERVICE FUNDS

**Overview:** Internal Service Funds are set up to be self-supporting funds that bill user departments for centralized services. Services provided include workers compensation, tort and other self-insurance, supply warehousing, vehicle maintenance and motor pool, group health and communication services. Internal services are not included in the Indirect Cost Allocation Plan. Rates are charged to each department based on an appropriate rate structure. Internal service funds are listed below with their overall rate structure explained in the attached Internal Service Charges document. All financial information is included in the Comprehensive Annual Financial Report.

**RISK MANAGEMENT FUND** - To account for the cost of providing Workers' Compensation, tort and other claims insurance coverage to City departments.

**SUPPLIES INVENTORY MANAGEMENT FUND** - To account for the cost of providing supplies, warehousing and inventory issuance services to City departments.

**FLEET MANAGEMENT FUND** - To account for the cost of providing vehicle maintenance and motor pool services to City departments.

**EMPLOYEE INSURANCE FUND** - To account for the cost of providing group health, dental, vision and life insurance to City employees.

**COMMUNICATIONS FUND** - To account for the cost of providing communication services to City departments.

## Internal Service Charges by Fund/Division for FY15

### Risk Fund - 705

#### **Workers Compensation**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Tort and Other**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Unemployment Compensation**

Rate: .54% assessed biweekly thru payroll

### Supplies Inventory Management Fund - 715

Different % used based on the type of inventory

17% For Stocked Inventory

8% Non- stocked items (JIT)

5% (JIT) consolidated billing office supply and uniforms.

### Fleet Fund - 725

#### **Maintenance:**

Labor charges

\$117 per hour

Parts

30% markup

Outside Maintenance

15% markup

#### **Fuel**

\$.155 per gallon markup

### Employee Insurance Fund - 735

Administrative Overhead Rate: .25% assessed biweekly thru payroll

Costs are based on actual premiums paid to vendors for medical, dental, vision and life insurance. Employees pay 20%, City pays 80% for medical, dental and vision coverage. The City pays for cost of basic life insurance for current actively employed staff.

### Communications Fund - 745

#### **Telephone**

#### Fixed Costs

Flat rate

\$2.39 per line

Maintenance

\$.90 per line

PBX

\$13.51 per month

Plaza Del Sol

\$18.5 per month

#### Variable and dependent upon channels

Voice T1

\$37.75 per month

Data T1, DSL

varies month to month

Long Distance

varies month to month

#### **Radio Maintenance**

Costs are recouped by an allocation process that reviews the last 18 months of costs for departments/entities who have used Radio Maintenance Services during that time frame. Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

#### **Network**

Based on Ports

\$5.25 per port

Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.



**City of Albuquerque, New Mexico**

**OMB Cost Allocation Plan**

**For Fiscal Year 2017**

**Based on Fiscal Year 2015 Costs**

**CERTIFICATE OF COST ALLOCATION PLAN**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal for Fiscal Year 2017 based on FY2015 costs are used to establish cost allocations or billings for fiscal year 2017 are allowable in accordance with the requirements of this Part and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: City of Albuquerque, NM

Signature: [Signature]

Name of Official: LOU HOFFMAN

Title: DIRECTOR

Date of Execution: 1/28/2016

**FY2017**

**Administrative Indirect Overhead Rates**

Indirect Cost Allocation Rates – Enterprise, Internal Service Funds and Special Revenue Funds	Admin Rate		Indirect Cost Allocation Rates – Grants (Personnel)	Rate	Indirect Cost Allocation Rates – Grants (Non Personnel) Rate
Air Quality	17.7%		Environmental Health – Air Quality	15.3%	8.7%
Aviation	13.7%		Cultural Affairs - Library	9.3%	4.3%
Sports Stadium*	55.2%		Fire	7.0%	4.2%
Parking	40.8%		Family & Community Svc	13.7%	2.7%
Solid Waste	15.8%		Solid Waste	13.1%	4.7%
Transit	26.1%		Transit	22.8%	9.1%
Golf Course**	10.0%		Parks & Recreation	11.9%	4.2%
Risk	30.6%		Planning	28.7%	15.7%
Supplies*	62.5%		Police/Emergency Management/CAO	9.8%	5.1%
Fleet	37.6%		Senior Affairs	23.7%	9.5%
Insurance & Benefits	13.1%		Senior Affairs - AAA Fund	9.2%	4.2%
Communications	15.4%		Insurance & Benefits	10.9%	n/a
			Information Technology Systems Division (ITSD)	28.4%	13.1%
Water Utility Authority	Billed Separately	\$ 459,353			

\* Adjusted rate based on budgeted wages

\*\* Per Jerry, we are going to leave at 10%

g. The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the nonprofit organization. The cognizant agency for indirect costs must make available copies of the agreement to all concerned Federal agencies.

h. If a dispute arises in a negotiation of an indirect cost rate between the cognizant agency for indirect costs and the nonprofit organization, the dispute must be resolved in accordance with the appeals procedures of the cognizant agency for indirect costs.

i. To the extent that problems are encountered among the Federal agencies in connection with the negotiation and approval process, OMB will lend assistance as required to resolve such problems in a timely manner.

#### D. Certification of Indirect (F&A) Costs

(1) Required Certification. No proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j. of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization.

(2) Each indirect cost rate proposal must be accompanied by a certification in the following form:

##### Certificate of Indirect (F&A) Costs

This is to certify that to the best of my knowledge and belief:

(1) I have reviewed the indirect (F&A) cost proposal submitted herewith;

(2) All costs included in this proposal [identify date] to establish billing or final indirect (F&A) costs rate for [identify period covered by rate] are allowable in accordance with the requirements of the Federal awards to which they apply and with Subpart E—Cost Principles of Part 200.

(3) This proposal does not include any costs which are unallowable under Subpart E—Cost Principles of Part 200 such as (without limitation): public relations costs, contributions and donations, entertainment costs, fines and penalties, lobbying costs, and defense of fraud proceedings; and

(4) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements.

I declare that the foregoing is true and correct.

Nonprofit Organization:

Signature:

Name of Official:

Title:

Date of Execution:

[78 FR 78608, Dec. 26, 2013, as amended at 80 FR 54410, Sept. 10, 2015]

#### Appendix V to Part 200—State/Local Governmentwide Central Service Cost Allocation Plans

##### A. General

1. Most governmental units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All costs and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

2. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services or at their Web site at <https://rates.psc.gov>.

##### B. Definitions

1. Agency or operating agency means an organizational unit or sub-division within a governmental unit that is responsible for the performance or administration of Federal awards or activities of the governmental unit.

2. Allocated central services means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. Billed central services means central services that are billed to benefitted agencies or programs on an individual fee-for-service

or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.

4. Cognizant agency for indirect costs is defined in §200.19 Cognizant agency for indirect costs of this Part. The determination of cognizant agency for indirect costs for states and local governments is described in section F.1, Negotiation and Approval of Central Service Plans.

5. Major local government means local government that receives more than \$100 million in direct Federal awards subject to this Part.

##### C. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central service costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in section E. Costs of central services omitted from the plan will not be reimbursed.

##### D. Submission Requirements

1. Each state will submit a plan to the Department of Health and Human Services for each year in which it claims central service costs under Federal awards. The plan should include (a) a projection of the next year's allocated central service cost (based either on actual costs for the most recently completed year or the budget projection for the coming year), and (b) a reconciliation of actual allocated central service costs to the estimated costs used for either the most recently completed year or the year immediately preceding the most recently completed year.

2. Each major local government is also required to submit a plan to its cognizant agency for indirect costs annually.

3. All other local governments claiming central service costs must develop a plan in accordance with the requirements described in this Part and maintain the plan and related supporting documentation for audit. These local governments are not required to submit their plans for Federal approval unless they are specifically requested to do so by the cognizant agency for indirect costs. Where a local government only receives funds as a subrecipient, the pass-through entity will be responsible for monitoring the subrecipient's plan.

4. All central service cost allocation plans will be prepared and, when required, submitted within six months prior to the beginning of each of the governmental unit's fiscal years in which it proposes to claim central

with a governmental unit. For indirect cost rates and departmental indirect cost allocation plans, the cognizant agency is the Federal agency with the largest dollar value of direct Federal awards with a governmental unit or component, as appropriate. Once designated as the cognizant agency for indirect costs, the Federal agency must remain so for a period of five years. In addition, the following Federal agencies continue to be responsible for the indicated governmental entities:

Department of Health and Human Services—Public assistance and state-wide cost allocation plans for all states (including the District of Columbia and Puerto Rico), state and local hospitals, libraries and health districts.

Department of the Interior—Indian tribal governments, territorial governments, and state and local park and recreational districts.

Department of Labor—State and local labor departments.

Department of Education—School districts and state and local education agencies.

Department of Agriculture—State and local agriculture departments.

Department of Transportation—State and local airport and port authorities and transit districts.

Department of Commerce—State and local economic development districts.

Department of Housing and Urban Development—State and local housing and development districts.

Environmental Protection Agency—State and local water and sewer districts.

## 2. Review

All proposed central service cost allocation plans that are required to be submitted will be reviewed, negotiated, and approved by the cognizant agency for indirect costs on a timely basis. The cognizant agency for indirect costs will review the proposal within six months of receipt of the proposal and either negotiate/approve the proposal or advise the governmental unit of the additional documentation needed to support/evaluate the proposed plan or the changes required to make the proposal acceptable. Once an agreement with the governmental unit has been reached, the agreement will be accepted and used by all Federal agencies, unless prohibited or limited by statute. Where a Federal awarding agency has reason to believe that special operating factors affecting its Federal awards necessitate special consideration, the funding agency will, prior to the time the plans are negotiated, notify the cognizant agency for indirect costs.

## 3. Agreement

The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the governmental unit. This agreement will be subject to re-opening if the agreement is subsequently found to violate a statute or the information upon which the plan was negotiated is later found to be materially incomplete or inaccurate. The results of the negotiation must be made available to all Federal agencies for their use.

## 4. Adjustments

Negotiated cost allocation plans based on a proposal later found to have included costs that: (a) are unallowable (i) as specified by law or regulation, (ii) as identified in subpart F, General Provisions for selected Items of Cost of this Part, or (iii) by the terms and conditions of Federal awards, or (b) are unallowable because they are clearly not allocable to Federal awards, must be adjusted, or a refund must be made at the option of the cognizant agency for indirect costs, including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations. Adjustments or cash refunds may include, at the option of the cognizant agency for indirect costs, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations. These adjustments or refunds are designed to correct the plans and do not constitute a reopening of the negotiation.

## G. Other Policies

### 1. Billed Central Service Activities

Each billed central service activity must separately account for all revenues (including imputed revenues) generated by the service, expenses incurred to furnish the service, and profit/loss.

### 2. Working Capital Reserves

Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable. A working capital reserve exceeding

60 calendar days may be approved by the cognizant agency for indirect costs in exceptional cases.

### 3. Carry-Forward Adjustments of Allocated Central Service Costs

Allocated central service costs are usually negotiated and approved for a future fiscal year on a "fixed with carry-forward" basis. Under this procedure, the fixed amounts for the future year covered by agreement are not subject to adjustment for that year. However, when the actual costs of the year involved become known, the differences between the fixed amounts previously approved and the actual costs will be carried forward and used as an adjustment to the fixed amounts established for a later year. This "carry-forward" procedure applies to all central services whose costs were fixed in the approved plan. However, a carry-forward adjustment is not permitted, for a central service activity that was not included in the approved plan, or for unallowable costs that must be reimbursed immediately.

### 4. Adjustments of Billed Central Services

Billing rates used to charge Federal awards must be based on the estimated costs of providing the services, including an estimate of the allocable central service costs. A comparison of the revenue generated by each billed service (including total revenues whether or not billed or collected) to the actual allowable costs of the service will be made at least annually, and an adjustment will be made for the difference between the revenue and the allowable costs. These adjustments will be made through one of the following adjustment methods: (a) a cash refund including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations to the Federal Government for the Federal share of the adjustment, (b) credits to the amounts charged to the individual programs, (c) adjustments to future billing rates, or (d) adjustments to allocated central service costs. Adjustments to allocated central services will not be permitted where the total amount of the adjustment for a particular service (Federal share and non-Federal) share exceeds \$500,000. Adjustment methods may include, at the option of the cognizant agency, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations.

