

Mayor Timothy M. Keller

CITY OF ALBUQUERQUE

Albuquerque, New Mexico

Office of the Mayor

INTER-OFFICE MEMORANDUM**March 6, 2020**

TO: Pat Davis, President, City Council

FROM: Timothy M. Keller, Mayor /K

SUBJECT: Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2020 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services, beginning in Fiscal Year 2020.


This resolution approves a grant application to the Department of Housing and Urban Development and appropriates \$3,228,540 in Federal funds from the Continuum of Care Grants to the Department of Family and Community Services. The grant will provide critical resources for rapid re-housing and supportive services for homeless families through the Rapid Re-housing Program. The grant will also provide transitional housing and supportive services for disabled homeless individuals through the Transitional Housing Program. Additionally, the grant will provide the resources for permanent housing and supportive services for disabled homeless households through the Rental Assistance Program. The grant will also provide monies for planning, coordination and evaluation activities for the Albuquerque Continuum of Care through the Albuquerque CoC Planning Project. The funding will be awarded to sub-grantees experienced in serving the various homeless sub-populations. The breakdown of the awards is as follows:

CLNkids	\$207,260.00
Rapid Re-housing Program	
Barrett Foundation	\$151,354.00
Catholic Charities	\$295,403.00
SAFE House	\$390,232.00
Transitional Housing Program	
St. Martin's/HopeWorks	\$134,436.00
Rental Assistance Program	
St. Martin's/HopeWorks	\$656,746.00
Albuquerque Health Care for the Homeless	\$730,546.00
Therapeutic Living Services	\$412,803.00
Albuquerque CoC Planning Project	\$108,654.00
City Administration (All 6 grants)	\$141,106.00
Total Award Amount	\$3,228,540.00

This is forwarded to City Council for approval.

Legislation Title: Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2020 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services, beginning in Fiscal Year 2020.

Recommended:



Sarita Nair
Chief Administrative Officer

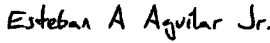
5/7/20
Date

DS

PP

Approved as to Legal Form:

DocuSigned by:



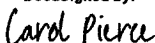
Esteban A Aguilar, Jr.
City Attorney

4/27/2020
Date

DS

LA

Recommended:

DocuSigned by:


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

72F4F134004841B
Date

DS

CP

Cover Analysis

1. What is it?

Resolution Approving and Authorizing a Grant Application to the U.S. Department of Housing and Urban Development for the 2020 Continuum of Care Grant and Providing an Appropriation to the Department of Family and Community Services, beginning in Fiscal Year 2020.

2. What will this piece of legislation do?

The Continuum of Care (CoC) is a comprehensive coordinated approach to address and resolve homelessness facilitated by the Department of Family and Community Services and the U.S. Department of Housing and Urban Development (HUD). This legislation will serve two purposes, first, it will approve the grant applications submitted to HUD, and secondly, it will appropriate \$3,228,540 to the Department of Family and Community Services.

3. Why is the project needed?

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

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

\$63,407 City in kind services, and \$716,992 matching from sub-recipient cash and in-kind services. The total grant amount is \$3,228,540 which includes \$17,742 for IDOH.

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

No.

FISCAL IMPACT ANALYSIS

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

R: O:
FUND: 265DEPT: Family & 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:

		Fiscal Years			
		2020	2021	2022	Total
Base Salary/Wages		20,439			20,439
Fringe Benefits at	50.048%	10,230	-		10,230
Subtotal Personnel		30,669	-	-	30,669
Operating Expenses		1,387,292	-		1,387,292
Property		0	-	-	0
Indirect Costs	14.20%	4,355	-	-	4,355
Total Expenses		\$ 1,422,316	\$ -	\$ -	\$ 1,422,316
[] Estimated revenues not affected					
[x] Estimated revenue impact					
Amount of Grant		1,422,316	-		1,422,316
Total Revenue		\$ 1,422,316	\$ -	\$ -	\$ 1,422,316

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded: 4

COMMENTS: Grant application includes \$8,756 of In-Kind City match.**COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:**

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

PREPARED BY: ANNA M LUJAN

APPROVED:

FISCAL MANAGER

(date)

DIRECTOR

(date)

REVIEWED BY:

DocuSigned by:

DocuSigned by:

DocuSigned by:

EXECUTIVE BUDGET ANALYST

4/27/2020

BUDGET OFFICER (date)

5/7/2020

CITY ECONOMIST

4/30/2020

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

POSITION	JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264	Fiscal Analyst II	M15	28.21	
10005893	FCS Program Specialist	M14	23.21	
10007150	FCS Program Specialist	M14	21.05	
10003604	FCS Program Specialist	M14	21.05	
				\$ 23.38

Series	# Employees	Hrs	Salary	Blended Rate		Rate for OEB Health	
M Series	4	218,557	\$ 20,439.45	31.64%	\$6,467.04	18.4082%	\$ 3,762.53
E Series	0	0	\$ -	0.00%	\$ -	0.0000%	\$ -
			\$ 20,439.45	31.64%	\$6,467.04	18.4082%	\$ 3,762.53

50.0482% Average rate of Fringe benefits for FIA

\$ 10,229.58 Total Fringe

\$ 30,669.03 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	0.000%	0.0000%	0.000000%
M Series	31.640%	18.4082%	50.048200%

Blended

Rate	E Series	M Series
PERA		20.79%
Medicare		1.45%
Soc Sec		6.20%
RHCA		2%
Group Life		0.75%
Unemp comp		0.25%
Ins Admin		0.20%
	0.00%	31.64%

FISCAL IMPACT ANALYSIS

TITLE

Grant application for HUD CoC Grant, Albuquerque CoC Planning Project

R:
FUND: 265

O:

DEPT: Family & Community
Services

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

		Fiscal Years			
		2020	2021	2022	Total
Base Salary/Wages		33,027			33,027
Fringe Benefits at	50.048%	16,530			16,530
Subtotal Personnel		49,557			49,557
Operating Expenses					
Property		106,387			106,387
Indirect Costs		0			0
City In-Kind Match	14.20%	7,037			7,037
Total Expenses					
		\$ 162,981	\$ -	\$ -	\$ 162,981
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		162,981			162,981
Total Revenue					
		\$ 162,981	\$ -	\$ -	\$ 162,981

These estimates do not include any adjustment for inflation.
 * Range if not easily quantifiable.

Number of Partial Positions funded: 3

COMMENTS: Grant application includes \$40,575 of In-Kind City match

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

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

PREPARED BY: ANNA M. LUJAN

APPROVED:

[Signature] 4/27/2020
 FISCAL MANAGER (date)

[Signature] 4/27/2020
 DIRECTOR (date)

REVIEWED BY:

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[Signature] 4/27/2020
 EXECUTIVE BUDGET ANALYST
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[Signature] 5/7/2020
 BUDGET OFFICER
 BD22E07BFD8344E...

[Signature] 4/30/2020
 CITY ECONOMIST
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Grant application for HUD CoC Grant, Albuquerque CoC Planning Project
Supporting Worksheet - Personnel Expenditures

POSITION JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264 Fiscal Analyst II	M15	28.21	
10007150 FCS Program Specialist	M14	21.05	
10005893 FCS Program Specialist	M14	23.21	
			\$ 24.16
10003642 Sr Principal Accountant	E17		
10008109 Fiscal Manager	E18		\$ -

\$ 54,126.72 City Admin.

Series	# Employees	Hrs	Salary	Blended Rate		Rate for OEB Health	
M Series	3	450.245	\$ 32,629.26	31.64%	\$10,323.90	18.4082%	\$ 6,006.46
E Series	0	0	\$ -	0.00%	\$ -	0.0000%	\$ -
			\$ 32,629.26	15.82%	\$10,323.90	18.4082%	\$ 6,006.46

50.0482% Average rate of Fringe benefits for FIA

\$ 16,330.35 Total Fringe

\$ 48,959.61 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	0.000%	0.0000%	0.000000%
M Series	31.640%	18.4082%	50.048200%

Blended

Rate	E Series	M Series
PERA		20.79%
Medicare		1.45%
Soc Sec		6.20%
RHCA		2%
Group Life		0.75%
Unemp comp		0.25%
Ins Admin		0.20%
	0.00%	31.64%

FISCAL IMPACT ANALYSIS

TITLE: Grant application for HUD CoC Grant, Transitional Housing - City of Albuquerque

R: FUND: 265 O:

DEPT: Family & Community Services

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

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

		Fiscal Years		
		2020	2021	2022
Base Salary/Wages		2,653		
Fringe Benefits at		1,328		
Subtotal Personnel	50.048%	3,981	-	-
				3,981
Operating Expenses		134,436	-	
Property		0	-	
Indirect Costs	14.20%	565	-	
				565
Total Expense		\$ 138,982	\$ -	\$ -
<input type="checkbox"/> Estimated revenues not affected				
<input checked="" type="checkbox"/> Estimated revenue impact				
Amount of Grant		138,982	-	
				138,982
Total Revenue		\$ 138,982	\$ -	\$ -
				138,982

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded: 3

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

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

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

PREPARED BY: ANNA M. LUJAN

APPROVED:

Anna M. Lujan 2/27/2020
FISCAL MANAGER (date)

Lawrence L. Davis 2-27-20
DIRECTOR (date)

REVIEWED BY:

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Mark K...
EXECUTIVE BUDGET ANALYST

Lawrence L. Davis
BUDGET OFFICER (date)

