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 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

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

3. Date Received: 09/26/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: Los Angeles Homeless Services Authority
   b. Employer/Taxpayer Identification Number (EIN/TIN): 95-4498834
   c. Organizational DUNS: 837100361
   d. Address
      Street 1: 811 Wilshire Boulevard, 6th Floor
      Street 2:
      City: Los Angeles
      County: Los Angeles
      State: California
      Country: United States
      Zip / Postal Code: 90017
   e. Organizational Unit (optional)
      Department Name: LAHSA Programs Department
      Division Name: Funding Unit
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
      First Name: Christopher
      Middle Name:
      Last Name: Callandrillo
      Suffix:
      Title: Director of Programs
      Organizational Affiliation: Los Angeles Homeless Services Authority
      Telephone Number: (213) 683-3333
Extension:

Fax Number:  (213) 892-0093

Email:  ccallandrillo@lahsa.org
1C. SF-424 Application Details

9. Type of Applicant: D. Special District 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-6100-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):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
    Los Angeles CoC 2017 PSH Bonus

16. Congressional District(s):
   a. Applicant: CA-043, CA-044, CA-047, CA-033, CA-035, CA-037, CA-038, CA-039, CA-040, CA-027, CA-026, CA-029, CA-028, CA-030, CA-034, CA-032, CA-023, CA-022, CA-025
   b. Project: CA-022
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2018
   b. End Date: 06/30/2019

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: [X]

21. Authorized Representative
Prefix: Mr.
First Name: Peter
Middle Name: 
Last Name: Lynn
Suffix: 
Title: Executive Director
Telephone Number: (213) 683-3333
(Format: 123-456-7890)
Fax Number: (213) 892-0093
(Format: 123-456-7890)
Email: plynn@lahsa.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/26/2017
1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Los Angeles Homeless Services Authority
Prefix: Mr.
First Name: Peter
Middle Name: 
Last Name: Lynn
Suffix: 
Title: Executive Director
Organizational Affiliation: Los Angeles Homeless Services Authority
Telephone Number: (213) 683-3333
Extension: 
Email: plynna@lahsa.org
City: Los Angeles
County: Los Angeles
State: California
Country: United States
Zip/Postal Code: 90017

2. Employer ID Number (EIN): 95-4498834

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $2,308,757.00

Applicant: Los Angeles Homeless Services Authority CA-600 CoC
Project: Los Angeles CoC 2017 PSH Bonus

New Project Application FY2017 Page 9 09/26/2017
5. State the name and location (street address, City and State) of the project or activity.

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

---

Part I Threshold Determinations

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

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

---

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

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

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angles HCID</td>
<td>Grant</td>
<td>$50,953.00</td>
<td>Supp. Svc, Operating, HMIS, Admin</td>
</tr>
<tr>
<td>Los Angles County</td>
<td>Grant</td>
<td>$50,953.00</td>
<td>Supp. Svc, Operating, HMIS, Admin</td>
</tr>
<tr>
<td>County of LA - DMH</td>
<td>Grant</td>
<td>$58,406.00</td>
<td>Services and Administration</td>
</tr>
<tr>
<td>CA Office of Emergency Services</td>
<td>Grant</td>
<td>$38,167.00</td>
<td>Supp. Svc, &amp; Operating Costs</td>
</tr>
<tr>
<td>Homes For Life Foundation</td>
<td>Private Contributions</td>
<td>$45,349.00</td>
<td>Supportive Services/Operations/Admin</td>
</tr>
</tbody>
</table>

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

---

Part III Interested Parties

Applicant: Los Angeles Homeless Services Authority CA-600 CoC
Project: Los Angeles CoC 2017 PSH Bonus

(Requested amounts will be automatically entered within applications)
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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harbor Interfaith Services</td>
<td>33-0031099</td>
<td>Subrecipient</td>
<td>$387,693.00</td>
<td>85%</td>
</tr>
<tr>
<td>Moonlight Villas LP</td>
<td>80-0876827</td>
<td>Owner</td>
<td>$11,000,000.00</td>
<td>100%</td>
</tr>
<tr>
<td>Rainbow Services</td>
<td>95-3855705</td>
<td>Sub-subrecipient</td>
<td>$63,113.00</td>
<td>15%</td>
</tr>
<tr>
<td>Volunteers of America of LA</td>
<td>95-1691330</td>
<td>Subrecipient</td>
<td>$197,143.00</td>
<td>97%</td>
</tr>
<tr>
<td>Volunteers of America of LA</td>
<td>95-1691330</td>
<td>Subrecipient</td>
<td>$558,628.00</td>
<td>92%</td>
</tr>
</tbody>
</table>

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Peter Lynn, Executive Director

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

Date Signed: 09/26/2017
HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Los Angeles Homeless Services Authority
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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

2. 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.