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/25/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NM0101L6B001500  
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of Albuquerque

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

	<b>c. Organizational DUNS:</b>	615720401	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**County:** Bernalillo

**State:** New Mexico

**Country:** United States

**Zip / Postal Code:** 87102

### e. Organizational Unit (optional)

**Department Name:** Family and Community Services

**Division Name:** Community Development

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

**Prefix:** Ms.

**First Name:** Heidilizi  
**Middle Name:**  
**Last Name:** Jordan  
**Suffix:**  
**Title:** Community Outreach Coordinator  
**Organizational Affiliation:** City of Albuquerque  
**Telephone Number:** (505) 768-2844  
**Extension:**  
**Fax Number:** (505) 768-3204  
**Email:** hljordan@cabq.gov



## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government  
**If "Other" please specify:**

**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-6000-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**16. Congressional District(s):**

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

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

**17. Proposed Project**

a. **Start Date:** 07/01/2017

b. **End Date:** 06/30/2018

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

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Doug

**Middle Name:**

**Last Name:** Chaplin

**Suffix:**

**Title:** Director, Department of Family and Community Services

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

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

**Email:** dchaplin@cabq.gov

**Applicant:** City of Albuquerque

140042297

**Project:** Rapid ReHousing - City of Albuquerque

144570

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

**Date Signed:** 08/25/2016

## 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: \$878,749**

Organization	Type	Sub-Award Amount
Barrett Foundation	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$160,782
Catholic Charities	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$309,374
SAFE House	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$408,593

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** Barrett Foundation

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**



**c. Employer or Tax Identification Number:** 85-0336208

	<b>* d. Organizational DUNS:</b>	612415927	<b>PLUS 4</b>	
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**e. Physical Address**

**Street 1:** 103000 Constitution Ave. NE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87112

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

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

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

**i. Expected Sub-Award Amount:** \$160,782

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Connie

**Middle Name:**

**Last Name:** Chavez

**Suffix:**

**Title:** Executive Director

**E-mail Address:** CChavez@barrettfoundation.org

**Confirm E-mail Address:** CChavez@barrettfoundation.org

**Phone Number:** 505-246-9244

**Extension:** 101

**Fax Number:** 505-246-9272

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

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### a. Organization Name: Catholic Charities

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 85-0110070

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

**Street 1:** 3301 Candelaria NE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87107

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

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

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

**i. Expected Sub-Award Amount:** \$309,374

**j. Contact Person**

**Prefix:** Mr.

**First Name:** James

**Middle Name:**

**Last Name:** Walker

**Suffix:**

**Title:** Housing Director

**E-mail Address:** walkerj@ccasfnm.org

**Confirm E-mail Address:** walkerj@ccasfnm.org  
**Phone Number:** 505-724-4611  
**Extension:**  
**Fax Number:**

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

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other

than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** SAFE House

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 85-0247473

	<b>* d. Organizational DUNS:</b>	602115305	<b>PLUS 4</b>	
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**e. Physical Address**

**Street 1:** 400 Elm

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87102

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

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

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

**i. Expected Sub-Award Amount:** \$408,593

**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.

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

This is a first time renewal and the grant will end on 6/30/2017

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

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** No

**Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.**

This is a first time renewal that has not completed its first quarter yet.

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



## 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** NM0101L6B001500

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

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

**2b. CoC Collaborative Applicant Name:** City of Albuquerque

**3. Project Name:** Rapid ReHousing - City of Albuquerque

**4. Project Status:** Standard

**5. Component Type:** PH

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

## 3B. Project Description

### Instructions:

#### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

#### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

**FOR SSO PROJECTS ONLY**

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

**FOR SSO COORDINATED ENTRY PROJECTS ONLY**

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

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

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

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

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

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

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

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

Other:

**3. Housing First**

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

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

Having too little or little income	<input checked="checked" type="checkbox"/>
Active or history of substance abuse	<input checked="checked" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="checked" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

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

**4. Does the PH project provide PSH or RRH?** RRH

**4a. Does the project request costs under the rental assistance budget line item?** Yes

**4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

**Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Monthly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Monthly
Child Care	Non-Partner	Daily
Education Services	Non-Partner	As needed

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Non-Partner	As needed
Subrecipient	Monthly
Non-Partner	As needed
Subrecipient	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Subrecipient	As needed
Subrecipient	As needed

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

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

**2b. Use of a single application form for four or more mainstream programs?** Yes



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

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

**3a. 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:** 48

**Total Beds:** 108

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	48	108		

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project's grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**a. Units:** 48

**b. Beds:** 108

**3. Address**

**Street 1:**

**Street 2:**

**City:**

**State:** New Mexico

**ZIP Code:**

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

350012 Albuquerque

## 5A. Project Participants - Households

### Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	40	8	0	48
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
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**Applicant:** City of Albuquerque

140042297

**Project:** Rapid ReHousing - City of Albuquerque

144570

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

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	5	0	5	15	5	0	10
Adults ages 18-24	0	0	0	2	0	2	5	2	0	5
Children under age 18	0			0	0	0	0	0	0	60
Total Persons	0	0	0	7	0	7	20	7	0	75

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	1	0	1	4	0	0	2
Adults ages 18-24	0	0	0	1	0	1	1	1	0	1
Total Persons	0	0	0	2	0	2	5	1	0	3

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

### Describe the unlisted subpopulations referred to above:

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

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

25%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages



## 6A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

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

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** 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:**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	\$26,513

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



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

**5. Renewal Grant Term:** 1 Year

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

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

## 6D. 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:		\$623,952	
Total Units:		48	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	48	\$623,952

## Rental Assistance Budget Detail

### Instructions:

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

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

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select "Yes" from the dropdown for this question. The project applicant will then have the ability to enter an amount in the "HUD Paid Rent (applicant)" field that is less than the amount listed in the "FMR Area (applicant)" field. The following question is visible when PRA is selected:

**Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested. The number(s) listed should match the CoC's HUD-approved FY 2015 GIW.

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

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select "No" above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as "Actual".

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

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding "HUD Paid Rent" and by 12 months. If the applicant selected "No" above, the automatic calculation will be based on the FMR and not the "HUD Paid Rent."

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

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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	\$443	\$443	x	12	=	\$0
0 Bedroom		x	\$591	\$591	x	12	=	\$0
1 Bedroom	8	x	\$767	\$767	x	12	=	\$73,632
2 Bedrooms	20	x	\$941	\$941	x	12	=	\$225,840
3 Bedrooms	20	x	\$1,352	\$1,352	x	12	=	\$324,480
4 Bedrooms		x	\$1,643	\$1,643	x	12	=	\$0
5 Bedrooms		x	\$1,889	\$1,889	x	12	=	\$0
6 Bedrooms		x	\$2,136	\$2,136	x	12	=	\$0
7 Bedrooms		x	\$2,382	\$2,382	x	12	=	\$0
8 Bedrooms		x	\$2,629	\$2,629	x	12	=	\$0
9 Bedrooms		x	\$2,875	\$2,875	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	48							\$623,952
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$623,952

**Click the 'Save' button to automatically calculate totals.**

## 6E. Supportive Services Budget

### Instructions:

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

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

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

**Annual Assistance Requested:** This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the CoC's HUD-approved FY 2016 GIW.

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

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Equivalent 5.5 FTE Case Managers Salar/Wages and Benefits	\$227,404
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	88 Bus Passes for Catholic Charities program participation	\$880
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$228,284
Grant Term		1 Year
Total Request for Grant Term		\$228,284

**Click the 'Save' button to automatically calculate totals.**

## 6H. 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:				\$226,315	
Total Value of In-Kind Commitments:				\$0	
Total Value of All Commitments:				\$226,315	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City General Fund...	08/11/2016	\$159,213
Yes	Cash	Private	Private Donors - ...	08/02/2016	\$10,000
Yes	Cash	Private	Cash Donations (C...	08/01/2016	\$25,183
Yes	Cash	Government	NM Mortgage Finan...	06/22/2016	\$23,177
Yes	Cash	Government	CYFD (SAFE House)	06/22/2016	\$8,742



## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

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

**5. Date of Written Commitment:** 08/11/2016

**6. Value of Written Commitment:** \$159,213

## Sources of Match Detail

### Instructions:

Renewal Project Application FY2016	Page 45	09/22/2016
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Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Private Donors - Investment Account (Barrett)  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/02/2016
- 6. Value of Written Commitment:** \$10,000

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field

that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** Cash Donations (Catholic Charities)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 08/01/2016

**6. Value of Written Commitment:** \$25,183

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The

Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** NM Mortgage Finance Authority (SAFE House)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 06/22/2016

**6. Value of Written Commitment:** \$23,177

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and

include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6l. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** CYFD (SAFE House)  
(Be as specific as possible and include the office or grant program as applicable)

**5. Date of Written Commitment:** 06/22/2016

**6. Value of Written Commitment:** \$8,742

## 6I. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$623,952

**Applicant:** City of Albuquerque

140042297

**Project:** Rapid ReHousing - City of Albuquerque

144570

<b>3. Supportive Services</b>	\$228,284
<b>4. Operating</b>	\$0
<b>5. HMIS</b>	\$0
<b>6. Sub-total Costs Requested</b>	\$852,236
<b>7. Admin (Up to 10%)</b>	\$53,025
<b>8. Total Assistance plus Admin Requested</b>	\$905,261
<b>9. Cash Match</b>	\$226,315
<b>10. In-Kind Match</b>	\$0
<b>11. Total Match</b>	\$226,315
<b>12. Total Budget</b>	\$1,131,576

## 7A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Docu...	08/12/2016
2) Other Attachment	No	Match Documentation	08/12/2016
3) Other Attachment	No	Cost Allocation Plan	08/12/2016



## Attachment Details

**Document Description:** Subrecipient Documentation

## Attachment Details

**Document Description:** Match Documentation

## Attachment Details

**Document Description:** Cost Allocation Plan

## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Doug Chaplin

**Date:** 08/25/2016

**Title:** Director, Department of Family and Community Services

**Applicant Organization:** City of Albuquerque

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

**I certify that I have been duly authorized by** ☒

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

## 8B Submission Summary

Page	Last Updated
1A. Application Type	08/08/2016
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/25/2016
1E. Compliance	08/08/2016
1F. Declaration	08/08/2016
2A. Subrecipients	08/08/2016
2B. Recipient Performance	08/11/2016

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<b>3A. Project Detail</b>	08/08/2016
<b>3B. Description</b>	08/12/2016
<b>4A. Services</b>	08/12/2016
<b>4B. Housing Type</b>	08/09/2016
<b>5A. Households</b>	08/09/2016
<b>5B. Subpopulations</b>	08/09/2016
<b>5C. Outreach</b>	08/09/2016
<b>6A. Funding Request</b>	08/23/2016
<b>6D. Rental Assistance</b>	08/09/2016
<b>6E. Supp. Srvcs. Budget</b>	08/09/2016
<b>6H. Match</b>	08/12/2016
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/12/2016
<b>7B. Certification</b>	08/24/2016

**CITY OF ALBUQUERQUE, NEW MEXICO  
OMB COST ALLOCATION PLAN  
FOR FISCAL YEAR 2017  
Based on FY2015 costs**

**INTRODUCITON**

The City of Albuquerque, New Mexico, submits this federal Office of Management and Budget (OMB) cost allocation plan as a document to support the City's indirect overhead rates charged to federal awards in the City's Operating Grant Funds for Fiscal Year 2017 beginning July 1, 2016.

This plan utilized the principles and guidelines outlined in the Federal Register of the Office of Management and Budget regulations 2CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

This plan restricts the costs allocated to only those costs allowed by the federal government in accordance with the 2 CFR part 200 Subpart E: Cost Principles. The application of these principles is based on the fundamental premises that:

1. Governmental units are responsible for the efficient and effective administration of Federal awards through the application of sound management practices and can provide adequate documentation of costs.
2. Governmental units assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program, objectives and the terms and conditions of the Federal award.