Christine Barner
CITY ECONOMIST

4/27/2020

5/7/2020

4/30/2020

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

POSITION JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base
10005264 Fiscal Analyst II	M15	28.21	
10005893 FCS Program Specialist	M14	23.21	
10007150 FCS Program Specialist	M14	21.05	
			\$ 24.16
10003642 Sr Principal Accountant	E17		
10008109 Fiscal Manager	E18		\$ -

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health
M Series	3	36.61	\$ 2,653.13	31.64%	\$ 839.45 18.4082%
E Series	0	0	\$ -	0.00%	\$ - 0.0000%
			\$ 2,653.13	15.82%	\$ 839.45 18.4082%

50.0482% Average rate of Fringe benefits for FIA

\$ 1,327.84 Total Fringe

\$ 3,980.97 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	0.000%	0.0000%	0.000000%
M Series	31.640%	18.4082%	50.048200%

Blended

Rate	E Series	M Series
PERA		20.79%
Medicare		1.45%
Soc Sec		6.20%
RHCA		2%
Group Life		0.75%
Unemp comp		0.25%
Ins Admin		0.20%
		31.64%

FISCAL IMPACT ANALYSIS

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

R: **O:**
FUND: 265

DEPT: Family & Community Services

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

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

		Fiscal Years			
		2020	2021	2022	Total
Base Salary/Wages		15,472			15,472
Fringe Benefits at	50.048%	7,744	-		7,744
Subtotal Personnel		23,216	-	-	23,216
Operating Expenses		836,989	-		836,989
Property			-	-	-
Indirect Costs	14.20%	3,297	-	-	3,297
Total Expense		\$ 863,501	\$ -	\$ -	\$ 863,501
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		863,501	-		863,501
Total Revenue		\$ 863,501	\$ -	\$ -	\$ 863,501

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.


Number of Partial Positions funded: 3

COMMENTS: Grant application includes \$6,629 of In-Kind City match.

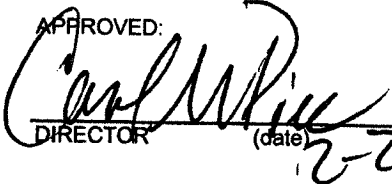
COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:

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

PREPARED BY: ANNA M. LUJAN

 2/27/2020
FISCAL MANAGER (date)

APPROVED:

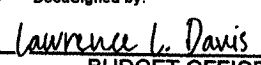
 2-27-20
DIRECTOR (date)

REVIEWED BY:

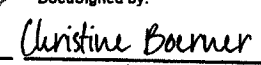
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EXECUTIVE BUDGET ANALYST
4/27/2020

DocuSigned by:


BUDGET OFFICER (date)
5/7/2020

DocuSigned by:


CITY ECONOMIST
4/30/2020

Grant application for HUD CoC Grant, Rapid Rehousing - City of Albuquerque							
Supporting Worksheet - Personnel Expenditures							
POSITION	JOB TITLE	GRADE	Base Hourly Rate	Avg Hourly Base			
10005264	Fiscal Analyst II	M15	28.21				
10005893	FCS Program Specialist	M14	23.21				
10007150	FCS Program Specialist	M14	21.05				
				\$ 24.16			
10003642	Sr Principal Accountant	E17					
10008109	Fiscal Manager	E18		\$ -			
Series	# Employees	Hrs	Salary	Blended Rate		Rate for OEB Health	
M Series	3	213.5	\$ 15,472.35	31.64%	\$4,895.45	18.4082%	\$ 2,848.18
E Series			\$ -	0.00%	\$ -	0.0000%	\$ -
			\$ 15,472.35	31.64%	\$4,895.45	18.4082%	\$ 2,848.18
				50.0482%	Average rate of Fringe benefits for FIA		
			\$ 7,743.63	Total Fringe			
			\$ 23,215.98	Total Personnel			
	Blended Rate	Rate for OEB Health	Total Fringe				
E Series	0.000%	0.0000%	0.000000%				
M Series	31.640%	18.4082%	50.048200%				
<u>Blended Rate</u>	<u>E Series</u>	<u>M Series</u>					
PERA		20.79%					
Medicare		1.45%					
Soc Sec		6.20%					
RHCA		2%					
Group Life		0.75%					
Unemp comp		0.25%					
Ins Admin		0.20%					
	0.00%	31.64%					

FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, CLNkids Rapid Rehousing Project

R:

O:

FUND: 265

DEPT: Family & Community
Services

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

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

		Fiscal Years			
		2020	2021	2022	Total
Base Salary/Wages		5,600			5,600
Fringe Benefits at	50.048%	2,802	-		2,802
Subtotal Personnel		8,402	-	-	8,402
Operating Expenses		207,260	-		207,260
Property		0	-	-	0
Indirect Costs	14.20%	1,193	-	-	1,193
Total Expenses		\$ 216,855	\$ -	\$ -	\$ 216,855
<input type="checkbox"/> Estimated revenues not affected					
<input checked="" type="checkbox"/> Estimated revenue impact					
Amount of Grant		216,855	-		216,855
Total Revenue		\$ 216,855	\$ -	\$ -	\$ 216,855

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded:

3

COMMENTS: Grant application includes \$2,398 of In-Kind City match.

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

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

PREPARED BY: ANNA M. LUJAN

FISCAL MANAGER

(date)

APPROVED:

DIRECTOR

(date)

REVIEWED BY:

DocuSigned by:

DocuSigned by:

DocuSigned by:

EXECUTIVE BUDGET ANALYST 4/27/2020

BUDGET OFFICER (date)
5/7/2020CITY ECONOMIST
4/30/2020

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

POSITION	JOB TITLE	GRADE	Base Hourly Rate	Avg Hourly Base	
10005264	Fiscal Analyst II	M15	28.21		
10007150	FCS Program Specialist	M14	21.05		\$ 19,190.00 Admin Total
10005893	FCS Program Specialist	M14	23.21		\$ 9,595.00 City Admin.
				\$ 24.16	
10003642	Sr Principal Accountant	E17			
10008109	Fiscal Manager	E18		\$ -	

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health	
M Series	2	115.9	\$ 5,599.52	31.64%	\$1,771.69	18.4082% \$ 1,030.77
E Series	0	0	\$ -	0.00%	\$ -	0.0000% \$ -
			\$ 5,599.52	31.64%	\$1,771.69	18.4082% \$ 1,030.77

50.0482% Average rate of Fringe benefits for FIA

\$ 2,802.46 Total Fringe

\$ 8,401.97 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	0.000%	0.0000%	0.000000%
M Series	31.640%	18.4082%	50.048200%

Blended Rate	E Series	M Series
PERA		20.79%
Medicare		1.45%
Soc Sec		6.20%
RHCA		2%
Group Life		0.75%
Unemp comp		0.25%
Ins Admin		0.20%
	0.00%	31.64%

FISCAL IMPACT ANALYSIS

TITLE:

Grant application for HUD CoC Grant, Rental Assistance - TLS

R:

O:

FUND: 265

DEPT: Family & Community
Services

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

		Fiscal Years			
		2020	2021	2022	Total
Base Salary/Wages		6,479			6,479
Fringe Benefits at	50.048%	3,243	-		3,243
Subtotal Personnel		9,722	-	-	9,722
Operating Expenses		412,803	-		412,803
Property		0	-	-	0
Indirect Costs	14.20%	1,380	-	-	1,380
City In-Kind Match					
Total Expenses		\$ 423,905	\$ -	\$ -	\$ 423,905
[] Estimated revenues not affected					
[x] Estimated revenue impact					
Amount of Grant		423,905	-		423,905
Total Revenue		\$ 423,905	\$ -	\$ -	\$ 423,905

These estimates do not include any adjustment for inflation.

* Range if not easily quantifiable.

Number of Partial Positions funded:

3

COMMENTS: Grant application includes \$2,776 of In-Kind City match.**COMMENTS ON NON-MONETARY IMPACTS TO COMMUNITY/CITY GOVERNMENT:**

The grant will allow the City of Albuquerque, through the use of existing organizations, to provide permanent supportive housing to individuals with mental illnesses and households with children where the head of household has a mental illness. The project will serve 45 households at any point in time, with approximately 35 single adults and 10 families with children.

PREPARED BY: ANNA M. LUJAN

FISCAL MANAGER

(date)

APPROVED

DIRECTOR

(date)

REVIEWED BY:

DocuSigned by:

DocuSigned by:

DocuSigned by:

EXECUTIVE BUDGET ANALYST

4/27/2020

BUDGET OFFICER

(date)

5/7/2020

CITY ECONOMIST

4/30/2020

Grant application for HUD CoC Grant, Rental Assistance - TLS
Supporting Worksheet - Personnel Expenditures

POSITION JOBTITLE	GRADE	Base Hourly Rate	Avg Hourly Base	
10005264 Fiscal Analyst II	M15	28.21		\$ 22,205.00 Admin Total
10007150 FCS Program Specialist	M14	21.05		\$ 11,102.00 City Admin
10005893 FCS Program Specialist	M14	23.21		
			24.16	
			\$ -	
10003642 Sr Principal Accountant	E17			
10008109 Fiscal Manager	E18			
			\$ -	

Series	# Employees	Hrs	Salary	Blended Rate	Rate for OEB Health	
M Series	3	89.402	\$ 6,478.96	31.64%	\$2,049.94	18.4082% \$1,192.66
E Series	0	0	\$ -	0.00%	\$ -	18.4082% \$ -
			\$ 6,478.96	31.64%	\$2,049.94	18.4082% \$1,192.66

50.0482% Average rate of Fringe benefits for FIA

\$ 3,242.60 Total Fringe

\$ 9,721.57 Total Personnel

	Blended Rate	Rate for OEB Health	Total Fringe
E Series	0.000%	0.0000%	0.000000%
M Series	31.640%	18.4082%	50.048200%

Blended

Rate	E Series	M Series
PERA		20.79%
Medicare		1.45%
Soc Sec		6.20%
RHCA		2%
Group Life		0.75%
Unemp comp		0.25%
Ins Admin		0.20%
	0.00%	31.64%

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/20/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NM0101

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

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

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Applicant: City of Albuquerque

140042297

Project: Rapid ReHousing - City of Albuquerque

171760

Extension:

Fax Number: (505) 768-3204

Email: hlshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): 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: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$863,501.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$730,845.00	22%
Barrett Foundation	85-0336208	Subrecipient	\$153,141.00	5%
Catholic Charities	80-0110070	Subrecipient	\$294,672.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$207,260.00	6%

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 07/30/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

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

X

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

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of Albuquerque

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

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

Date Signed: 09/20/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

The APR for this project is not due until 9/28/19 and will be submitted on time.