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

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

Authorized Representative

Prefix: Mr.
First Name: Peter
Middle Name
Last Name: Lynn
Suffix:
Title: Executive Director
Telephone Number: (213) 683-3333
(Format: 123-456-7890)
Fax Number: (213) 892-0093
(Format: 123-456-7890)
Email: plynn@lahsa.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/26/2017
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:

[Signature]

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: Los Angeles Homeless Services Authority

Name / Title of Authorized Official: Peter Lynn, Executive Director

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

Date Signed: 09/26/2017
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: Los Angeles Homeless Services Authority
Street 1: 811 Wilshire Boulevard, 6th Floor
City: Los Angeles
County: Los Angeles
State: California
Country: United States
Zip / Postal Code: 90017

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: Mr.
First Name: Peter
Middle Name:
Last Name: Lynn
Suffix:
Title: Executive Director

Telephone Number: (213) 683-3333
(Format: 123-456-7890)
Fax Number: (213) 892-0093
(Format: 123-456-7890)
Email: plynn@lahsa.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/26/2017
### 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: $2,145,600

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles Homeless Services Authority</td>
<td>D. Special District Government</td>
<td>$2,145,600</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: Los Angeles Homeless Services Authority

b. Organization Type: D. Special District Government
   If "Other" specify:

c. Employer or Tax Identification Number: 95-4498834

d. Organizational DUNS: 837100361

<table>
<thead>
<tr>
<th></th>
<th>* d. Organizational DUNS: 837100361</th>
<th>PLUS 4:</th>
</tr>
</thead>
</table>

 e. Physical Address
   Street 1: 811 Wilshire Boulevard, 6th Floor
   Street 2:  
   City: Los Angeles
   State: California
   Zip Code: 90017

f. Congressional District(s): CA-022
   (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: $2,145,600

j. Contact Person
   Prefix: Mr.
   First Name: Christopher
   Middle Name:
Last Name: Callandrillo
Suffix:
Title: Director of Programs
E-mail Address: ccallandrillo@lahsa.org
Confirm E-mail Address: ccallandrillo@lahsa.org
Phone Number: 213-683-3333
Extension:
Fax Number: 213-892-0093
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The Los Angeles Homeless Services Authority (LAHSA) is a Joint Powers Authority established in 1993 as an independent agency by the County & City of Los Angeles. LAHSA is the lead agency in the Los Angeles Continuum of Care, HMIS lead & coordinates & manages over $243 million dollars annually in Federal, State, County & City funds for programs providing shelter, housing & services to homeless persons in Los Angeles City & County. Through LAHSA, funding, program design, outcomes assessment & technical assistance is provided to over 100 non-profit partner agencies who operate within the City & County assisting persons who are homeless achieve independence & stability in permanent housing. Our partner agencies provide a continuum of programs ranging from outreach, access centers, emergency shelters, safe havens, transitional & permanent housing, & prevention along with necessary supportive services designed to provide the tools & skills required to attain a stable housing environment. Specialized programs funded through LAHSA address a wide-range of issues related to homelessness, including but not limited to: domestic violence, mental illness, substance abuse, job training, family strengthening, health, mainstream benefits enrollment, & most importantly, supportive short & long-term housing. Additionally, LAHSA partners with both the County & City of Los Angeles to integrate services & housing opportunities to ensure wide distribution of service & housing options throughout the Los Angeles Continuum of Care.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

LAHSA coordinates delivery of services to homeless residents through administration of approx. $243 million in annual federal, state & local funding for homeless housing & services. LAHSA partners with both City & County of Los Angeles (LA) incl County Dept of Public Social Svcs to max CoC homeless funding by leveraging other federal dollars made available through Emergency Solutions Grant. Additionally, in March 2017, LA County voters approved Measure H, a ballot initiative expected to generate an estimated $355 million annually for next 10 years, to be used exclusively for combating homelessness in LA County. To determine how this new funding should be allocated, a 50-member Measure H Revenue Planning Group convened beginning in April 2017 to deliberate & make recommendations to County Board of Supervisors. These final recommendations were approved on June 13, 2017 & both expand existing programs & systems & fund new programs & system components. LAHSA will be responsible for administering approx $140 million of these LA County funds annually to support service providers. Initiatives funded with Measure H dollars include expansion of countywide outreach, homelessness prevention for single
adults, families & youth, expansion of CES for all populations (incl. addition of new component of housing navigation), rapid re-housing & expansion of emergency shelter & bridge housing programs.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