To be allowable under Federal awards, costs must meet the following general criteria as stated the Uniform Administrative Requirements CFR 200 Part 200 Subpart E:

1. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.
2. Be allocable to Federal awards under the provisions of CFR200 Subpart E.
3. Be authorized or not prohibited under State and Local Laws or Regulations.
4. Conform to any limitations or exclusions set forth in these principles, Federal Laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.
5. Be consistent with policies, regulations and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
6. Be accorded consistent accounting treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect costs.
7. Except as otherwise provided for in this Circular (CFR 200), be determined in accordance with generally accepted accounting principles.
8. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.
9. Be the net of all applicable credits
10. Be adequately documented.

## PLAN PREPARATION

The preparation of this plan involves three basic steps:

1. Identification of the services and the costs of each service to be claimed.
2. Determination of the method for allocating the cost of each service to user departments.
3. Mathematical allocation of those costs to the user Departments or Divisions in the form of a single formal comprehensive plan.

## ALLOCATION METHODS

This plan allocates efforts of central service programs using several allocation methods in order to best match the efforts expended with the beneficiaries of those efforts.

There are two categories of allocation methods, a direct allocation and a general allocation. A direct allocation to the user department is supported when work is done specifically for that department. A general allocation to all user departments occurs when the work that is done cannot be identified to a specific department, but instead benefits all user departments who share similar characteristics. The most prevalent example of a general allocation is to distribute costs to user departments based upon the full time equivalents (FTEs) in each department.

The information for direct allocations comes from the central service programs themselves, while the statistical information for general allocations is derived from running queries on the source year using Oracle and Cognos software.

The two primary general allocation methods, besides FTEs, are allocations based on the count of a certain type of transaction in the general ledger and allocations of building costs based on occupied square footage.

Types of transactions that are used for allocations based on count, and the type of effort allocated using each count include 1) accounts payable transactions for central service activities involved in purchasing and the payment of invoices 2) accounts receivable transactions for central service activities involved in cash handling and the recording of receipts into the City's bank accounts.

Allocations of building costs are done without consideration given to the common areas of a building. The premise is that each tenant in that building must bear a share of the costs of the common areas. For example, if the common areas of a building comprise 10 % of the total square footage of that building, then the tenants comprising 90 % of the space are allocated 100 % of the costs of that building.

## NON-ALLOCABLES

Some of the allocations include an allocation to a user department called "Non Allocables".

The purpose of this Plan is to determine an indirect overhead rate for grantee user departments, therefore, and allocation that goes other than to a central service program or a grantee user department is a non allocable. A non allocable is a cost that will not be recovered by the General Fund based upon this Plan.

In an effort to reduce the time needed to prepare this Plan, we took the FY2016 Full Cost Plan and excluded the Central Service Departments not allowable (Mayor's Office, City Council, Litigation). The reader will see user departments other than grantee user departments receiving allocations. No indirect overhead rate for these other user departments is calculated in Schedule F of this Plan. These other user departments represent 1) the enterprise and internal service fund user departments in the Full Cost Plan



4. The first central service department allocates all of the new charges to the other departments lower on the hierarchy.
5. The second central service department allocates all of the new charges to the third central service department and the operating departments. This third department being made up of all the service departments below the second central service department.
6. The third and subsequent central service departments allocate all of the new charges from previous allocations to the operating department thus completing the allocation process.

#### **OTHER NOTES**

Inserted into the detail section of the Plan are narrative summaries of each central service program. These narratives precede the worksheets showing the mathematical allocation of costs for that particular central service program. The narratives describe the specific method(s) used to allocate service costs and provide additional information intended to assist the reader in understanding what service this central service program provides and why the particular allocation method(s) used were chosen.

The allocated service costs are summarized in the City's Comprehensive Annual Financial Report. The report can be found by accessing the following link:

<http://documents.cabq.gov/budget/cafr/comprehensive-annual-financial-report-2015.pdf>.

Questions regarding this plan should be directed to the preparer listed below and the Financial Reporting Section of the Accounting Division – Department of Finance & Administrative Services.

#### **PREPARED BY:**

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City Controller  
City of Albuquerque  
Phone: (505) 768-3508

Gerald Romero  
Budget Officer  
City of Albuquerque  
Phone: (505) 768-3370

Stephanie Manzanares  
Budget Analyst  
City of Albuquerque  
Phone: (505) 768-3115

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## DESCRIPTION OF CENTRAL SERVICE DEPARTMENTS

**CC Building Usage** – Building costs in lieu of depreciation for City Hall, City/County Building @ 50%, N 4<sup>th</sup> City Yards, Law Enforcement Center @50%, Pino Yards, Plaza Del Sol, and Records Warehouse. The purchase price is divided over the useful life of the building. The allowance includes an allocation of 3.3% of the cost of the buildings in lieu of depreciation.

**CC Equipment Usage** – The equipment use allowance is claimed on certain equipment in lieu of depreciation. This rate is comparable to straight line depreciation computed with a useful life of 5 years for vehicles and computers and 15 years for other equipment. Equipment usage is calculated solely on fixed assets purchased by central service programs. The total cost of assets purchased by the central service program is divided by the useful life of the asset category. The total cost is derived from a query that identifies depreciation by custodial department.

**CC Finance and Administrative Services** – This department manages the personnel working under F&A. F&A includes IT, Accounting, ERP, Treasury, Fleet, Risk, Budget, Purchasing and Real Property. In FY2015 Real Property and IT services were moved out of DFAS. Appropriate changes will be made in the next update.

**CC Accounting** – This program provides accounting services to all city departments. Included is the processing of revenue, expenditures and general ledger transactions, distribution of data reports, preparation of financial reports, including reporting to the Federal and State Governments on various grants. Services include Payroll, Accounts Payable, Accounts Receivable, Accounting and Grants. Included in this cost allocation plan is the Fiscal Agent Support fees provided to Treasury.

**CC IT Strategic Support, Infrastructure and Applications** – This program is responsible for maintaining the City's centralized computing infrastructure. This includes computer infrastructure support including system and network services, integration, maintenance and support of the City's information Systems. It also includes a division that focuses on providing reports to end users.

**CC F&A ERP** – This program is responsible for the technical and functional support of the PeopleSoft system to City departments.

**CC Purchasing** – This program provides the City's central purchasing function. Major activities include writing and reviewing contracts, reviewing specifications, soliciting, receiving of bids and quotations, processing purchase order requisitions and purchase orders. They also provide office services function.

**CC MD – Facilities Security, Energy Management, Building Maintenance** – This activity provides security to Pino Yards, Plaza Del Sol, City/County Building, and the law enforcement center. Security Services are also provided to some Grantee departments. The estimated cost is excluded from the CC allocation. Further allocation is done based on square feet. Building Maintenance is responsible for maintaining all

allocates the cost of the record keeping responsibilities. Hearing Officers are included in the City Clerk Department. Hearing Officers spent some of their time on labor relations. A portion of their cost is allocated based on FTE's.

CC City Council – City Council is the governing body of the City. They provide overall policy direction for City Departments as well as appropriating funds for the operation of the City. Council Services provides support to City Council.



# City of Albuquerque

**The People of  
Albuquerque**

**Mayor**  
Richard J. Berry

**City Council**  
Director of Council Services  
Jon Zaman

DST. 1 Ken Sanchez  
DST. 2 Isaac Benton  
DST. 3 Klarissa Peña  
DST. 4 Brad Winter  
DST. 5 Dan Lewis  
DST. 6 Pat Davis  
DST. 7 Diane Gibson  
DST. 8 Trudy Jones  
DST. 9 Don Harris

**City Clerk**  
Natalie Y. Howard

**Office of Inspector General**  
Peter Pacheco  
Acting

**Office of Internal Audit**  
Debra Yoshimura  
Director

**Administrative Hearing**  
Stanley Harada

**Chief Administrative Officer**  
Robert J. Perry

**Chief of Staff / Deputy Chief  
Administrative Officer**  
Gilbert A. Montañño

**Chief Operations Officer**  
Michael J. Riordan, P.E.

**Police**  
Gordon E. Eden, Jr.

**Emergency Preparedness**  
Roger Ebner

**Fire**  
David Downey

**Legal**  
Jessica M. Hernandez

**Human Resources**  
Mary Scott

**Economic Development**  
Gary Oppedahl

**Finance & Administrative  
Services**  
Lou Hoffman

**Mayor's Office**

**Communications Office**

**Department of Technology  
& Innovation**  
Peter Amba

**Innovation Delivery Team**

**Legislative Services &  
Grant Administration**

**Internal Government Affairs**

**Intergovernmental Affairs**

**Education Coordinator**

**Mayor's Designee to selected  
Boards & Commissions**

**Planning/Development**

**Animal Welfare**  
Paul Caster  
Acting

**Aviation**  
James Hinde

**Cultural Services**  
Dana Feldman

**Municipal Development**  
Melissa Lozoya, PE  
Acting

**Environmental Health**  
Mary Lou Leonard

**Family & Community Services**  
Doug Chaplin

**Parks & Recreation**  
Barbara Taylor

**Planning**  
Suzie Lubar

**Senior Affairs**  
Jorja Armijo-Brasher

**Solid Waste**  
John Soladay

**Transit**  
Bruce Rizzieri

Signature:

Robert J. Perry, Chief Administrative Officer

Updated January 12, 2016

## DESCRIPTION OF INTERNAL SERVICE FUNDS

**Overview:** Internal Service Funds are set up to be self-supporting funds that bill user departments for centralized services. Services provided include workers compensation, tort and other self-insurance, supply warehousing, vehicle maintenance and motor pool, group health and communication services. Internal services are not included in the Indirect Cost Allocation Plan. Rates are charged to each department based on an appropriate rate structure. Internal service funds are listed below with their overall rate structure explained in the attached Internal Service Charges document. All financial information is included in the Comprehensive Annual Financial Report.

**RISK MANAGEMENT FUND** - To account for the cost of providing Workers' Compensation, tort and other claims insurance coverage to City departments.

**SUPPLIES INVENTORY MANAGEMENT FUND** - To account for the cost of providing supplies, warehousing and inventory issuance services to City departments.

**FLEET MANAGEMENT FUND** - To account for the cost of providing vehicle maintenance and motor pool services to City departments.

**EMPLOYEE INSURANCE FUND** - To account for the cost of providing group health, dental, vision and life insurance to City employees.

**COMMUNICATIONS FUND** - To account for the cost of providing communication services to City departments.

## Internal Service Charges by Fund/Division for FY15

### Risk Fund - 705

#### **Workers Compensation**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Tort and Other**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Unemployment Compensation**

Rate: .54% assessed biweekly thru payroll

### Supplies Inventory Management Fund - 715

Different % used based on the type of inventory

17% For Stocked Inventory

8% Non- stocked items (JIT)

5% (JIT) consolidated billing office supply and uniforms.

### Fleet Fund - 725

#### **Maintenance:**

Labor charges

\$117 per hour

Parts

30% markup

Outside Maintenance

15% markup

#### **Fuel**

\$.155 per gallon markup

### Employee Insurance Fund - 735

Administrative Overhead Rate: .25% assessed biweekly thru payroll

Costs are based on actual premiums paid to vendors for medical, dental, vision and life insurance. Employees pay 20%, City pays 80% for medical, dental and vision coverage. The City pays for cost of basic life insurance for current actively employed staff.