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

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

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

Renewal Expansion

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

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

No

Renewal Grant Consolidation Screen


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

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

2. Is this an individual project application or a fully consolidated project application? **Individual**

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2019 funding.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$840,973

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

2A. Project Subrecipients Detail

a. Organization Name: Barrett Foundation

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

c. Employer or Tax Identification Number: 85-0336208

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

Street 1: 10300 Constitution Ave. NE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87112

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

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

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

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

j. Contact Person

Prefix: Ms.

First Name: Connie

Middle Name:

Last Name: Chavez

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

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

2A. Project Subrecipients Detail

a. Organization Name: Catholic Charities

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

c. Employer or Tax Identification Number: 85-0110070

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

Street 1: 3301 Candelaria NE
Street 2:
City: Albuquerque
State: New Mexico
Zip Code: 87107

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

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

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

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

j. Contact Person

Prefix: Mr.

First Name: James

Middle Name:

Last Name: Walker

Suffix:

Title: Housing Director

E-mail Address: walkerj@ccasfnm.org

Confirm E-mail Address: walkerj@ccasfnm.org

Phone Number: 505-724-4611

Extension:

Fax Number:

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

2A. Project Subrecipients Detail

a. Organization Name: SAFE House

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

c. Employer or Tax Identification Number: 85-0247473

	* d. Organizational DUNS:	602115305	PLUS 4	
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e. Physical Address

Street 1: 400 Elm

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

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

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

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

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

j. Contact Person

Prefix: Ms.

First Name: Patricia

Middle Name:

Last Name: Gonzales

Suffix:

Title: Executive Director

E-mail Address: pgonzales@safehousenm.org

Confirm E-mail Address: pgonzales@safehousenm.org

Phone Number: 505-247-4219

Extension:

Fax Number: 505-224-9695

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

3A. Project Detail

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

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

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

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Rapid ReHousing - City of Albuquerque

4. Project Status: Standard

5. Component Type: PH

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

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

3B. Project Description

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

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

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

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

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

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

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

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

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

Other:

3. Housing First

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

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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



3. Do project participants have access to Yes

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

**3a. Has the staff person providing the
technical assistance completed SOAR
training in the past 24 months.** No

4B. Housing Type and Location

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

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

Total Units: 48

Total Beds: 108

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

4B. Housing Type and Location Detail

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

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

a. Units: 48

b. Beds: 108

3. Address

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

Street 1:

Street 2:

City:

State: New Mexico

ZIP Code:

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

350012 Albuquerque

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	40	8	0	48
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	30	6		36
Persons ages 18-24	10	2		12
Accompanied Children under age 18	60		0	60
Unaccompanied Children under age 18			0	0
Total Persons	100	8	0	108

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic 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
Persons 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
Persons 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.

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

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

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

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

4. Renewal Grant Term: 1 Year

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

Applicant: City of Albuquerque

140042297

Project: Rapid ReHousing - City of Albuquerque

171760

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

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$582,192	
Total Units:		48	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	48	\$582,192

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x	12	=	\$0
0 Bedroom		x	\$557	\$557	x	12	=	\$0
1 Bedroom	8	x	\$707	\$707	x	12	=	\$67,872
2 Bedrooms	20	x	\$873	\$873	x	12	=	\$209,520
3 Bedrooms	20	x	\$1,270	\$1,270	x	12	=	\$304,800
4 Bedrooms		x	\$1,513	\$1,513	x	12	=	\$0
5 Bedrooms		x	\$1,740	\$1,740	x	12	=	\$0
6 Bedrooms		x	\$1,967	\$1,967	x	12	=	\$0
7 Bedrooms		x	\$2,194	\$2,194	x	12	=	\$0
8 Bedrooms		x	\$2,421	\$2,421	x	12	=	\$0
9 Bedrooms		x	\$2,648	\$2,648	x	12	=	\$0
Total Units and Annual Assistance Requested	48							\$582,192
Grant Term								1 Year
Total Request for Grant Term								\$582,192

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$200,787
Total Value of In-Kind Commitments:	\$15,422
Total Value of All Commitments:	\$216,209

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Archdiocesan Coll...	08/01/2019	\$38,613
Yes	Cash	Private	Sandia Labs Famil...	08/01/2019	\$25,000
Yes	In-Kind	Private	Catholic Charities	08/01/2019	\$10,000
Yes	Cash	Government	CABQ City General...	09/13/2019	\$6,629
Yes	Cash	Private	Donations to Barr...	07/31/2019	\$38,210
Yes	Cash	Government	CYFD Funds	09/11/2019	\$80,548
Yes	In-Kind	Private	SAFE House In-Kin...	09/11/2019	\$5,422
Yes	Cash	Government	New Mexico Mortga...	09/11/2019	\$11,787

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment:
(Be as specific as possible and include the office or grant program as applicable) Archdiocesan Collection Fund
5. Date of Written Commitment: 08/01/2019
6. Value of Written Commitment: \$38,613

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment:
(Be as specific as possible and include the office or grant program as applicable) Sandia Labs Family Stability Grant
5. Date of Written Commitment: 08/01/2019
6. Value of Written Commitment: \$25,000

Sources of Match Detail

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

office or grant program as applicable)

5. Date of Written Commitment: 08/01/2019

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

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

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

5. Date of Written Commitment: 09/13/2019

6. Value of Written Commitment: \$6,629

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Donations to Barrett Foundation
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/31/2019

6. Value of Written Commitment: \$38,210

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CYFD Funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/11/2019
6. Value of Written Commitment: \$80,548

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: SAFE House In-Kind Donations
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/11/2019
6. Value of Written Commitment: \$5,422

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government

- 4. Name the Source of the Commitment:** New Mexico Mortgage Finance Authority (SAFE House)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/11/2019
- 6. Value of Written Commitment:** \$11,787

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$582,192
3. Supportive Services	\$228,284
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$810,476
7. Admin (Up to 10%)	\$53,025
8. Total Assistance plus Admin Requested	\$863,501
9. Cash Match	\$200,787
10. In-Kind Match	\$15,422
11. Total Match	\$216,209
12. Total Budget	\$1,079,710

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Docu...	08/12/2016
2) Other Attachmenbt	No	IDOH Provisional ...	09/17/2019
3) Other Attachment	No	FY2019 Match Letters	09/16/2019

Attachment Details

Document Description: Subrecipient Documentation

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: FY2019 Match Letters

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Carol Pierce

Date: 09/20/2019

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Active SAM Status Requirement.

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

X

Submission Without Changes

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

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

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

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

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

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

2A. Subrecipient information updated to reflect accurate address. 3B. In order to update response to question 3c, subsequently changing 3d.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	09/20/2019
1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/30/2019
1G. HUD-2880	07/30/2019
1H. HUD-50070	07/30/2019
1I. Cert. Lobbying	07/30/2019
1J. SF-LLL	07/30/2019
Recipient Performance	07/30/2019
Renewal Expansion	07/30/2019
Renewal Grant Consolidation	07/30/2019
2A. Subrecipients	09/18/2019
3A. Project Detail	07/30/2019
3B. Description	07/30/2019
4A. Services	07/30/2019
4B. Housing Type	07/30/2019
5A. Households	07/30/2019
5B. Subpopulations	07/30/2019
6A. Funding Request	07/30/2019
6C. Rental Assistance	07/30/2019
6D. Match	09/20/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/16/2019
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/20/2019
Submission Without Changes	09/18/2019



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

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

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

August 7/ 2019

Pamela S. Fanelli
City Controller
100 1st Street SW
Albuquerque, New Mexico 87102

Dear Ms. Fanelli:

The Federal Transit Administration (FTA) received the City of Albuquerque's Indirect Cost Rate Proposal for fiscal year beginning July 1, 2019, which was dated February 8, 2019.

FTA is currently reviewing the ICRP, and accepts the submitted rate of 12.2% in the Planning Department and 10.4% in the Solid Waste Department on a provisional basis, until a final rate has been approved.

As required by OMB 2 CFR Part 200 (Appendix VII (D)), and FTA Circular 5010.1E, the City should prepare, annually, an updated ICRP and retain the proposal on file for audit. The City would only need to submit the updated ICRP to FTA if the submission requirements listed in FTA Circular 5010.1E, Appendix G(3) are met, or if FTA specifically requests a subsequent submission. These submission requirements include changes in methodology and changes in rates that exceed the prior approved rate by more than 20 percent.