### Communications Fund - 745

#### **Telephone**

#### Fixed Costs

Flat rate

\$2.39 per line

Maintenance

\$.90 per line

PBX

\$13.51 per month

Plaza Del Sol

\$18.5 per month

#### Variable and dependent upon channels

Voice T1

\$37.75 per month

Data T1, DSL

varies month to month

Long Distance

varies month to month

#### **Radio Maintenance**

Costs are recouped by an allocation process that reviews the last 18 months of costs for departments/entities who have used Radio Maintenance Services during that time frame. Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

#### **Network**

Based on Ports

\$5.25 per port

Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

**City of Albuquerque, New Mexico**

**OMB Cost Allocation Plan**

**For Fiscal Year 2017**

**Based on Fiscal Year 2015 Costs**

**CERTIFICATE OF COST ALLOCATION PLAN**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal for Fiscal Year 2017 based on FY2015 costs are used to establish cost allocations or billings for fiscal year 2017 are allowable in accordance with the requirements of this Part and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: City of Albuquerque, NM

Signature: [Signature]

Name of Official: LOU HOFFMAN

Title: DIRECTOR

Date of Execution: 1/28/2016

**FY2017**

**Administrative Indirect Overhead Rates**

Indirect Cost Allocation Rates – Enterprise, Internal Service Funds and Special Revenue Funds	Admin Rate		Indirect Cost Allocation Rates – Grants (Personnel)	Rate	Indirect Cost Allocation Rates – Grants (Non Personnel) Rate
Air Quality	17.7%		Environmental Health – Air Quality	15.3%	8.7%
Aviation	13.7%		Cultural Affairs - Library	9.3%	4.3%
Sports Stadium*	55.2%		Fire	7.0%	4.2%
Parking	40.8%		Family & Community Svc	13.7%	2.7%
Solid Waste	15.8%		Solid Waste	13.1%	4.7%
Transit	26.1%		Transit	22.8%	9.1%
Golf Course**	10.0%		Parks & Recreation	11.9%	4.2%
Risk	30.6%		Planning	28.7%	15.7%
Supplies*	62.5%		Police/Emergency Management/CAO	9.8%	5.1%
Fleet	37.6%		Senior Affairs	23.7%	9.5%
Insurance & Benefits	13.1%		Senior Affairs - AAA Fund	9.2%	4.2%
Communications	15.4%		Insurance & Benefits	10.9%	n/a
			Information Technology Systems Division (ITSD)	28.4%	13.1%
Water Utility Authority	Billed Separately	\$ 459,353			

\* Adjusted rate based on budgeted wages

\*\* Per Jerry, we are going to leave at 10%



g. The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the nonprofit organization. The cognizant agency for indirect costs must make available copies of the agreement to all concerned Federal agencies.

h. If a dispute arises in a negotiation of an indirect cost rate between the cognizant agency for indirect costs and the nonprofit organization, the dispute must be resolved in accordance with the appeals procedures of the cognizant agency for indirect costs.

i. To the extent that problems are encountered among the Federal agencies in connection with the negotiation and approval process, OMB will lend assistance as required to resolve such problems in a timely manner.

#### D. Certification of Indirect (F&A) Costs

(1) Required Certification. No proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j. of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization.

(2) Each indirect cost rate proposal must be accompanied by a certification in the following form:

##### Certificate of Indirect (F&A) Costs

This is to certify that to the best of my knowledge and belief:

(1) I have reviewed the indirect (F&A) cost proposal submitted herewith;

(2) All costs included in this proposal [identify date] to establish billing or final indirect (F&A) costs rate for [identify period covered by rate] are allowable in accordance with the requirements of the Federal awards to which they apply and with Subpart E—Cost Principles of Part 200.

(3) This proposal does not include any costs which are unallowable under Subpart E—Cost Principles of Part 200 such as (without limitation): public relations costs, contributions and donations, entertainment costs, fines and penalties, lobbying costs, and defense of fraud proceedings; and

(4) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements.

I declare that the foregoing is true and correct.

Nonprofit Organization:

Signature:

Name of Official:

Title:

Date of Execution:

[78 FR 78608, Dec. 26, 2013, as amended at 80 FR 54410, Sept. 10, 2015]

#### Appendix V to Part 200—State/Local Governmentwide Central Service Cost Allocation Plans

##### A. General

1. Most governmental units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All costs and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

2. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services or at their Web site at <https://rates.psc.gov>.

##### B. Definitions

1. Agency or operating agency means an organizational unit or sub-division within a governmental unit that is responsible for the performance or administration of Federal awards or activities of the governmental unit.

2. Allocated central services means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. Billed central services means central services that are billed to benefitted agencies or programs on an individual fee-for-service

or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.

4. Cognizant agency for indirect costs is defined in §200.19 Cognizant agency for indirect costs of this Part. The determination of cognizant agency for indirect costs for states and local governments is described in section F.1, Negotiation and Approval of Central Service Plans.

5. Major local government means local government that receives more than \$100 million in direct Federal awards subject to this Part.

##### C. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central service costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in section E. Costs of central services omitted from the plan will not be reimbursed.

##### D. Submission Requirements

1. Each state will submit a plan to the Department of Health and Human Services for each year in which it claims central service costs under Federal awards. The plan should include (a) a projection of the next year's allocated central service cost (based either on actual costs for the most recently completed year or the budget projection for the coming year), and (b) a reconciliation of actual allocated central service costs to the estimated costs used for either the most recently completed year or the year immediately preceding the most recently completed year.

2. Each major local government is also required to submit a plan to its cognizant agency for indirect costs annually.

3. All other local governments claiming central service costs must develop a plan in accordance with the requirements described in this Part and maintain the plan and related supporting documentation for audit. These local governments are not required to submit their plans for Federal approval unless they are specifically requested to do so by the cognizant agency for indirect costs. Where a local government only receives funds as a subrecipient, the pass-through entity will be responsible for monitoring the subrecipient's plan.

4. All central service cost allocation plans will be prepared and, when required, submitted within six months prior to the beginning of each of the governmental unit's fiscal years in which it proposes to claim central

with a governmental unit. For indirect cost rates and departmental indirect cost allocation plans, the cognizant agency is the Federal agency with the largest dollar value of direct Federal awards with a governmental unit or component, as appropriate. Once designated as the cognizant agency for indirect costs, the Federal agency must remain so for a period of five years. In addition, the following Federal agencies continue to be responsible for the indicated governmental entities:

Department of Health and Human Services—Public assistance and state-wide cost allocation plans for all states (including the District of Columbia and Puerto Rico), state and local hospitals, libraries and health districts.

Department of the Interior—Indian tribal governments, territorial governments, and state and local park and recreational districts.

Department of Labor—State and local labor departments.

Department of Education—School districts and state and local education agencies.

Department of Agriculture—State and local agriculture departments.

Department of Transportation—State and local airport and port authorities and transit districts.

Department of Commerce—State and local economic development districts.

Department of Housing and Urban Development—State and local housing and development districts.

Environmental Protection Agency—State and local water and sewer districts.

## 2. Review

All proposed central service cost allocation plans that are required to be submitted will be reviewed, negotiated, and approved by the cognizant agency for indirect costs on a timely basis. The cognizant agency for indirect costs will review the proposal within six months of receipt of the proposal and either negotiate/approve the proposal or advise the governmental unit of the additional documentation needed to support/evaluate the proposed plan or the changes required to make the proposal acceptable. Once an agreement with the governmental unit has been reached, the agreement will be accepted and used by all Federal agencies, unless prohibited or limited by statute. Where a Federal awarding agency has reason to believe that special operating factors affecting its Federal awards necessitate special consideration, the funding agency will, prior to the time the plans are negotiated, notify the cognizant agency for indirect costs.

## 3. Agreement

The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the governmental unit. This agreement will be subject to re-opening if the agreement is subsequently found to violate a statute or the information upon which the plan was negotiated is later found to be materially incomplete or inaccurate. The results of the negotiation must be made available to all Federal agencies for their use.

## 4. Adjustments

Negotiated cost allocation plans based on a proposal later found to have included costs that: (a) are unallowable (i) as specified by law or regulation, (ii) as identified in subpart F, General Provisions for selected Items of Cost of this Part, or (iii) by the terms and conditions of Federal awards, or (b) are unallowable because they are clearly not allocable to Federal awards, must be adjusted, or a refund must be made at the option of the cognizant agency for indirect costs, including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations. Adjustments or cash refunds may include, at the option of the cognizant agency for indirect costs, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations. These adjustments or refunds are designed to correct the plans and do not constitute a reopening of the negotiation.

## G. Other Policies

### 1. Billed Central Service Activities

Each billed central service activity must separately account for all revenues (including imputed revenues) generated by the service, expenses incurred to furnish the service, and profit/loss.

### 2. Working Capital Reserves

Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable. A working capital reserve exceeding

60 calendar days may be approved by the cognizant agency for indirect costs in exceptional cases.

### 3. Carry-Forward Adjustments of Allocated Central Service Costs

Allocated central service costs are usually negotiated and approved for a future fiscal year on a "fixed with carry-forward" basis. Under this procedure, the fixed amounts for the future year covered by agreement are not subject to adjustment for that year. However, when the actual costs of the year involved become known, the differences between the fixed amounts previously approved and the actual costs will be carried forward and used as an adjustment to the fixed amounts established for a later year. This "carry-forward" procedure applies to all central services whose costs were fixed in the approved plan. However, a carry-forward adjustment is not permitted, for a central service activity that was not included in the approved plan, or for unallowable costs that must be reimbursed immediately.

### 4. Adjustments of Billed Central Services

Billing rates used to charge Federal awards must be based on the estimated costs of providing the services, including an estimate of the allocable central service costs. A comparison of the revenue generated by each billed service (including total revenues whether or not billed or collected) to the actual allowable costs of the service will be made at least annually, and an adjustment will be made for the difference between the revenue and the allowable costs. These adjustments will be made through one of the following adjustment methods: (a) a cash refund including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations to the Federal Government for the Federal share of the adjustment, (b) credits to the amounts charged to the individual programs, (c) adjustments to future billing rates, or (d) adjustments to allocated central service costs. Adjustments to allocated central services will not be permitted where the total amount of the adjustment for a particular service (Federal share and non-Federal) share exceeds \$500,000. Adjustment methods may include, at the option of the cognizant agency, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations.

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Type of Submission:** Application

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

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

**If "Other", specify:**

**3. Date Received:** 08/25/2016

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** NM0017L6B001508  
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of Albuquerque

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

	<b>c. Organizational DUNS:</b>	615720401	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**County:** Bernalillo

**State:** New Mexico

**Country:** United States

**Zip / Postal Code:** 87102

### e. Organizational Unit (optional)

**Department Name:** Family and Community Services

**Division Name:** Community Development

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

**Prefix:** Ms.

**First Name:** Heidilizi

**Middle Name:**

**Last Name:** Jordan

**Suffix:**

**Title:** Community Outreach Coordinator

**Organizational Affiliation:** City of Albuquerque

**Telephone Number:** (505) 768-2844

**Extension:**

**Fax Number:** (505) 768-3204

**Email:** hljordan@cabq.gov

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government  
**If "Other" please specify:**

**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-6000-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**16. Congressional District(s):**

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

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

**17. Proposed Project**

a. **Start Date:** 10/01/2017

b. **End Date:** 09/30/2018

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



**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Doug

**Middle Name:**

**Last Name:** Chaplin

**Suffix:**

**Title:** Director, Department of Family and Community Services

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

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

**Email:** dchaplin@cabq.gov

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**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/25/2016

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$134,436**

Organization	Type	Sub-Award Amount
St. Martin's Hospitality Center	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$87,978
Crossroads for Women	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$46,458

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**a. Organization Name:** St. Martin's Hospitality Center

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

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

	<b>* d. Organizational DUNS:</b>	182589663	<b>PLUS 4</b>	5215
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**e. Physical Address**

**Street 1:** 1201 Third St. NW

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**Zip Code:** 87102

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

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

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

**i. Expected Sub-Award Amount:** \$87,978

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Melissa

**Middle Name:**

**Last Name:** Fox

**Suffix:**

**Title:** Grant Writer/Development Specialist

**E-mail Address:** mfox@smhc-nm.org

**Confirm E-mail Address:** mfox@smhc-nm.org

**Phone Number:** 505-242-4399

**Extension:** 254

**Fax Number:**

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

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

**If Other, please specify:** Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### a. Organization Name: Crossroads for Women



**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 85-0448641

	* d. Organizational DUNS:	625356428	PLUS 4	
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**e. Physical Address**

**Street 1:** 805 Tijeras Ave. 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:** \$46,458

**j. Contact Person**

**Prefix:** Ms.

**First Name:** KC

**Middle Name:**

**Last Name:** Quirk

**Suffix:**

**Title:** Executive Director

**E-mail Address:** exec.dir@crossroadsabq.org

**Confirm E-mail Address:** exec.dir@crossroadsabq.org

**Phone Number:** 505-242-1010

**Extension:**

**Fax Number:**

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

## 2B. Recipient Performance

### Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (\*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes
- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No
- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes
- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

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

The FY14 grant was extended until 9/30/16 and should be fully expended. The FY13 grant is the most recently expired grant term. There were several reasons the grant underspent its FY13 grant. These issues have been resolved and the grant is on track to spend all of its FY14 grant by the grant end date. One reason is that one of the sub-recipients served more people under their other grants than anticipated, which meant they underspent the leasing funds in the City grant. Ending 4/30/15 this grant also underspent its admin funds (for the first time) due to the City not being able to drawdown in LOCCS on the time line that matches with HUD and the City's new grant accounting system. The City implemented a new grant accounting system through People Soft on 7/1/15. City's grant accounting staff has now been trained and will ensure that the City's grant accounting timeline matches with HUD drawdown timeline to ensure that all CoC admin monies are drawn in LOCCS in a timely manner.

## 3A. Project Detail

### Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** NM0017L6B001508

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

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

**2b. CoC Collaborative Applicant Name:** City of Albuquerque

**3. Project Name:** Transitional Housing - City of Albuquerque

**4. Project Status:** Standard

**5. Component Type:** TH

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

## 3B. Project Description

### Instructions:

#### ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(s) to identify the project's population focus.

#### PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a "Housing First" approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select "none of the above" if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and "Yes" or "No" will indicate if the project is using the Housing First approach to house program participants.

#### PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select "PSH" if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select "RRH" if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

#### PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

#### RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on

the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. "Yes" should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

**FOR SSO PROJECTS ONLY**

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

**FOR SSO COORDINATED ENTRY PROJECTS ONLY**

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

This project provides transitional housing to homeless men and women who are in recovery from mental illness and substance abuse.

This project has two sub-recipients - Crossroads for Women and St. Martin's Hospitality Center (SMHC). Crossroads for Women will use the funds to lease a facility based transitional housing program for women with dual diagnosis who have a history with the criminal justice system. This is allowed under 24 CFR 578.93, which says that the transitional housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex. Crossroad's facility has shared bedrooms and shared bathing facilities which makes it appropriate, for privacy and safety reasons, to limit the housing to women. SMHC uses these funds to lease a facility-based transitional housing program for homeless men and women who have a dual diagnosis and are in recovery.

Each sub-recipient provides case management services to help their clients with services and encouragement to ensure their clients succeed. Case managers help clients apply for mainstream benefits and work towards



increasing their income through education, training and employment.

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

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

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

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

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

Other:

**3. Housing First**

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

**3b. Does the project ensure that participants are not screened out based**

**on the following items? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found 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

**4. Does the project request costs under the rental assistance budget line item?** No

## 4A. Supportive Services for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.

- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.

- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.

- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, 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
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Subrecipient	Monthly
	As needed
Subrecipient	Monthly
	As needed

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

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



**2b. Use of a single application form for four or more mainstream programs?** Yes

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

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

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

## 4B. Housing Type and Location

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

**Total Units:** 17

**Total Beds:** 31

**Total Youth Beds:** 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Clustered apartments	10	20	0	
Clustered apartments	7	11	0	

## 4B. Housing Type and Location Detail

### Instructions:

#### ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project's grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Housing Type:** Clustered apartments

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

**a. Units:** 10

**b. Beds:** 20

**3. Beds for Youth**

**a. How many of the total beds entered in 0**  
**"2b. Beds" are dedicated to the youth?**

**4. Address:**

**Street 1:** 528 San Pablo SE

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87108

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

350012 Albuquerque

## **4B. Housing Type and Location Detail**

### **Instructions:**

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

#### PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

#### ALL PROJECTS EXCEPT HMIS

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

**Select the geographic area(s) associated with the address:** This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Housing Type: Clustered apartments

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

**a. Units:** 7

**b. Beds:** 11

### 3. Beds for Youth

**a. How many of the total beds entered in "2b. Beds" are dedicated to the youth?** 0

### 4. Address:

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**Street 1:** 716 and 720 Vassar

**Street 2:**

**City:** Albuquerque

**State:** New Mexico

**ZIP Code:** 87106

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

350012 Albuquerque

## 5A. Project Participants - Households

### Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

<b>Households</b>	<b>Households with at Least One Adult and One Child</b>	<b>Adult Households without Children</b>	<b>Households with Only Children</b>	<b>Total</b>
<b>Total Number of Households</b>	0	31	0	31
<b>Characteristics</b>	<b>Persons in Households with at Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
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**Applicant:** City of Albuquerque

140042297

**Project:** Transitional Housing - City of Albuquerque

138175

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

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

**Persons in Households with at least one Adult and One Child chart:** Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

**Persons in Households without Children chart:** Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children chart:** Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

**Total Persons:** All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	28	0	28	15	0	0	0
Adults ages 18-24	0	0	0	3	0	3	0	0	0	0
Total Persons	0	0	0	31	0	31	15	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

25%	Directly from the street or other locations not meant for human habitation.
75%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)
0%	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
0%	Persons fleeing domestic violence.
100%	Total of above percentages

## 6A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC's Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select "Yes" or "No" from the dropdown menu.

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

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen "3A Project Detail." The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC's final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** 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:**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	\$4,546

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

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

**5. Renewal Grant Term:** 1 Year

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

Leased Units	<input type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input type="checkbox"/>



## 6C. Leased Structures Budget

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

Total Annual Assistance Request:	\$129,890
Grant Term:	1 Year
Total Request for Grant Term:	\$129,890
Total Structures:	2
<b>Structure Name</b>	
Hope House	
Casa de Phoenix	

## Leased Structure(s) Budget Detail

### Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

HUD Paid Rent (Annual): This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

Grant Term: This field is populated with the value "1 Year" and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**Structure Name:** Hope House  
**Street Address 1:** 716 and 720 Vassar  
**Street Address 2:**  
**City:** Albuquerque  
**State:** New Mexico  
**Zip Code:** 87106

* HUD Paid Rent (Annual):	\$44,185
Grant Term:	1 Year
Total Request for Grant Term:	\$44,185

**Click the 'Save' button to automatically calculate the Total Assistance Requested.**

## Leased Structure(s) Budget Detail

### Instructions:

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Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

**Structure Name:** This is a required field. Indicate the name of the structure for which funds are requested.

**Address:** Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

**HUD Paid Rent (Annual):** This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.


Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**Structure Name:** Casa de Phoenix  
**Street Address 1:** 528 San Pablo SE  
**Street Address 2:**  
**City:** Albuquerque  
**State:** New Mexico  
**Zip Code:** 87108

* HUD Paid Rent (Annual):	\$85,705
Grant Term:	1 Year
Total Request for Grant Term:	\$85,705

**Click the 'Save' button to automatically calculate the Total Assistance Requested.**

## 6H. 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:				\$2,273	
Total Value of In-Kind Commitments:				\$0	
Total Value of All Commitments:				\$2,273	
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City General Fund...	08/01/2016	\$2,273

## Sources of Match Detail

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen "6I. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

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

**5. Date of Written Commitment:** 08/01/2016

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

## 6I. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "7. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "6H. Sources of Match" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6H. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$129,890
2. Rental Assistance	\$0

**Applicant:** City of Albuquerque

140042297

**Project:** Transitional Housing - City of Albuquerque

138175

<b>3. Supportive Services</b>	\$0
<b>4. Operating</b>	\$0
<b>5. HMIS</b>	\$0
<b>6. Sub-total Costs Requested</b>	\$129,890
<b>7. Admin (Up to 10%)</b>	\$9,092
<b>8. Total Assistance plus Admin Requested</b>	\$138,982
<b>9. Cash Match</b>	\$2,273
<b>10. In-Kind Match</b>	\$0
<b>11. Total Match</b>	\$2,273
<b>12. Total Budget</b>	\$141,255

## 7A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit Documen...	10/19/2015
2) Other Attachment	No	Match Documentation	08/12/2016
3) Other Attachment	No	Cost Allocation Plan	08/12/2016



## Attachment Details

**Document Description:** Nonprofit Documentation of Subrecipients

## Attachment Details

**Document Description:** Match Documentation

## Attachment Details

**Document Description:** Cost Allocation Plan

## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Doug Chaplin

**Date:** 08/25/2016

**Title:** Director, Department of Family and Community Services

**Applicant Organization:** City of Albuquerque

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

**I certify that I have been duly authorized by**

X

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

## 8B Submission Summary

Page	Last Updated	
1A. Application Type	08/11/2016	
1B. Legal Applicant	No Input Required	
1C. Application Details	No Input Required	
1D. Congressional District(s)	08/25/2016	
1E. Compliance	08/11/2016	
1F. Declaration	08/11/2016	
2A. Subrecipients	08/11/2016	
2B. Recipient Performance	08/11/2016	
3A. Project Detail	08/11/2016	
Renewal Project Application FY2016	Page 51	09/22/2016

<b>3B. Description</b>	08/11/2016
<b>4A. Services</b>	08/11/2016
<b>4B. Housing Type</b>	08/12/2016
<b>5A. Households</b>	08/11/2016
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/11/2016
<b>6A. Funding Request</b>	08/23/2016
<b>6C. Leased Structures</b>	08/11/2016
<b>6H. Match</b>	08/12/2016
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/12/2016
<b>7B. Certification</b>	08/25/2016

**CITY OF ALBUQUERQUE, NEW MEXICO  
OMB COST ALLOCATION PLAN  
FOR FISCAL YEAR 2017  
Based on FY2015 costs**

**INTRODUCITON**

The City of Albuquerque, New Mexico, submits this federal Office of Management and Budget (OMB) cost allocation plan as a document to support the City's indirect overhead rates charged to federal awards in the City's Operating Grant Funds for Fiscal Year 2017 beginning July 1, 2016.

This plan utilized the principles and guidelines outlined in the Federal Register of the Office of Management and Budget regulations 2CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

This plan restricts the costs allocated to only those costs allowed by the federal government in accordance with the 2 CFR part 200 Subpart E: Cost Principles. The application of these principles is based on the fundamental premises that:

1. Governmental units are responsible for the efficient and effective administration of Federal awards through the application of sound management practices and can provide adequate documentation of costs.
2. Governmental units assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program, objectives and the terms and conditions of the Federal award.

To be allowable under Federal awards, costs must meet the following general criteria as stated the Uniform Administrative Requirements CFR 200 Part 200 Subpart E:

1. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.
2. Be allocable to Federal awards under the provisions of CFR200 Subpart E.
3. Be authorized or not prohibited under State and Local Laws or Regulations.
4. Conform to any limitations or exclusions set forth in these principles, Federal Laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.
5. Be consistent with policies, regulations and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
6. Be accorded consistent accounting treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect costs.
7. Except as otherwise provided for in this Circular (CFR 200), be determined in accordance with generally accepted accounting principles.
8. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.
9. Be the net of all applicable credits
10. Be adequately documented.

## PLAN PREPARATION

The preparation of this plan involves three basic steps:

1. Identification of the services and the costs of each service to be claimed.
2. Determination of the method for allocating the cost of each service to user departments.
3. Mathematical allocation of those costs to the user Departments or Divisions in the form of a single formal comprehensive plan.

## ALLOCATION METHODS

This plan allocates efforts of central service programs using several allocation methods in order to best match the efforts expended with the beneficiaries of those efforts.

There are two categories of allocation methods, a direct allocation and a general allocation. A direct allocation to the user department is supported when work is done specifically for that department. A general allocation to all user departments occurs when the work that is done cannot be identified to a specific department, but instead benefits all user departments who share similar characteristics. The most prevalent example of a general allocation is to distribute costs to user departments based upon the full time equivalents (FTEs) in each department.

The information for direct allocations comes from the central service programs themselves, while the statistical information for general allocations is derived from running queries on the source year using Oracle and Cognos software.

The two primary general allocation methods, besides FTEs, are allocations based on the count of a certain type of transaction in the general ledger and allocations of building costs based on occupied square footage.

Types of transactions that are used for allocations based on count, and the type of effort allocated using each count include 1) accounts payable transactions for central service activities involved in purchasing and the payment of invoices 2) accounts receivable transactions for central service activities involved in cash handling and the recording of receipts into the City's bank accounts.