Therefore, the City may use its updated rates for FY2020.

Please contact me or Heriberto (Eddie) Chavarria at 817.978.0548, Heriberto.Chavarria@dot.gov if you have any questions regarding this process.

Sincerely,

Laura C. Wallace

Director of Program Management and Oversight

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/20/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NM0106

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

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

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Applicant: City of Albuquerque
Project: CLNkids Rapid ReHousing Project

140042297
171759

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

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): 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: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$216,855.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$730,845.00	22%
Barrett Foundation	85-0336208	Subrecipient	\$153,141.00	5%
Catholic Charities	80-0110070	Subrecipient	\$294,672.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$207,260.00	6%

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 07/30/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

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

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of Albuquerque

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

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

Date Signed: 09/20/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

The APR for this project is not due until 9/28/19 and will be submitted on time.

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

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

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

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

During FY 17 operation year, CLNkids, subrecipient, experienced leadership turnover which delayed expenditure of funds for this grant, currently the grant is on track to utilize at least 75% of funds. The City of Albuquerque intends to have quarterly meetings with the subrecipient moving forward to improve subrecipient performance. At the time of renewal, current leadership of CLNkids will be in place for approximately a year.

Renewal Expansion

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

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

No

Renewal Grant Consolidation Screen



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

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

2. Is this an individual project application or a fully consolidated project application? **Individual**

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2019 funding.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$208,388

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

2A. Project Subrecipients Detail

a. Organization Name: CLNkids

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

c. Employer or Tax Identification Number: 85-0366029

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

Street 1: 1500 Walter Street SE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

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

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

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

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

j. Contact Person

Prefix: Mr.

First Name: Jeffrey

Middle Name:

Last Name: Hoehn

Suffix:

Title: Executive Director

E-mail Address: jeffreyh@clnkids.org

Confirm E-mail Address: jeffreyh@clnkids.org

Phone Number: 505-843-6899

Extension:

Fax Number: 505-764-8840

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

3A. Project Detail

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

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

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

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: CLNkids Rapid ReHousing Project

4. Project Status: Standard

5. Component Type: PH

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

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

3B. Project Description

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

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

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

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

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

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

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

Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

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

Total Units: 10

Total Beds: 30

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

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 30

3. Address

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

Street 1:

Street 2:

City:

State:

ZIP Code:

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

350012 Albuquerque

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	0	0	10
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	8	0		8
Persons ages 18-24	2	0		2
Accompanied Children under age 18	20		0	20
Unaccompanied Children under age 18			0	0
Total Persons	30	0	0	30

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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			
Persons 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										
Persons 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.

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

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

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

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

4. Renewal Grant Term: 1 Year

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

Renewal Project Application FY2019	Page 35	10/02/2019
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Rental Assistance	X
Supportive Services	X
HMIS	X

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:		\$136,260	
Total Units:		10	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	10	\$136,260

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x	12	=	\$0
0 Bedroom		x	\$557	\$557	x	12	=	\$0
1 Bedroom		x	\$707	\$707	x	12	=	\$0
2 Bedrooms	4	x	\$873	\$873	x	12	=	\$41,904
3 Bedrooms	5	x	\$1,270	\$1,270	x	12	=	\$76,200
4 Bedrooms	1	x	\$1,513	\$1,513	x	12	=	\$18,156
5 Bedrooms		x	\$1,740	\$1,740	x	12	=	\$0
6 Bedrooms		x	\$1,967	\$1,967	x	12	=	\$0
7 Bedrooms		x	\$2,194	\$2,194	x	12	=	\$0
8 Bedrooms		x	\$2,421	\$2,421	x	12	=	\$0
9 Bedrooms		x	\$2,648	\$2,648	x	12	=	\$0
Total Units and Annual Assistance Requested	10							\$136,260
Grant Term								1 Year
Total Request for Grant Term								\$136,260

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$56,894
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$56,894

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	United Way	07/29/2019	\$28,000
Yes	Cash	Government	CYFD	07/29/2019	\$26,496
Yes	Cash	Government	CABQ City General...	09/06/2019	\$2,398

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: United Way
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/29/2019
6. Value of Written Commitment: \$28,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CYFD
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/29/2019
6. Value of Written Commitment: \$26,496

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CABQ City General Funds
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 09/06/2019

6. Value of Written Commitment: \$2,398

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$136,260
3. Supportive Services	\$47,805
4. Operating	\$0
5. HMIS	\$13,600
6. Sub-total Costs Requested	\$197,665
7. Admin (Up to 10%)	\$19,190
8. Total Assistance plus Admin Requested	\$216,855
9. Cash Match	\$56,894
10. In-Kind Match	\$0
11. Total Match	\$56,894
12. Total Budget	\$273,749

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient NonP...	08/12/2016
2) Other Attachmenbt	No	IDOH Provisional ...	09/17/2019
3) Other Attachment	No	FY2019 Match Letters	09/16/2019

Attachment Details

Document Description: Subrecipient NonProfit Documentation

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: FY2019 Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Carol Pierce

Date: 09/20/2019

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Active SAM Status Requirement.

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

X

Submission Without Changes

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

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

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

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

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

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

2A. Subrecipient information changed to reflect current staff. 3B. In order to update response to question 3c, subsequently changing 3d.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2019
Renewal Project Application FY2019	Page 50
	10/02/2019

1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/30/2019
1G. HUD-2880	07/30/2019
1H. HUD-50070	07/30/2019
1I. Cert. Lobbying	07/30/2019
1J. SF-LLL	07/30/2019
Recipient Performance	07/30/2019
Renewal Expansion	07/30/2019
Renewal Grant Consolidation	07/30/2019
2A. Subrecipients	09/18/2019
3A. Project Detail	07/30/2019
3B. Description	07/30/2019
4A. Services	07/30/2019
4B. Housing Type	07/30/2019
5A. Households	07/30/2019
5B. Subpopulations	07/30/2019
6A. Funding Request	07/30/2019
6C. Rental Assistance	07/30/2019
6D. Match	09/05/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2019
7B. Certification	09/20/2019
Submission Without Changes	09/18/2019

8A. Attachment(s)

Instructions:

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

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

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

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

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

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	10/19/2015
3) Other Attachment(s)	No	Approved Indirect...	11/17/2015
2) Other Attachment(s)	No	Match Funds Letter	10/22/2015

OGDEN UT 84201-0046

In reply refer to: 0423263449
Mar. 17, 2015 LTR 252C 0
85-0366029 201406 67
00005774
BODC: TE

CLNKIDS INC
PO BOX 12786
ALBUQUERQUE NM 87195

MAR 23 2015



058877

Taxpayer Identification Number: 85-0366029

Dear Taxpayer:

Thank you for your Form 990.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you need forms, schedules, or publications, you may get them by visiting the IRS website at www.irs.gov or by calling toll-free at 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Sincerely yours,



Brett S. Bemenderfer
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter



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

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

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

August 7/ 2019

Pamela S. Fanelli
City Controller
100 1st Street SW
Albuquerque, New Mexico 87102

Dear Ms. Fanelli:

The Federal Transit Administration (FTA) received the City of Albuquerque's Indirect Cost Rate Proposal for fiscal year beginning July 1, 2019, which was dated February 8, 2019.

FTA is currently reviewing the ICRP, and accepts the submitted rate of 12.2% in the Planning Department and 10.4% in the Solid Waste Department on a provisional basis, until a final rate has been approved.

As required by OMB 2 CFR Part 200 (Appendix VII (D)), and FTA Circular 5010.1E, the City should prepare, annually, an updated ICRP and retain the proposal on file for audit. The City would only need to submit the updated ICRP to FTA if the submission requirements listed in FTA Circular 5010.1E, Appendix G(3) are met, or if FTA specifically requests a subsequent submission. These submission requirements include changes in methodology and changes in rates that exceed the prior approved rate by more than 20 percent.

Therefore, the City may use its updated rates for FY2020.

Please contact me or Heriberto (Eddie) Chavarria at 817.978.0548, Heriberto.Chavarria@dot.gov if you have any questions regarding this process.

Sincerely,

Laura C. Wallace

Director of Program Management and Oversight

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/20/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NM0017

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

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

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Applicant: City of Albuquerque

140042297

Project: Transitional Housing - City of Albuquerque

171763

Extension:

Fax Number: (505) 768-3204

Email: hlshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): 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: 10/01/2020

b. End Date: 09/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

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

3. HUD Program: Continuum of Care Program

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

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$730,845.00	22%
Barrett Foundation	85-0336208	Subrecipient	\$153,141.00	5%
Catholic Charities	80-0110070	Subrecipient	\$294,672.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$207,260.00	6%

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 07/30/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

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

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of Albuquerque

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

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

Date Signed: 09/20/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/20/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

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

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

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

The FY16 grant is the most recently expired grant term, with \$17,629 recaptured. This is approximately 12.7% of the total award amount. During this grant term, the former sub-recipient, Crossroads for Women, discontinued the project that was funded through this grant. The City of Albuquerque transferred the remaining funds to the other sub-recipient, St. Martin's dba HopeWorks. While St. Martin's dba HopeWorks began enrolling new participants to accommodate the increase in funding immediately, there was still a lapse in utilization due to the change.