Allocations of building costs are done without consideration given to the common areas of a building. The premise is that each tenant in that building must bear a share of the costs of the common areas. For example, if the common areas of a building comprise 10 % of the total square footage of that building, then the tenants comprising 90 % of the space are allocated 100 % of the costs of that building.

## NON-ALLOCABLES

Some of the allocations include an allocation to a user department called "Non Allocables".

The purpose of this Plan is to determine an indirect overhead rate for grantee user departments, therefore, and allocation that goes other than to a central service program or a grantee user department is a non allocable. A non allocable is a cost that will not be recovered by the General Fund based upon this Plan.

In an effort to reduce the time needed to prepare this Plan, we took the FY2016 Full Cost Plan and excluded the Central Service Departments not allowable (Mayor's Office, City Council, Litigation). The reader will see user departments other than grantee user departments receiving allocations. No indirect overhead rate for these other user departments is calculated in Schedule F of this Plan. These other user departments represent 1) the enterprise and internal service fund user departments in the Full Cost Plan



4. The first central service department allocates all of the new charges to the other departments lower on the hierarchy.
5. The second central service department allocates all of the new charges to the third central service department and the operating departments. This third department being made up of all the service departments below the second central service department.
6. The third and subsequent central service departments allocate all of the new charges from previous allocations to the operating department thus completing the allocation process.

#### **OTHER NOTES**

Inserted into the detail section of the Plan are narrative summaries of each central service program. These narratives precede the worksheets showing the mathematical allocation of costs for that particular central service program. The narratives describe the specific method(s) used to allocate service costs and provide additional information intended to assist the reader in understanding what service this central service program provides and why the particular allocation method(s) used were chosen.

The allocated service costs are summarized in the City's Comprehensive Annual Financial Report. The report can be found by accessing the following link:

<http://documents.cabq.gov/budget/cafr/comprehensive-annual-financial-report-2015.pdf>.

Questions regarding this plan should be directed to the preparer listed below and the Financial Reporting Section of the Accounting Division – Department of Finance & Administrative Services.

#### **PREPARED BY:**

Pamela S. Fanelli  
City Controller  
City of Albuquerque  
Phone: (505) 768-3508

Gerald Romero  
Budget Officer  
City of Albuquerque  
Phone: (505) 768-3370

Stephanie Manzanares  
Budget Analyst  
City of Albuquerque  
Phone: (505) 768-3115

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## DESCRIPTION OF CENTRAL SERVICE DEPARTMENTS

**CC Building Usage** – Building costs in lieu of depreciation for City Hall, City/County Building @ 50%, N 4<sup>th</sup> City Yards, Law Enforcement Center @50%, Pino Yards, Plaza Del Sol, and Records Warehouse. The purchase price is divided over the useful life of the building. The allowance includes an allocation of 3.3% of the cost of the buildings in lieu of depreciation.

**CC Equipment Usage** – The equipment use allowance is claimed on certain equipment in lieu of depreciation. This rate is comparable to straight line depreciation computed with a useful life of 5 years for vehicles and computers and 15 years for other equipment. Equipment usage is calculated solely on fixed assets purchased by central service programs. The total cost of assets purchased by the central service program is divided by the useful life of the asset category. The total cost is derived from a query that identifies depreciation by custodial department.

**CC Finance and Administrative Services** – This department manages the personnel working under F&A. F&A includes IT, Accounting, ERP, Treasury, Fleet, Risk, Budget, Purchasing and Real Property. In FY2015 Real Property and IT services were moved out of DFAS. Appropriate changes will be made in the next update.

**CC Accounting** – This program provides accounting services to all city departments. Included is the processing of revenue, expenditures and general ledger transactions, distribution of data reports, preparation of financial reports, including reporting to the Federal and State Governments on various grants. Services include Payroll, Accounts Payable, Accounts Receivable, Accounting and Grants. Included in this cost allocation plan is the Fiscal Agent Support fees provided to Treasury.

**CC IT Strategic Support, Infrastructure and Applications** – This program is responsible for maintaining the City's centralized computing infrastructure. This includes computer infrastructure support including system and network services, integration, maintenance and support of the City's information Systems. It also includes a division that focuses on providing reports to end users.

**CC F&A ERP** – This program is responsible for the technical and functional support of the PeopleSoft system to City departments.

**CC Purchasing** – This program provides the City's central purchasing function. Major activities include writing and reviewing contracts, reviewing specifications, soliciting, receiving of bids and quotations, processing purchase order requisitions and purchase orders. They also provide office services function.

**CC MD – Facilities Security, Energy Management, Building Maintenance** – This activity provides security to Pino Yards, Plaza Del Sol, City/County Building, and the law enforcement center. Security Services are also provided to some Grantee departments. The estimated cost is excluded from the CC allocation. Further allocation is done based on square feet. Building Maintenance is responsible for maintaining all

allocates the cost of the record keeping responsibilities. Hearing Officers are included in the City Clerk Department. Hearing Officers spent some of their time on labor relations. A portion of their cost is allocated based on FTE's.

CC City Council – City Council is the governing body of the City. They provide overall policy direction for City Departments as well as appropriating funds for the operation of the City. Council Services provides support to City Council.



# City of Albuquerque

**The People of  
Albuquerque**

**Mayor**  
Richard J. Berry

**City Council**  
Director of Council Services  
Jon Zaman

DST. 1 Ken Sanchez  
DST. 2 Isaac Benton  
DST. 3 Klarissa Peña  
DST. 4 Brad Winter  
DST. 5 Dan Lewis  
DST. 6 Pat Davis  
DST. 7 Diane Gibson  
DST. 8 Trudy Jones  
DST. 9 Don Harris

**City Clerk**  
Natalie Y. Howard

**Office of Inspector General**  
Peter Pacheco  
Acting

**Office of Internal Audit**  
Debra Yoshimura  
Director

**Administrative Hearing**  
Stanley Harada

**Chief Administrative Officer**  
Robert J. Perry

**Chief of Staff / Deputy Chief  
Administrative Officer**  
Gilbert A. Montañio

**Chief Operations Officer**  
Michael J. Riordan, P.E.

**Police**  
Gordon E. Eden, Jr.

**Emergency Preparedness**  
Roger Ebner

**Fire**  
David Downey

**Legal**  
Jessica M. Hernandez

**Human Resources**  
Mary Scott

**Economic Development**  
Gary Oppedahl

**Finance & Administrative  
Services**  
Lou Hoffman

**Mayor's Office**

**Communications Office**

**Department of Technology  
& Innovation**  
Peter Amba

**Innovation Delivery Team**

**Legislative Services &  
Grant Administration**

**Internal Government Affairs**

**Intergovernmental Affairs**

**Education Coordinator**

**Mayor's Designee to selected  
Boards & Commissions**

**Planning/Development**

**Animal Welfare**  
Paul Caster  
Acting

**Aviation**  
James Hinde

**Cultural Services**  
Dana Feldman

**Municipal Development**  
Melissa Lozoya, PE  
Acting

**Environmental Health**  
Mary Lou Leonard

**Family & Community Services**  
Doug Chaplin

**Parks & Recreation**  
Barbara Taylor

**Planning**  
Suzie Lubar

**Senior Affairs**  
Jorja Armijo-Brasher

**Solid Waste**  
John Soladay

**Transit**  
Bruce Rizzieri

Signature:

Robert J. Perry, Chief Administrative Officer

Updated January 12, 2016

## DESCRIPTION OF INTERNAL SERVICE FUNDS

**Overview:** Internal Service Funds are set up to be self-supporting funds that bill user departments for centralized services. Services provided include workers compensation, tort and other self-insurance, supply warehousing, vehicle maintenance and motor pool, group health and communication services. Internal services are not included in the Indirect Cost Allocation Plan. Rates are charged to each department based on an appropriate rate structure. Internal service funds are listed below with their overall rate structure explained in the attached Internal Service Charges document. All financial information is included in the Comprehensive Annual Financial Report.

**RISK MANAGEMENT FUND** - To account for the cost of providing Workers' Compensation, tort and other claims insurance coverage to City departments.

**SUPPLIES INVENTORY MANAGEMENT FUND** - To account for the cost of providing supplies, warehousing and inventory issuance services to City departments.

**FLEET MANAGEMENT FUND** - To account for the cost of providing vehicle maintenance and motor pool services to City departments.

**EMPLOYEE INSURANCE FUND** - To account for the cost of providing group health, dental, vision and life insurance to City employees.

**COMMUNICATIONS FUND** - To account for the cost of providing communication services to City departments.

## Internal Service Charges by Fund/Division for FY15

### Risk Fund - 705

#### **Workers Compensation**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Tort and Other**

Costs are based on Cost of Risk Allocation (CORA). Allocation uses a 3 yr. history of claims paid. Also includes costs for fund overhead and is allocated based on experience and exposure of each program within a City Department

#### **Unemployment Compensation**

Rate: .54% assessed biweekly thru payroll

### Supplies Inventory Management Fund - 715

Different % used based on the type of inventory

17% For Stocked Inventory

8% Non- stocked items (JIT)

5% (JIT) consolidated billing office supply and uniforms.

### Fleet Fund - 725

#### **Maintenance:**

Labor charges

\$117 per hour

Parts

30% markup

Outside Maintenance

15% markup

#### **Fuel**

\$.155 per gallon markup

### Employee Insurance Fund - 735

Administrative Overhead Rate: .25% assessed biweekly thru payroll

Costs are based on actual premiums paid to vendors for medical, dental, vision and life insurance. Employees pay 20%, City pays 80% for medical, dental and vision coverage. The City pays for cost of basic life insurance for current actively employed staff.

### Communications Fund - 745

#### **Telephone**

#### Fixed Costs

Flat rate

\$2.39 per line

Maintenance

\$.90 per line

PBX

\$13.51 per month

Plaza Del Sol

\$18.5 per month

#### Variable and dependent upon channels

Voice T1

\$37.75 per month

Data T1, DSL

varies month to month

Long Distance

varies month to month

#### **Radio Maintenance**

Costs are recouped by an allocation process that reviews the last 18 months of costs for departments/entities who have used Radio Maintenance Services during that time frame. Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

#### **Network**

Based on Ports

\$5.25 per port

Amounts are appropriated for the following fiscal year and 1/12 transfers are processed monthly based on the appropriation or billed for outside agencies.

**City of Albuquerque, New Mexico**

**OMB Cost Allocation Plan**

**For Fiscal Year 2017**

**Based on Fiscal Year 2015 Costs**

**CERTIFICATE OF COST ALLOCATION PLAN**

This is to certify that I have reviewed the cost allocation plan submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal for Fiscal Year 2017 based on FY2015 costs are used to establish cost allocations or billings for fiscal year 2017 are allowable in accordance with the requirements of this Part and the Federal award(s) to which they apply. Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently.

I declare that the foregoing is true and correct.

Governmental Unit: City of Albuquerque, NM

Signature: [Signature]

Name of Official: LEN HOFFMAN

Title: DIRECTOR

Date of Execution: 1/28/2016

**FY2017**

**Administrative Indirect Overhead Rates**

Indirect Cost Allocation Rates – Enterprise, Internal Service Funds and Special Revenue Funds	Admin Rate		Indirect Cost Allocation Rates – Grants (Personnel)	Rate	Indirect Cost Allocation Rates – Grants (Non Personnel) Rate
Air Quality	17.7%		Environmental Health – Air Quality	15.3%	8.7%
Aviation	13.7%		Cultural Affairs - Library	9.3%	4.3%
Sports Stadium*	55.2%		Fire	7.0%	4.2%
Parking	40.8%		Family & Community Svc	13.7%	2.7%
Solid Waste	15.8%		Solid Waste	13.1%	4.7%
Transit	26.1%		Transit	22.8%	9.1%
Golf Course**	10.0%		Parks & Recreation	11.9%	4.2%
Risk	30.6%		Planning	28.7%	15.7%
Supplies*	62.5%		Police/Emergency Management/CAO	9.8%	5.1%
Fleet	37.6%		Senior Affairs	23.7%	9.5%
Insurance & Benefits	13.1%		Senior Affairs - AAA Fund	9.2%	4.2%
Communications	15.4%		Insurance & Benefits	10.9%	n/a
			Information Technology Systems Division (ITSD)	28.4%	13.1%
Water Utility Authority	Billed Separately	\$ 459,353			

\* Adjusted rate based on budgeted wages

\*\* Per Jerry, we are going to leave at 10%



g. The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the nonprofit organization. The cognizant agency for indirect costs must make available copies of the agreement to all concerned Federal agencies.

h. If a dispute arises in a negotiation of an indirect cost rate between the cognizant agency for indirect costs and the nonprofit organization, the dispute must be resolved in accordance with the appeals procedures of the cognizant agency for indirect costs.

i. To the extent that problems are encountered among the Federal agencies in connection with the negotiation and approval process, OMB will lend assistance as required to resolve such problems in a timely manner.