Renewal Expansion

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

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



No

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$134,436

Organization	Type	Type	Sub-Award Amount
HopeWorks	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$134,436

2A. Project Subrecipients Detail

a. Organization Name: HopeWorks

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

c. Employer or Tax Identification Number: 85-0338552

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

Street 1: 1201 Third St. NW

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87102

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

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

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

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

j. Contact Person

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Ames

Suffix:

Title: Housing Program Manager

E-mail Address: james@hopeworksnm.org

Confirm E-mail Address: james@hopeworksnm.org

Phone Number: 505-242-4399

Extension:

Fax Number:

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

3A. Project Detail

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

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

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

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Transitional Housing - City of Albuquerque

4. Project Status: Standard

5. Component Type: TH

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

3B. Project Description

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

This project provides transitional housing to homeless men and women who are in recovery from mental illness and substance abuse. This project has one subrecipient - HopeWorks. HopeWorks uses these funds to lease a facility-based transitional housing program for homeless men and women who have a dual diagnosis and are in recovery.

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

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

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

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

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

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>

Families with Children	<input type="text"/>	HIV/AIDS	<input type="text"/>
		Other (Click 'Save' to update)	<input type="text"/>

Other:

3. Housing First

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

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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



3. Do project participants have access to Yes

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

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

4B. Housing Type and Location

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

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

Total Units: 17

Total Beds: 31

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

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 17

b. Beds: 31

3. Address

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

Street 1: 528 San Pablo SE

Street 2:

City: Albuquerque

State: New Mexico

ZIP Code: 87108

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

350012 Albuquerque

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	17	0	17
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	28		28
Persons ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	31	0	31

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic 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										
Persons 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/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	28	0	28	15	0	0	0
Persons 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/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

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

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

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

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

4. Renewal Grant Term: 1 Year

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

Renewal Project Application FY2019	Page 34	10/02/2019
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Leased Units	<input type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Sources of Match

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

Summary for Match

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City General Fund...	09/06/2019	\$2,273

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** City General Funds (CABQ)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/06/2019
- 6. Value of Written Commitment:** \$2,273

6E. Summary Budget

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

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

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

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	HopeWorks updated...	09/04/2019
2) Other Attachmenbt	No	IDOH Provisional ...	09/17/2019
3) Other Attachment	No	FY2019 Match Letters	09/16/2019

Attachment Details

Document Description: HopeWorks updated tax exempt and name change

Attachment Details

Document Description: IDOH Provisional Letter

Attachment Details

Document Description: FY2019 Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Carol Pierce

Date: 09/20/2019

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Active SAM Status Requirement.

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

X

Submission Without Changes

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

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

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

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

7B. Certification

X

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

2A. Subrecipient's name was changed from St. Martin's Hospitality Center to HopeWorks to reflect the legal name change of subrecipient agency. Documentation attached in 7A includes name change paperwork and updated tax exempt status from IRS.

3B. In order to update response to question 3c, subsequently changing 3d.

3B. Project description changed to align with name change of subrecipient agency.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/18/2019

1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/30/2019
1G. HUD-2880	07/30/2019
1H. HUD-50070	07/30/2019
1I. Cert. Lobbying	07/30/2019
1J. SF-LLL	07/30/2019
Recipient Performance	07/30/2019
Renewal Expansion	07/30/2019
Renewal Grant Consolidation	07/30/2019
2A. Subrecipients	09/04/2019
3A. Project Detail	07/30/2019
3B. Description	09/04/2019
4A. Services	07/30/2019
4B. Housing Type	07/30/2019
5A. Households	07/30/2019
5B. Subpopulations	No Input Required
6A. Funding Request	07/30/2019
6D. Match	09/17/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2019
7B. Certification	09/18/2019
Submission Without Changes	09/04/2019



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

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

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

August 7/ 2019

Pamela S. Fanelli
City Controller
100 1st Street SW
Albuquerque, New Mexico 87102

Dear Ms. Fanelli:

The Federal Transit Administration (FTA) received the City of Albuquerque's Indirect Cost Rate Proposal for fiscal year beginning July 1, 2019, which was dated February 8, 2019.

FTA is currently reviewing the ICRP, and accepts the submitted rate of 12.2% in the Planning Department and 10.4% in the Solid Waste Department on a provisional basis, until a final rate has been approved.

As required by OMB 2 CFR Part 200 (Appendix VII (D)), and FTA Circular 5010.1E, the City should prepare, annually, an updated ICRP and retain the proposal on file for audit. The City would only need to submit the updated ICRP to FTA if the submission requirements listed in FTA Circular 5010.1E, Appendix G(3) are met, or if FTA specifically requests a subsequent submission. These submission requirements include changes in methodology and changes in rates that exceed the prior approved rate by more than 20 percent.

Therefore, the City may use its updated rates for FY2020.

Please contact me or Heriberto (Eddie) Chavarria at 817.978.0548, Heriberto.Chavarria@dot.gov if you have any questions regarding this process.

Sincerely,

Laura C. Wallace

Director of Program Management and Oversight

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/27/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NM0014

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

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

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

d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Applicant: City of Albuquerque
Project: Rental Assistance - AHCH/SMHC

140042297
171761

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

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): 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: 05/01/2020

b. End Date: 04/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No
- If "YES," provide an explanation:**

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/27/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,422,316.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$730,845.00	22%
Barrett Foundation	85-0336208	Subrecipient	\$153,141.00	5%
Catholic Charities	80-0110070	Subrecipient	\$294,672.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$207,260.00	6%

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 07/30/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

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

X

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

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/27/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of Albuquerque

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

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

Date Signed: 09/27/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/27/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

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

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

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

A portion of admin funds were recaptured due to the City of Albuquerque having three staff openings (one program and two fiscal staff) that are funded through CoC admin funds. One subrecipient, left a large portion of rental assistance funds unspent due to extensive need for supportive services and being unable to add people to the project for a portion of the year.

Renewal Expansion

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

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



No

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$1,392,524

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

2A. Project Subrecipients Detail

a. Organization Name: HopeWorks

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

c. Employer or Tax Identification Number: 85-0338552

	* d. Organizational DUNS:	182589663	PLUS 4	
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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: \$658,923

j. Contact Person

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Ames

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

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

2A. Project Subrecipients Detail

a. Organization Name: Albuquerque Health Care for the Homeless

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

c. Employer or Tax Identification Number: 85-0368993

	* d. Organizational DUNS:	623211331	PLUS 4	
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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: \$733,601

j. Contact Person

Prefix: Ms.

First Name: Anita

Middle Name:

Last Name: Cordova

Suffix:

Title: Associate Director

E-mail Address: AnitaCordova@abqhch.org

Confirm E-mail Address: AnitaCordova@abqhch.org

Phone Number: 505-766-5197

Extension:

Fax Number:

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

3A. Project Detail

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

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

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

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Rental Assistance - AHCH/SMHC

4. Project Status: Standard

5. Component Type: PH

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

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

3B. Project Description

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

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

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

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

The project will serve 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

Renewal Project Application FY2019	Page 27	10/02/2019
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2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

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

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

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

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

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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



3. Do project participants have access to Yes

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

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

4B. Housing Type and Location

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

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

Total Units: 148

Total Beds: 161

Total Dedicated CH Beds: 137

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

4B. Housing Type and Location Detail

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

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

a. Units: 148

b. Beds: 161

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

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

4. Address:

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

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

State: New Mexico

ZIP Code: 87102

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

350012 Albuquerque

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	11	137	0	148
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	11	122		133
Persons ages 18-24	1	15		16
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	24	137	0	161

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic 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	
Persons ages 18-24		0				1			0	0
Children under age 18	0				0	0	2	3	0	8
Total Persons	0	0	1	7	1	10	3	3	0	8

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/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	122			50	1	75	1	15	0	0
Persons ages 18-24	15	0	0		0			0	0	0
Total Persons	137	0	0	50	1	75	1	15	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/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.

6A. Funding Request

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

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

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

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

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

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

a. Please complete the indirect cost rate schedule below:

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

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

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



4. Renewal Grant Term: 1 Year

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

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

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$1,265,472	
Total Units:		148	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	148	\$1,265,472

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x	12	=	\$0
0 Bedroom	12	x	\$557	\$557	x	12	=	\$80,208
1 Bedroom	125	x	\$707	\$707	x	12	=	\$1,060,500
2 Bedrooms	9	x	\$873	\$873	x	12	=	\$94,284
3 Bedrooms	2	x	\$1,270	\$1,270	x	12	=	\$30,480
4 Bedrooms		x	\$1,513	\$1,513	x	12	=	\$0
5 Bedrooms		x	\$1,740	\$1,740	x	12	=	\$0
6 Bedrooms		x	\$1,967	\$1,967	x	12	=	\$0
7 Bedrooms		x	\$2,194	\$2,194	x	12	=	\$0
8 Bedrooms		x	\$2,421	\$2,421	x	12	=	\$0
9 Bedrooms		x	\$2,648	\$2,648	x	12	=	\$0
Total Units and Annual Assistance Requested	148							\$1,265,472
Grant Term								1 Year
Total Request for Grant Term								\$1,265,472

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$355,695
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$355,695

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Medicaid	07/25/2019	\$164,171
Yes	Cash	Government	HHS Primary Health...	07/31/2019	\$182,768
Yes	Cash	Government	CABQ City General...	09/06/2019	\$8,756

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Medicaid
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/25/2019
6. Value of Written Commitment: \$164,171

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: HHS Primary Health Services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/31/2019
6. Value of Written Commitment: \$182,768

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CABQ City General Funds
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 09/06/2019

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

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$1,265,472
3. Supportive Services	\$86,796
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$1,352,268
7. Admin (Up to 10%)	\$70,048
8. Total Assistance plus Admin Requested	\$1,422,316
9. Cash Match	\$355,695
10. In-Kind Match	\$0
11. Total Match	\$355,695
12. Total Budget	\$1,778,011

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/04/2019
2) Other Attachmenbt	No	IDOH Provisional ...	09/17/2019
3) Other Attachment	No	FY2019 Match Letters	09/16/2019

Attachment Details

Document Description: Nonprofit documentation for AHCH and HopeWorks

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: FY2019 Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Carol Pierce

Date: 09/27/2019

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

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

X

Active SAM Status Requirement.

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

X

Submission Without Changes

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

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

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

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

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

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

2A. Subrecipient's name was changed to HopeWorks to reflect the legal name change of subrecipient agency. Documentation attached in 7A includes name change paperwork and updated tax exempt status from IRS.

3B. In order to update response to question 3c, subsequently changing 3d.

Project description changed to align with name change of subrecipient agency.

6C. In order to update the HUD Paid Rent to match FMR, subsequently updating the Requested Rental Assistance Amount.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	09/20/2019
1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/30/2019
1G. HUD-2880	07/30/2019
1H. HUD-50070	07/30/2019
1I. Cert. Lobbying	07/30/2019
1J. SF-LLL	07/30/2019
Recipient Performance	07/30/2019
Renewal Expansion	07/30/2019
Renewal Grant Consolidation	09/27/2019
2A. Subrecipients	09/04/2019
3A. Project Detail	07/30/2019
3B. Description	09/04/2019
3C. Dedicated Plus	07/30/2019
4A. Services	07/30/2019
4B. Housing Type	07/30/2019
5A. Households	07/30/2019
5B. Subpopulations	07/30/2019
6A. Funding Request	07/30/2019
6C. Rental Assistance	09/20/2019
6D. Match	09/05/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/16/2019
7B. Certification	09/20/2019
Submission Without Changes	09/04/2019



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

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

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

August 7/ 2019

Pamela S. Fanelli
City Controller
100 1st Street SW
Albuquerque, New Mexico 87102

Dear Ms. Fanelli:

The Federal Transit Administration (FTA) received the City of Albuquerque's Indirect Cost Rate Proposal for fiscal year beginning July 1, 2019, which was dated February 8, 2019.

FTA is currently reviewing the ICRP, and accepts the submitted rate of 12.2% in the Planning Department and 10.4% in the Solid Waste Department on a provisional basis, until a final rate has been approved.

As required by OMB 2 CFR Part 200 (Appendix VII (D)), and FTA Circular 5010.1E, the City should prepare, annually, an updated ICRP and retain the proposal on file for audit. The City would only need to submit the updated ICRP to FTA if the submission requirements listed in FTA Circular 5010.1E, Appendix G(3) are met, or if FTA specifically requests a subsequent submission. These submission requirements include changes in methodology and changes in rates that exceed the prior approved rate by more than 20 percent.

Therefore, the City may use its updated rates for FY2020.

Please contact me or Heriberto (Eddie) Chavarria at 817.978.0548, Heriberto.Chavarria@dot.gov if you have any questions regarding this process.

Sincerely,

Laura C. Wallace

Director of Program Management and Oversight

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/27/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NM0015

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

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

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

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

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title: Division Manager, Division of Homeless Programs and Initiatives

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

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

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): 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: 05/01/2020

b. End Date: 04/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/27/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$423,905.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	300000.0	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$730,845.00	22%
Barrett Foundation	85-0336208	Subrecipient	\$153,141.00	5%
Catholic Charities	80-0110070	Subrecipient	\$294,672.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$207,260.00	6%

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 07/30/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

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

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

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/27/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of Albuquerque

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

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

Date Signed: 09/27/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

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

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

Email: cpierce@cabq.gov

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

Date Signed: 09/27/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

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

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

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

A portion of admin funds was recaptured due to the City of Albuquerque having three staff openings (one program and two fiscal staff) that are funded through CoC admin funds.

Renewal Expansion

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

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

Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?



Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

Combined Renewal Expansion Project Name: Expanded Rental Assistance

combined Renewal Expansion PIN Number: NM0015

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: \$412,802

Organization	Type	Type	Sub-Award Amount
Transitional Living Services	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$412,802

2A. Project Subrecipients Detail

a. Organization Name: Transitional Living Services

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

c. Employer or Tax Identification Number: 85-0264256

	* d. Organizational DUNS:	081467326	PLUS 4	
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e. Physical Address

Street 1: 5601 Domingo Road NE

Street 2:

City: Albuquerque

State: New Mexico

Zip Code: 87108

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

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

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

i. Expected Sub-Award Amount: \$412,802

j. Contact Person

Prefix: Ms.

First Name: Barbara

Middle Name:

Last Name: Church

Suffix:

Title: Executive Director

E-mail Address: bchurch@tls-nm.org

Confirm E-mail Address: bchurch@tls-nm.org

Phone Number: 505-268-5295

Extension:

Fax Number:

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

3A. Project Detail

1. Project Identification Number (PIN) of NM0015
expiring grant:

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

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

2b. CoC Collaborative Applicant Name: City of Albuquerque

3. Project Name: Rental Assistance - TLS

4. Project Status: Standard

5. Component Type: PH

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

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

3B. Project Description

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

The Rental Assistance TLS Project will provide permanent supportive housing to individuals with a disability and households with children where the head of household has a disability. The project will target, but not limit to, persons with mental illness. Clients will receive tenant-based rental assistance and will select an apartment in a neighborhood they choose to live in. The City of Albuquerque will sub-contract with the nonprofit Transitional Living Services (TLS) to administer the rental assistance program. This rental assistance projects will be operated according to Housing First principles.

TLS will conduct an initial assessment which includes the administration of a standardized instrument designed to ascertain addiction acuity and treatment needs and a standardized instrument designed to ascertain diagnosis and mental functioning at the time of entry into the program. TLS will also complete a health screening and an assessment of personal needs, including needs for housing, eligibility for entitlements, employment history, and job training needs. TLS will provide case management and behavioral health services to clients. TLS will provide directly or arrange for the provision of services that shall include to the extent needed, based on the initial assessment and reassessment, health care, job placement/job training services, substance abuse treatment, mental health services, life skills training, and income support services. TLS will partner with agencies such as Goodwill Industries, CLNkids, University of New Mexico, First Nations, First Choice Community Health Care, MATS Detox, Albuquerque Heading Home, the SOAR initiative and other agencies to provide these services.

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

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

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

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

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

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

Other:

3. Housing First

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

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

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

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Monthly
Assistance with Moving Costs		
Case Management	Subrecipient	Weekly
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services		
Life Skills Training		
Mental Health Services	Subrecipient	Weekly
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes



3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 45

Total Beds: 55

Total Dedicated CH Beds: 47

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	45	55

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 45

b. Beds: 55

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 47

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 5601 Domingo Road NE

Street 2:

City: Albuquerque

State: New Mexico

ZIP Code: 87108

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

350012 Albuquerque

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	35	0	45
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	8	29		37
Persons 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

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic 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	4	0	0	0	0	6	0		0	2
Persons ages 18-24	2	0				2			0	0
Children under age 18	6				0	0	0	0	0	4
Total Persons	12	0	0	0	0	8	0	0	0	6

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/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	29			0	0		0	0	0	0
Persons ages 18-24	6	0	0	0	0	6	0	0	0	0
Total Persons	35	0	0	0	0	6	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/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.

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14%	9,722

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

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Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$401,700	
Total Units:		45	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NM - Albuquerque, NM MSA (3500199999)	45	\$401,700

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NM - Albuquerque, NM MSA (3500199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	\$418	x	12	=	\$0
0 Bedroom		x	\$557	\$557	x	12	=	\$0
1 Bedroom	35	x	\$707	\$707	x	12	=	\$296,940
2 Bedrooms	10	x	\$873	\$873	x	12	=	\$104,760
3 Bedrooms		x	\$1,270	\$1,270	x	12	=	\$0
4 Bedrooms		x	\$1,513	\$1,513	x	12	=	\$0
5 Bedrooms		x	\$1,740	\$1,740	x	12	=	\$0
6 Bedrooms		x	\$1,967	\$1,967	x	12	=	\$0
7 Bedrooms		x	\$2,194	\$2,194	x	12	=	\$0
8 Bedrooms		x	\$2,421	\$2,421	x	12	=	\$0
9 Bedrooms		x	\$2,648	\$2,648	x	12	=	\$0
Total Units and Annual Assistance Requested	45							\$401,700
Grant Term								1 Year
Total Request for Grant Term								\$401,700

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$108,753
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$108,753

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	CABQ City General...	09/06/2019	\$2,776
Yes	Cash	Government	Medicaid	07/25/2019	\$105,977

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: CABQ City General Funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/06/2019
6. Value of Written Commitment: \$2,776

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Medicaid
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/25/2019
6. Value of Written Commitment: \$105,977

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$401,700
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$401,700
7. Admin (Up to 10%)	\$22,205
8. Total Assistance plus Admin Requested	\$423,905
9. Cash Match	\$108,753
10. In-Kind Match	\$0
11. Total Match	\$108,753
12. Total Budget	\$532,658

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Nonprofit documen...	09/23/2014
2) Other Attachmenbt	No	IDOH Provisional ...	09/17/2019
3) Other Attachment	No	FY2019 Match Letters	09/16/2019