#### D. Certification of Indirect (F&A) Costs

(1) Required Certification. No proposal to establish indirect (F&A) cost rates must be acceptable unless such costs have been certified by the non-profit organization using the Certificate of Indirect (F&A) Costs set forth in section j. of this appendix. The certificate must be signed on behalf of the organization by an individual at a level no lower than vice president or chief financial officer for the organization.

(2) Each indirect cost rate proposal must be accompanied by a certification in the following form:

##### Certificate of Indirect (F&A) Costs

This is to certify that to the best of my knowledge and belief:

(1) I have reviewed the indirect (F&A) cost proposal submitted herewith;

(2) All costs included in this proposal [identify date] to establish billing or final indirect (F&A) costs rate for [identify period covered by rate] are allowable in accordance with the requirements of the Federal awards to which they apply and with Subpart E—Cost Principles of Part 200.

(3) This proposal does not include any costs which are unallowable under Subpart E—Cost Principles of Part 200 such as (without limitation): public relations costs, contributions and donations, entertainment costs, fines and penalties, lobbying costs, and defense of fraud proceedings; and

(4) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements.

I declare that the foregoing is true and correct.

Nonprofit Organization:

Signature:

Name of Official:

Title:

Date of Execution:

[78 FR 78608, Dec. 26, 2013, as amended at 80 FR 54410, Sept. 10, 2015]

#### Appendix V to Part 200—State/Local Governmentwide Central Service Cost Allocation Plans

##### A. General

1. Most governmental units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All costs and other data used to distribute the costs included in the plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

2. Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State, Local and Indian Tribal Governments: Cost Principles and Procedures for Developing Cost Allocation Plans and Indirect Cost Rates for Agreements with the Federal Government." A copy of this brochure may be obtained from the HHS Cost Allocation Services or at their Web site at <https://rates.psc.gov>.

##### B. Definitions

1. Agency or operating agency means an organizational unit or sub-division within a governmental unit that is responsible for the performance or administration of Federal awards or activities of the governmental unit.

2. Allocated central services means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.

3. Billed central services means central services that are billed to benefitted agencies or programs on an individual fee-for-service

or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.

4. Cognizant agency for indirect costs is defined in §200.19 Cognizant agency for indirect costs of this Part. The determination of cognizant agency for indirect costs for states and local governments is described in section F.1, Negotiation and Approval of Central Service Plans.

5. Major local government means local government that receives more than \$100 million in direct Federal awards subject to this Part.

##### C. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central service costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in section E. Costs of central services omitted from the plan will not be reimbursed.

##### D. Submission Requirements

1. Each state will submit a plan to the Department of Health and Human Services for each year in which it claims central service costs under Federal awards. The plan should include (a) a projection of the next year's allocated central service cost (based either on actual costs for the most recently completed year or the budget projection for the coming year), and (b) a reconciliation of actual allocated central service costs to the estimated costs used for either the most recently completed year or the year immediately preceding the most recently completed year.

2. Each major local government is also required to submit a plan to its cognizant agency for indirect costs annually.

3. All other local governments claiming central service costs must develop a plan in accordance with the requirements described in this Part and maintain the plan and related supporting documentation for audit. These local governments are not required to submit their plans for Federal approval unless they are specifically requested to do so by the cognizant agency for indirect costs. Where a local government only receives funds as a subrecipient, the pass-through entity will be responsible for monitoring the subrecipient's plan.

4. All central service cost allocation plans will be prepared and, when required, submitted within six months prior to the beginning of each of the governmental unit's fiscal years in which it proposes to claim central

with a governmental unit. For indirect cost rates and departmental indirect cost allocation plans, the cognizant agency is the Federal agency with the largest dollar value of direct Federal awards with a governmental unit or component, as appropriate. Once designated as the cognizant agency for indirect costs, the Federal agency must remain so for a period of five years. In addition, the following Federal agencies continue to be responsible for the indicated governmental entities:

Department of Health and Human Services—Public assistance and state-wide cost allocation plans for all states (including the District of Columbia and Puerto Rico), state and local hospitals, libraries and health districts.

Department of the Interior—Indian tribal governments, territorial governments, and state and local park and recreational districts.

Department of Labor—State and local labor departments.

Department of Education—School districts and state and local education agencies.

Department of Agriculture—State and local agriculture departments.

Department of Transportation—State and local airport and port authorities and transit districts.

Department of Commerce—State and local economic development districts.

Department of Housing and Urban Development—State and local housing and development districts.

Environmental Protection Agency—State and local water and sewer districts.

## 2. Review

All proposed central service cost allocation plans that are required to be submitted will be reviewed, negotiated, and approved by the cognizant agency for indirect costs on a timely basis. The cognizant agency for indirect costs will review the proposal within six months of receipt of the proposal and either negotiate/approve the proposal or advise the governmental unit of the additional documentation needed to support/evaluate the proposed plan or the changes required to make the proposal acceptable. Once an agreement with the governmental unit has been reached, the agreement will be accepted and used by all Federal agencies, unless prohibited or limited by statute. Where a Federal awarding agency has reason to believe that special operating factors affecting its Federal awards necessitate special consideration, the funding agency will, prior to the time the plans are negotiated, notify the cognizant agency for indirect costs.

## 3. Agreement

The results of each negotiation must be formalized in a written agreement between the cognizant agency for indirect costs and the governmental unit. This agreement will be subject to re-opening if the agreement is subsequently found to violate a statute or the information upon which the plan was negotiated is later found to be materially incomplete or inaccurate. The results of the negotiation must be made available to all Federal agencies for their use.

## 4. Adjustments

Negotiated cost allocation plans based on a proposal later found to have included costs that: (a) are unallowable (i) as specified by law or regulation, (ii) as identified in subpart F, General Provisions for selected Items of Cost of this Part, or (iii) by the terms and conditions of Federal awards, or (b) are unallowable because they are clearly not allocable to Federal awards, must be adjusted, or a refund must be made at the option of the cognizant agency for indirect costs, including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations. Adjustments or cash refunds may include, at the option of the cognizant agency for indirect costs, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations. These adjustments or refunds are designed to correct the plans and do not constitute a reopening of the negotiation.

## G. Other Policies

### 1. Billed Central Service Activities

Each billed central service activity must separately account for all revenues (including imputed revenues) generated by the service, expenses incurred to furnish the service, and profit/loss.

### 2. Working Capital Reserves

Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable. A working capital reserve exceeding

60 calendar days may be approved by the cognizant agency for indirect costs in exceptional cases.

### 3. Carry-Forward Adjustments of Allocated Central Service Costs

Allocated central service costs are usually negotiated and approved for a future fiscal year on a "fixed with carry-forward" basis. Under this procedure, the fixed amounts for the future year covered by agreement are not subject to adjustment for that year. However, when the actual costs of the year involved become known, the differences between the fixed amounts previously approved and the actual costs will be carried forward and used as an adjustment to the fixed amounts established for a later year. This "carry-forward" procedure applies to all central services whose costs were fixed in the approved plan. However, a carry-forward adjustment is not permitted, for a central service activity that was not included in the approved plan, or for unallowable costs that must be reimbursed immediately.

### 4. Adjustments of Billed Central Services

Billing rates used to charge Federal awards must be based on the estimated costs of providing the services, including an estimate of the allocable central service costs. A comparison of the revenue generated by each billed service (including total revenues whether or not billed or collected) to the actual allowable costs of the service will be made at least annually, and an adjustment will be made for the difference between the revenue and the allowable costs. These adjustments will be made through one of the following adjustment methods: (a) a cash refund including earned or imputed interest from the date of transfer and debt interest, if applicable, chargeable in accordance with applicable Federal cognizant agency for indirect costs regulations to the Federal Government for the Federal share of the adjustment, (b) credits to the amounts charged to the individual programs, (c) adjustments to future billing rates, or (d) adjustments to allocated central service costs. Adjustments to allocated central services will not be permitted where the total amount of the adjustment for a particular service (Federal share and non-Federal) share exceeds \$500,000. Adjustment methods may include, at the option of the cognizant agency, earned or imputed interest from the date of expenditure and delinquent debt interest, if applicable, chargeable in accordance with applicable cognizant agency claims collection regulations.

## Before Starting the Project Application

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2016 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2016 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2016 CoC Program NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/24/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 CoC Planning Project Application" from the left-menu bar. For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of Albuquerque

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

	<b>c. Organizational DUNS:</b>	615720401	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 400 Marquette NW

**Street 2:**

**City:** Albuquerque

**County:** Bernalillo

**State:** New Mexico

**Country:** United States

**Zip / Postal Code:** 87102

### e. Organizational Unit (optional)

**Department Name:** Family and Community Services

**Division Name:** Community Development

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

**Prefix:** Ms.

**First Name:** Heidilizi

**Middle Name:**

**Last Name:** Jordan  
**Suffix:**  
**Title:** Community Outreach Coordinator  
**Organizational Affiliation:** City of Albuquerque  
**Telephone Number:** (505) 768-2844  
**Extension:**  
**Fax Number:** (505) 768-3204  
**Email:** hljordan@cabq.gov

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 CoC Planning Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government

**If "Other" please specify:**

**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-6000-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

**Proposed Project Start and End Dates:** In this required field, , indicate the estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

**16. Congressional District(s):**

a. Applicant: NM-001

b. Project: NM-001

(for multiple selections hold CTRL+Key)

**17. Proposed Project**

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

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

a. Federal:



- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

**Is Application Subject to Review by State Executive Order 12372 Process:** In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

**Is the Applicant Delinquent on any Federal Debt:** In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

- 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. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**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:** Doug

**Middle Name:**

**Last Name:** Chaplin

**Suffix:**

**Title:**

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

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

**Email:** dchaplin@cabq.gov

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**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/24/2016

## 2A. Project Detail

### Instructions:

**CoC Number and Name:** Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

**CoC Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC Planning grant. In most cases, there will only be one name from which to choose. Make sure to select the correct applicant name.

**Project Name:** This is pre-populated from the "Project" form and cannot be edited.

**Component Type:** This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**1a. CoC Number and Name:** NM-500 - Albuquerque CoC

**1b. Collaborative Applicant Name:** City of Albuquerque

**2. Project Name:** Albuquerque CoC Planning Project

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

### Instructions:

Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

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

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

- 1) Hold monthly CoC Membership meetings with published agendas and written meeting minutes;
- 2) Update the CoC Governance Charter and invite new members to join the CoC at least annually;
- 3) Oversee election of the Albuquerque CoC board based on the written process in CoC Governance Charter and hold quarterly Albuquerque CoC Board Meetings;
- 4) Appoint additional workgroups as needed, including the Independent Review Committee;
- 6) Establish appropriate performance targets, monitor recipient/subrecipient performance, evaluate outcomes, and take action against poor performers for all CoC and ESG projects;
- 7) 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;
- 8) Conduct on site monitoring visits of all CoC and ESG recipients using a standard monitoring protocol. Monitoring visits will include a review of utilization

rates, housing stability, income and mainstream benefits outcomes, compliance with CoC regulations and CoC Common Standards;

9) Continue implementation of the NM Coordinated Assessment System;

10) Update Common Standards for Administering CoC Assistance as needed in coordination with the statewide Coordinated Assessment System and ESG recipients.

11) Continue implementation the 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;

12) Plan for and conduct, at least biennially, a point-in-time count;

13) Conduct an annual gaps analysis of the homeless needs and services available within the Albuquerque CoC;

14) Provide information required to complete the Consolidated Plan within the CoC's geographic area;

15) Consult with ESG program recipients within the Continuum's geographic area on the plan for allocating ESG program funds and report on and evaluate the performance of ESG program recipients and subrecipients;

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 Albuquerque CoC is compliant will 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 their income, obtain mainstream benefits and achieve housing stability. This includes coordinating CoC wide SOAR activities, such as SOAR trainings and the SOAR steering committee.

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

July 1, 2017 is the anticipated start date for project. The following activities will take place starting in the first quarter of the grant and will take place each quarter throughout the grant year:

CoC Board and CoC Membership continues to meet regularly;

Develop/implement strategies for using Coordinated Assessment to most effectively address/assess gaps in housing and services; Conduct CoC and ESG monitoring visits to assess whether projects are complying with regulations and HUD priorities (approximately ¼ of all CoC and ESG agencies will be monitored each quarter with the goal of monitoring all agencies by the end of the grant year); Provide 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 Assessment System, including additional access points and improving the common assessment tool.

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

July 1 - September 30, 2017: CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for all FY17 renewals; IRC makes final evaluation, ranking and reallocation decision on FY17 renewal projects; IRC sets selection criteria for FY17 new projects, solicits new projects and selects new projects; Report System Performance Measures to HUD.

October 1 - December 31, 2017: FY17 CoC Application to HUD is completed and submitted; Plan the 2018 Sheltered PIT Count and Housing Inventory

January 1 - March 31, 2018: Plan and conduct 2018 Sheltered PIT Count and Housing Inventory; Begin preparing for FY18 CoC Application

April 1 to June 30, 2018: Report PIT and Housing Inventory data to HUD; Update Governance Charter; CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for all FY18 renewals;

This project will be managed by the Community Outreach Coordinator 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 the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The Albuquerque CoC review committee evaluates all CoC projects' performance annually using APR data, HUD audits, City of Albuquerque audits, and financial audits. If a project is low-performing, the review committee asks the project to submit a written plan for improving performance.

The planning funds will allow the City of Albuquerque to evaluate outcomes throughout the year, not just during the annual renewal evaluation process. The planning funds will also allow the City to actively help projects improve their outcomes and monitor their improvement throughout the year.

The planning funds will allow the City of Albuquerque to conduct monitoring visits of all CoC and ESG projects throughout the year. The City will prioritize monitoring visits based on the projects' outcomes and performance. Part of the visit will focus on the project's outcomes and how to improve those outcomes if needed. The planning funds will also allow the City or Albuquerque to provide ongoing technical assistance to projects with lower outcomes and to monitor their outcomes throughout the year.

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



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

## 3A. Governance and Operations

### Instructions

Screen 3A requires project applicants to detail important aspects of their CoC's governance structure and operations.

How often does the CoC conduct meetings of the full CoC membership? In this required field, select the appropriate dropdown option from the menu to indicate how often the CoC conducts meetings with the full CoC membership invited and largely accounted for.

Does the CoC include membership of a homeless or formerly homeless person? This is a required field. Select "Yes" or "No" to indicate whether or not the CoC membership includes at least one homeless or formerly homeless individual.

For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply): Select an option from the dropdown menu to indicate the roles that homeless or formerly homeless members play in the CoC.

Does the CoC's governance charter incorporate written policies and procedures for each of the following: Select "Yes" for each of the following if it is included in the CoC's governance charter. Select "No" for each of the following if is NOT included in the CoC's governance charter.

- a. Written agendas of CoC meetings?
- b. Coordinated Entry? (Also known as centralized or coordinated assessment)

\*Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter? This question will appear if no is selected for question "b" above.

- c. Process for monitoring outcomes of ESG recipients?
- d. CoC policies and procedures?
- e. Written process for board selection?
- f. Code of Conduct for board members that includes a recusal process?
- g. Written standards for administering assistance?

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? Select "Yes" if there were any written complaints, from any source, 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.

If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. This question will appear if "Yes" is selected for question 4 above. Remember to include how the complaint(s) was resolved and the date of resolution.

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

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

- a. Written agendas of CoC meetings? Yes
  - b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
  - c. Process for monitoring outcomes of ESG recipients? Yes
  - d. CoC policies and procedures? Yes
  - e. Written process for board selection? Yes
  - f. Code of Conduct for board members that includes a recusal process? Yes
  - g. Written standards for administering assistance? Yes
4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

## 3B. Committees

### Instructions

Screen 3B provides an opportunity for project applicants to list the CoC committees that meet regularly regarding CoC-wide planning and policy. Please list no more than five committees and choose those that have the broadest impact and/or that meet most frequently.

Committees: In the following table, provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role, the frequency of the meetings and name of individuals and/or organizations represented. Only include committees, subcommittees, and/or workgroups that are directly involved in CoC-wide planning and not the regular delivery of services.

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, 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.

Committee Name	Role of the Committee (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Independent Review Committee	This group solicits, selects and ranks new CoC projects. It also establishes evaluation criteria for renewal projects, evaluates renewal projects, determines whether to renew renewal projects, and ranks renewal projects. The committee members represent a diverse group of viewpoints. Members include representatives from homeless service providers, local government, and a person who has experienced homelessness. Together, the committee members understand the programmatic aspect of serving the homeless, but also understand our local plan to end homelessness.	Quarterly	Paul Lanier (Formerly Homeless), City of Albuquerque Department of Family and Community Services, NewDay Youth and Family Services, Tenderlove Community Center, NM Mortgage Finance Authority,
SOAR Steering Committee	The SOAR Steering Committee leads the implementation of the SSI/SSDI Outreach Access and Recovery model, which is a HUD supported model for helping homeless people with disabilities obtain SSI or SSDI. The CoC has prioritized SSI/SSDI as the mainstream resource we want to help homeless persons obtain, and the CoC has decided to do this through implementation of SOAR. The committee plans SOAR trainings and addresses challenges/issues with SOAR implementation	Monthly	Social Security Administration, Disability Determination Services, NM Coalition to End Homelessness, University of New Mexico Hospital, Heading Home, St. Martin's

HMIS Governing Committee	The HMIS Governing Committee addresses issues and strategies for the NM HMIS project in collaboration with the HMIS Project Staff. The committee oversees growth of agency participation, application upgrade priorities, and making changes based on user feedback. Committee members include representatives from homeless service providers that use HMIS, the HMIS Lead Agency, City of Albuquerque (CoC Lead Agency and ESG recipient) and the Mortgage Finance Authority (ESG recipient). This group has a technical understanding of the challenges of using HMIS, both from a user and reporting perspective. The group also has the technical knowledge and access to resources to address those challenges.	Quarterly	New Mexico Coalition to End Homelessness, Albuquerque Health Care for the Homeless, San Juan County Partnership, City of Albuquerque, Sue Campbell (formerly homeless), Mortgage Finance Authority
Veterans Case Conferencing Committee	The role of the Veteran Case Conferencing Committee is to coordinate city-wide efforts to end homelessness for veterans in Albuquerque by the end of 2016 . This committee meets monthly to review the by name list of homeless veterans and to develop a strategy to house the most vulnerable homeless veterans at the top of the list.	Monthly	New Mexico VA, New Mexico Coalition to End Homelessness, NM Veterans Integration Center SSVF and GPD, NM Goodwill Industries SSVF, Heading Home GPD, YWCA Henderson House GPD
Albuquerque Continuum of Care Board	The role of the CoC Board is to provide high-level oversight to the Continuum of Care. The Board nominates candidates for the IRC, monitors Albuquerque's progress in implementing the Albuquerque plan to end homelessness, represent the CoC in the community, monitors CoC membership and provides guidance on CoC related issues, such as converting transitional housing to rapid rehousing.	Quarterly	Paul Lanier (formerly homeless), CLNkids, Supportive Housing Coalition, City of ABQ/Bernalillo County PSH Program, Heading Home, City of ABQ Dept of Family and Community Services, New Day, SAFE House, Molina Health Care

## 4A. Sources of Match

### Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2016 Funding Notice, and the FY 2016 CoC Program NOFA for more detailed information concerning Match

Will this commitment be used towards Match? Select Match to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

**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:					\$41,465
Total Value of In-Kind Commitments:					\$0
Total Value of All Commitments:					\$41,465
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City General Funds	08/01/2016	\$41,465

## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** City General Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/01/2016
- 6. Value of Written Commitment:** \$41,465

## 4B. Funding Request

### Instructions:

Is it feasible for the project to be under grant agreement by September 30, 2018: Select "Yes" or "No" to indicate whether the grant agreement will be executed and the project will begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. A selection of "No" may result in the rejection of a project application during the HUD assessment. Further, if a CoC Planning award is not obligated with the grant execution by September 30, 2018, the conditional award will be terminated and the funds recaptured.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency?: Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a "Quantity AND Description" and amount of assistance for each activity for which funds are being requested. "Quantity AND Description" details should be thorough, and failure to enter adequate "Quantity AND Detail" may result in conditions being placed on an award and a delay of grant funding. Once a "Quantity AND Detail" and an amount have been entered into one or more of the items, click "Save" and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "4A. Sources of Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "4A. Sources of Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "4A. Sources of Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement. The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Will it be feasible for the project to be Yes

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**under grant agreement by September 30,  
2018?**

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

**3. Select a grant term:** 1 Year

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

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	.20 FTE Associate Director Salary/Wages and Benefits; .40 FTE CoC Project Coordinator Salary/Wages and Benefits; .10FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$45,000
<b>2. Project Evaluation</b>	.10 FTE Associate Director Salary/Wages and Benefits; .30 FTE CoC Project Coordinator Salary/Wages and Benefits; .10FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$30,000
<b>3. Project Monitoring Activities</b>	.15 FTE Associate Director Salary/Wages and Benefits; .55 FTE CoC Project Coordinator Salary/Wages and Benefits; .20FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$45,000
<b>4. Participation in the Consolidated Plan</b>	.05 FTE Associate Director Salary/Wages and Benefits; .05 FTE CoC Project Coordinator Salary/Wages and Benefits; .20 FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$10,858
<b>5. CoC Application Activities</b>	.10 FTE Associate Director Salary/Wages and Benefits; .25 FTE CoC Project Coordinator Salary/Wages and Benefits; .20FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$20,000
<b>6. Determining Geographical Area to Be Served by the CoC</b>		\$0
<b>7. Developing a CoC System</b>		\$0
<b>8. HUD Compliance Activities</b>	.10 FTE Executive Director Salary/Wages and Benefits, .05 FTE Associate Director Salary/Wages and Benefits; .10 FTE CoC Project Coordinator Salary/Wages and Benefits; .20FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$15,000
<b>Total Costs Requested</b>		\$165,858
<b>Cash Match</b>		\$41,465
<b>In-Kind Match</b>		\$0
<b>Total Match</b>		\$41,465
<b>Total Budget</b>		\$207,323

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

## 5A. Attachment(s)

**Instructions:**

Other Attachment(s): Attach any additional information supporting the project funding request.  
Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	NMCEH NonProfit D...	08/12/2016
2. Other Attachment(s)	No	Match Documentation	08/12/2016

## Attachment Details

**Document Description:** NMCEH NonProfit Designation

## Attachment Details

**Document Description:** Match Documentation

## 5B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

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

### **Additional for Rental Assistance Projects:**

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

### **B. For non-Rental Assistance Projects Only.**

#### **20-Year Operation Rule.**

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

#### **1-Year Operation Rule.**

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

### **C. For Rental Assistance Only.**

#### **Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

### **D. Explanation.**

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

**Name of Authorized Certifying Official:** Doug Chaplin

**Date:** 08/24/2016

**Title:**

**Applicant Organization:** City of Albuquerque

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

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to

X

**criminal, civil, or administrative penalties .  
(U.S. Code, Title 218, Section 1001).**

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## 6A. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/24/2016
1E. Compliance	08/09/2016
1F. Declaration	08/09/2016
2A. Project Detail	08/09/2016
2B. Description	08/24/2016
3A. Governance and Operations	08/12/2016
3B. Committees	08/24/2016
4A. Match	08/24/2016
4B. Funding Request	08/17/2016
5A. Attachment(s)	08/12/2016
5B. Certification	08/24/2016

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NEW MEXICO COALITION TO END  
% HANK HUGHES  
PO BOX 865  
SANTA FE NM 87504

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 85-0482896. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

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If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.