Attachment Details

Document Description: Nonprofit documentation

Attachment Details

Document Description: IDOH Provisional Approval

Attachment Details

Document Description: FY2019 Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Carol Pierce

Date: 09/27/2019

Title: Director, Department of Family and Community Services

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- 2A. In order to update the subrecipient amount.
- 3B. In order to update response to question 3c, subsequently changing 3d.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2019
Renewal Project Application FY2019	Page 50
	10/02/2019

1E. SF-424 Compliance	07/30/2019
1F. SF-424 Declaration	07/30/2019
1G. HUD-2880	07/30/2019
1H. HUD-50070	07/30/2019
1I. Cert. Lobbying	07/30/2019
1J. SF-LLL	07/30/2019
Recipient Performance	07/31/2019
Renewal Expansion	09/27/2019
2A. Subrecipients	09/08/2019
3A. Project Detail	07/30/2019
3B. Description	07/30/2019
3C. Dedicated Plus	07/30/2019
4A. Services	07/30/2019
4B. Housing Type	07/30/2019
5A. Households	07/30/2019
5B. Subpopulations	07/30/2019
6A. Funding Request	07/30/2019
6C. Rental Assistance	07/30/2019
6D. Match	09/05/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/16/2019
7B. Certification	09/20/2019
Submission Without Changes	09/08/2019

CINCINNATI OH 45999-0038

In reply refer to: 0248221235
Jan. 17, 2014 LTR 4168C 0
85-0264256 000000 00
00019344
BODC: TE

THERAPEUTIC LIVING SERVICES INC
5601 DOMINGO RD NE
ALBUQUERQUE NM 87108



021550

Employer Identification Number: 85-0264256
Person to Contact: Ms. Howard
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 08, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1978.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

August 7/ 2019

Pamela S. Fanelli
City Controller
100 1st Street SW
Albuquerque, New Mexico 87102

Dear Ms. Fanelli:

The Federal Transit Administration (FTA) received the City of Albuquerque's Indirect Cost Rate Proposal for fiscal year beginning July 1, 2019, which was dated February 8, 2019.

FTA is currently reviewing the ICRP, and accepts the submitted rate of 12.2% in the Planning Department and 10.4% in the Solid Waste Department on a provisional basis, until a final rate has been approved.

As required by OMB 2 CFR Part 200 (Appendix VII (D)), and FTA Circular 5010.1E, the City should prepare, annually, an updated ICRP and retain the proposal on file for audit. The City would only need to submit the updated ICRP to FTA if the submission requirements listed in FTA Circular 5010.1E, Appendix G(3) are met, or if FTA specifically requests a subsequent submission. These submission requirements include changes in methodology and changes in rates that exceed the prior approved rate by more than 20 percent.

Therefore, the City may use its updated rates for FY2020.

Please contact me or Heriberto (Eddie) Chavarria at 817.978.0548, Heriberto.Chavarria@dot.gov if you have any questions regarding this process.

Sincerely,

Laura C. Wallace

Director of Program Management and Oversight

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 2019 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 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 CoC Program NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/20/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Albuquerque

b. Employer/Taxpayer Identification Number (EIN/TIN): 85-6000102

	c. Organizational DUNS:	615720401	PLUS 4	
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d. Address

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

e. Organizational Unit (optional)

Department Name: Family and Community Services

Division Name: Community Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Heidiliza

Middle Name:

Last Name: Shultz

Suffix:

Title:

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2844

Extension:

Applicant: City of Albuquerque

140042297

Project: Albuquerque CoC Planning Project 2018

180085

Fax Number: (505) 768-3204

Email: hlshultz@cabq.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): New Mexico
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Albuquerque CoC Planning Project 2018

16. Congressional District(s):

a. Applicant: NM-001
b. Project: NM-001
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 07/01/2020
b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title:

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/20/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Albuquerque

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title: Director, Department of Family and Community Services

Organizational Affiliation: City of Albuquerque

Telephone Number: (505) 768-2870

Extension:

Email: cpierce@cabq.gov

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip/Postal Code: 87102

2. Employer ID Number (EIN): 85-6000102

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$162,299

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Albuquerque CoC Planning Project 2018 400 Marquette NW Albuquerque New Mexico

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD Dual Diagnosis- 500 Gold Ave SW Suite 7301 Albuquerque, NM 87103	Grant	\$92,700.00	Case Management Salaries
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$300,000.00	Behavioral Health Services
Medicaid- 1301 Young St. Suite 714 Dallas, TX 75202	Medicaid Insurance	\$200,000.00	Behavioral Health Services
NM Mortgage Finance Authority- 344 Fourth St. SW Albuquerque, NM 87102	Grant	\$31,387.00	Program Manager Salaries
Private Donations	Private Contributions	\$38,615.00	Housing Placement and Support Services

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
Albuquerque Health Care for the Homeless	85-0368993	Subrecipient	\$730,845.00	22%
Barrett Foundation	85-0336208	Subrecipient	\$153,141.00	5%
Catholic Charities	80-0110070	Subrecipient	\$294,672.00	9%
City of Albuquerque	85-6000102	Recipient	\$141,107.00	4%
CLNkids	85-0366029	Subrecipient	\$207,260.00	6%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: ☒

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/20/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Albuquerque

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name M

Last Name: Pierce

Suffix:

Title:

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/20/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Albuquerque

Name / Title of Authorized Official: Carol Pierce, Director, Department of Family and Community Services

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/20/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Albuquerque

Street 1: 400 Marquette NW

Street 2:

City: Albuquerque

County: Bernalillo

State: New Mexico

Country: United States

Zip / Postal Code: 87102

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Carol

Middle Name: M

Last Name: Pierce

Suffix:

Title:

Telephone Number: (505) 768-2870
(Format: 123-456-7890)

Fax Number: (505) 768-3204
(Format: 123-456-7890)

Email: cpierce@cabq.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/20/2019

2A. Project Detail

- 1a. CoC Number and Name:** NM-500 - Albuquerque CoC
1b. Collaborative Applicant Name: City of Albuquerque
- 2. Project Name:** Albuquerque CoC Planning Project 2018
- 3. Component Type:** CoC Planning Project Application

2B. Project Description

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

This project will provide planning, coordination and evaluation activities for the Albuquerque Continuum of Care. The Project will undertake the following activities:

- 1) Hold monthly CoC Membership Meetings with published agendas and written meeting minutes;
- 2) Update the CoC Governance Charter and invite new members to join the CoC at least annually;
- 3) Oversee the election of the CoC Board based on the written process in the CoC Governance Charter and hold quarterly CoC Board Meetings;
- 4) Appoint additional workgroups as needed, including the Independent Review Committee;
- 5) Establish appropriate performance targets, monitor recipient/subrecipient performance, evaluate outcomes and take action against poor performers for all CoC and ESG projects;
- 6) Coordinate the CoC Independent Review Committee, which will evaluate all renewal projects annually using HMIS data, APRs, financial audits and HUD monitoring reports and which will select new projects;
- 7) Conduct on-site monitoring visits of CoC and ESG recipients using a standard monitoring protocol, which will include a review of utilization rates, housing stability, income and mainstream benefits outcomes, compliance with CoC regulations and CoC Common standards.
- 8) Continue implementation of the NM Coordinated Entry System;
- 9) Update Written Standards for Administering CoC Assistance as needed in coordination with the Coordinated Entry System and ESG subrecipients;
- 10) Continue implementation of CoC's plan to end homelessness which addresses the coordination of housing and services systems to meet the needs of everyone experiencing homelessness and encompasses outreach/engagement/assessment, shelter/housing/services, and prevention activities. Update the plan as needed;
- 11) Plan for and conduct, at least biennially, a point-in-time count;
- 12) Conduct an annual gaps analysis of the homeless needs and services available within the CoC;
- 13) Provide the information required to complete a Consolidated Plan within the CoC's geographic area;
- 14) Consult with ESG program recipients within the Continuum's geographic area on the plan for allocated ESG program funds and report on and evaluate the performance of ESG program recipients/subrecipients;
- 15) Coordinate the implementation of a VAWA Emergency transfer plan for the CoC;
- 16) Coordinate the completion and submission of the annual CoC application to HUD;
- 17) Provide support and technical assistance to low performing CoC and ESG projects to help them improve outcomes, including housing, earned income and mainstream benefit outcomes;
- 18) Ensure that the CoC is compliant with all HMIS rules and regulations;

19) Provide training and technical assistance to agencies within the CoC to ensure they are using best practices to help participants increase income, obtain mainstream benefits and achieve housing stability. This includes coordinating CoC-wide SOAR activities, such as SOAR training and the SOAR Steering Committee.

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, 2020 is the anticipated start date for the project. The following activities will take place starting in the first quarter of the grant and will take place each quarter throughout the grant year:

- CoC Board and CoC Membership continues to meet regularly;
- Develop/implement strategies for using Coordinated Entry to most effectively address/assess gaps in housing and services;
- Conduct CoC and ESG monitoring visits to assess whether projects are complying with regulations and HUD priorities;
- Provide training, support and technical assistance to CoC and ESG projects that need it in order to comply with CoC Interim Rule, ESG regulations and to achieve high outcomes;
- Monitor CoC-wide and agency-level performance on HUD System Performance Measures and develop/implement strategies to improve outcomes;

-Develop/implement strategies for improving the Coordinated Entry System

The following activities will also take place specific to the quarter indicated below:

July 1 - September 30, 2020: CoC membership appoints Independent Review Committee (IRC) and IRC sets evaluation criteria for all FY20 renewals; IRC makes final evaluation, ranking and reallocation decision on FY20 renewal projects; IRC sets selection criteria for FY20 new projects, solicits new projects and selects new projects; Report System Performance Measures to HUD.

October 1 - December 31, 2020: FY20 CoC Application to HUD is completed and submitted; Plan the 2021 Sheltered PIT Count and Housing Inventory

January 1 - March 31, 2021: Plan and conduct 2021 Sheltered PIT Count and Housing Inventory; Begin preparing for FY21 CoC Application

April 1 to June 30, 2021: 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 FY21 renewals; This project will be managed by the Division Manager, Division of Homeless Programs and Initiatives, at the City of Albuquerque Department of Family and Community Services (DFCS). The person in this position currently oversees Albuquerque CoC coordination. The City of Albuquerque will contract with the New Mexico Coalition to End Homelessness to carry out many of the activities listed above. The DFCS will assess project implementation at least quarterly to ensure all activities are being implemented as planned.

3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?

The Albuquerque CoC review committee evaluates all CoC projects' performance annually using APR data, HUD audits, City of Albuquerque audits, and financial audits. If a project is low-performing, the review committee asks

the project to submit a written plan for improving performance. The planning funds will allow the City of Albuquerque to evaluate outcomes throughout the year, not just during the annual renewal evaluation process. The planning funds will also allow the City to actively help projects improve their outcomes and monitor their improvement throughout the year. The planning funds will allow the City of Albuquerque to conduct monitoring visits of CoC and ESG projects throughout the year. Part of the visit will focus on the project's outcomes and how to improve those outcomes if needed. The planning funds will also allow the City or Albuquerque to provide ongoing technical assistance to projects with lower outcomes and to monitor their outcomes throughout the year.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

This HUD financial assistance will allow the CoC to develop new systems for coordinating and evaluating our CoC. For example, these funds will help us establish baselines and goals for the new system performance measurements. Once these systems are in place, we anticipate that we would have the resources to continue after HUD financial assistance expired, or was reduced in scale. The City of Albuquerque currently uses City General Funds to fund the cost of some CoC planning activities. This will continue even after the expiration of HUD financial assistance.

3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Yes

4a. If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.

During the FY2019 review and selection process, the IRC elected to reallocate part of the funds that Supportive Housing Coalition (SHC) receives for their two Permanent Supportive Housing grants due to not spending down and having continuous concerns regarding financial audits/management. SHC submitted an appeal to the IRC regarding this decision and the IRC decided to reverse the decision to reallocate their funds for the current application based on the detailed plan that SHC had to improve.

3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Independent Review Committee	This group solicits, selects and ranks new CoC projects. It also establishes evaluation criteria for renewal projects, evaluates renewal projects, determines whether to renew renewal projects, and ranks renewal projects. The committee members represent a diverse group of viewpoints. Members include representatives from homeless service providers, local government, and persons who have experienced homelessness. Together, the committee members understand the programmatic aspect of serving the homeless, and our local plan to end homelessness.	Quarterly	CABQ, NM MFA; Abby Long - Amity Foundation, Debbie Johnson Formerly Homeless & Tenderlove, Tarl Heston - Formerly Homeless Community member; Amy Whitfield - CYFD; Delores Gomez - Blue Cross Blue Shield MCO; Adan Carriaga - Independent MCO
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 people obtain, and the CoC has decided to do this through the implementation of SOAR. The committee plans SOAR training and address challenges/issues with SOAR implementation.	Quarterly	Social Security Administration; Disability Determination Services; NM Coalition to End Homelessness; Heading Home; Community Members; GoodWill of NM
Veterans Leadership and Case Conferencing Committee	The role of the Veteran Leadership and Case Conferencing Committee is to coordinate city-wide efforts to end homelessness for veterans in Albuquerque. This committee meets monthly to review the by name list of homeless veterans, upcoming resources and the development of strategies to reduce veteran homelessness.	Monthly	New Mexico VA, New Mexico Coalition to End Homelessness, NM Veterans Integration Center SSVF and GPD, NM Goodwill Industries SSVF
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, represents the CoC in the community, monitors CoC membership and provides guidance on CoC related issues, such as converting transitional housing to rapid rehousing.	Quarterly	SAFE House, Veteran's Administration, NM Mortgage Finance Authority, Family Promise, City of Albuquerque Department of Family and Community Service, HopeWorks, Barrett Foundation, Magellan/ Presbyterian Health Care (MCO)

Albuquerque Strategic Collaborative (CoC Meeting) Steering Committee	The role of the Albuquerque Strategic Collaborative (ASC) Steering Committee is to provide an opportunity for the CoC membership to support steering the work and focus of the CoC membership meetings. This group meets monthly to discuss proposed updates to the strategic plan for ending homelessness in Albuquerque, the structure of the CoC meetings, and methods for expanding the CoC membership.	Monthly	Tarl Heston, Formerly Homeless Community Member; Birga Alden; Travis Clark, Steelbridge; Whitney Conyers, Veteran's Administration; Larissa Martin, CABQ; NM Coalition to End Homelessness
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4A. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$40,575
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$40,575

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City General Funds	09/06/2019	\$40,575

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:** 09/06/2019
- 6. Value of Written Commitment:** \$40,575

4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award.

Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

**a. Please complete the indirect cost rate schedule below:
(At least one row must be entered)**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
City of Albuquerque	14.20%	\$47,096.00

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.20 FTE CoC Director Salary/Wages and Benefits; .40 FTE CoC PProgram Coordinator Salar/Wages and Benefits; .10 City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and funiture for office where planning activities will take place; Travel	\$50,090

2. Project Evaluation	.10 FTE CoC Director Salary/Wages and Benefits; .30 FTE CoC Program Coordinator Salary/Wages and Benefits; .10 FTE City of Albuquerque Homeless Program Staff Salary/Wages and Benefits; Rent, phone, internet, supplies, computer equipment and furniture for office where planning activities will take place; Travel	\$14,869
3. Project Monitoring Activities	.15 FTE CoC Director Salary/Wages and Benefits; .55 FTE CoC Program 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	\$10,198
4. Participation in the Consolidated Plan	.05 FTE CoC Director Salary/Wages and Benefits; .05 FTE CoC Program 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	\$3,246
5. CoC Application Activities	.10 FTE CoC Director Salary/Wages and Benefits; .25 FTE CoC Program 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	\$14,738
6. Determining Geographical Area to Be Served by the CoC		\$0
7. Developing a CoC System		\$0
8. HUD Compliance Activities	.10 FTE Executive Director Salary/Wages and Benefits; .05 FTE CoC Director Salary/Wages and Benefits; .10 FTE CoC Program 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	\$69,158
Total Costs Requested		\$162,299
Cash Match		\$40,575
In-Kind Match		\$0
Total Match		\$40,575
Total Budget		\$202,874

Click the 'Save' button to automatically calculate the Total Assistance

5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	Match Documentation	09/17/2019
2. Other Attachment(s)	No	IDOH Provisional ...	09/18/2019

Attachment Details

Document Description: Match Documentation

Attachment Details

Document Description: IDOH Provisional Approval

5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or

disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

1-Year Operation Rule.

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Carol Pierce

Date: 09/20/2019

Title:

Applicant Organization: City of Albuquerque

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/18/2019
1E. SF-424 Compliance	09/03/2019
1F. SF-424 Declaration	09/03/2019
1G. HUD 2880	09/03/2019
1H. HUD 50070	09/03/2019
1I. Cert. Lobbying	09/03/2019
1J. SF-LLL	09/03/2019
2A. Project Detail	09/04/2019

2B. Description	09/17/2019
3A. Governance and Operations	09/17/2019
3B. Committees	09/17/2019
4A. Match	09/18/2019
4B. Funding Request	09/18/2019
5A. Attachment(s)	09/18/2019
5B. Certification	09/18/2019



U.S. Department
of Transportation
**Federal Transit
Administration**

REGION VI
Arkansas, Louisiana,
New Mexico, Oklahoma,
Texas

819 Taylor St. Suite 14A02
Fort Worth, TX 76102
817-978-0550
817-978-0575 (fax)

August 7/ 2019

Pamela S. Fanelli
City Controller
100 1st Street SW
Albuquerque, New Mexico 87102

Dear Ms. Fanelli:

The Federal Transit Administration (FTA) received the City of Albuquerque's Indirect Cost Rate Proposal for fiscal year beginning July 1, 2019, which was dated February 8, 2019.

FTA is currently reviewing the ICRP, and accepts the submitted rate of 12.2% in the Planning Department and 10.4% in the Solid Waste Department on a provisional basis, until a final rate has been approved.

As required by OMB 2 CFR Part 200 (Appendix VII (D)), and FTA Circular 5010.1E, the City should prepare, annually, an updated ICRP and retain the proposal on file for audit. The City would only need to submit the updated ICRP to FTA if the submission requirements listed in FTA Circular 5010.1E, Appendix G(3) are met, or if FTA specifically requests a subsequent submission. These submission requirements include changes in methodology and changes in rates that exceed the prior approved rate by more than 20 percent.

Therefore, the City may use its updated rates for FY2020.

Please contact me or Heriberto (Eddie) Chavarria at 817.978.0548, Heriberto.Chavarria@dot.gov if you have any questions regarding this process.

Sincerely,

Laura C. Wallace

Director of Program Management and Oversight