LAHSA is governed by a politically appointed, 10-member Commission with 5 selected by County Board of Supervisors & 5 by Mayor & City Council. LAHSA Commission has authority to make budgetary, funding, planning & program policies. Due to vast size of LA County, coordination is achieved through regular regionalized meetings held in LA’s 8 Service Planning Areas (SPAs) & monthly LAHSA Commission public meetings. LAHSA has 54 financial members led by CFO & utilizes Sage Abila Software, which allows LAHSA to account for all income & expenses by each project & grant. LAHSA’s accounting is performed per Governmental Accounting Standards Board (GASB) & Generally Accepted Accounting Procedures (GAAP), & internal controls are documented by an accounting procedures manual. Financial system is compliant with OMB Circular 2 CFR 200 (b) Standards for Financial Management. Strong internal controls are in place, incl. separation of duties, approval procedures, batch & entry controls, bank reconciliation, payroll procedures, etc. These controls are tested & reviewed through an annual audit process that is facilitated by an independent Audit Firm as well as audits & monitoring by funders such as HUD. The finance team has developed & implemented a robust fiscal & programmatic monitoring program, which allows LAHSA to substantially improve our ability to assess program efficacy & support agencies to become better service providers. In addition, LAHSA conducts technical assistance training to address needs identified through the monitoring process.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No
3A. Project Detail

1a. CoC Number and Name: CA-600 - Los Angeles City & County CoC
1b. CoC Collaborative Applicant Name: Los Angeles Homeless Services Authority

2. Project Name: Los Angeles CoC 2017 PSH Bonus

3. Project Status: Standard

4. Component Type: PH

5. 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.

LAHSA will solicit proposals under its competitive bidding and procurement process to obtain subrecipients that will develop and operate a New PSH Bonus project for TAY as part of its existing continuum of care in LA County. This program will serve chronically homeless Transitional-Age Youth (TAY) in all SPAs within LA County and will respond to identified need for this population, evidenced by significant increase in homeless youth County-wide housing for last year, particularly unsheltered youth. The 2017 Point In Time Homeless Count identified over 300 chronically homeless youth ages 18-24 within the County. Subrecipients will work directly with CES to receive referrals & will provide housing placement as well as case management and other housing stabilization services based on participant need & preference & specifically tailored to the unique needs of the target population. TAY often require more significant assistance in refining life skills and interpersonal skills, educational and job skills training assistance, and assistance accessing mainstream benefits. The program will follow a harm reduction model and provide trauma informed care. The LA CoC PSH Bonus Program is projected to serve 160 TAY in the 12 month grant period. Performance outcomes are anticipated to be consistent with HUD outcomes related to permanent housing retention (80%), increased income (20%), utilization of funds (100%), HMIS data quality (95%) and avoiding a return to homelessness (95%). Funding for case management and supportive services has been committed by DHS (documented as match and leveraging). Also, subrecipients will leverage existing staff for the proposed PSH, existing social services (e.g. employment services, food, child care) provided at existing sites throughout the County to supplement supportive services, additional community building activities for participants in each SPA, and existing office space within each SPA to conduct initial assessments in secure & private offices. Subrecipients will also collaborate with varied supportive service providers in the CoC to ensure that participants have access to appropriate services as identified by them and the CM during assessment & case management. CoC Program support is needed to provide financial assistance for program participants, primarily for rental assistance, in order to implement a housing first approach and ensure that TAY served through the program can be placed in safe & affordable housing tailored to their needs and personal choice as soon as possible upon entry into the proposed Los Angeles CoC PSH Bonus program.

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

LAHSA will utilize a Request For Proposal (RFP) process to obtain subrecipients. Being that the program model is scattered-site in the community, start-up is anticipated per the timeline below, and the project is expected to be at capacity within 12 months of start-up. Upon award, LAHSA will work with service providers to ensure compliance.
US HUD Conditional Award: January 2018  
Collaborative Applicant (CA) issues RFP: February/March 2018  
CA Selects a Sub-recipient: April/May 2018  
US HUD Approves Technical Submission/Contract Execution with CA: August 2018  
CA Contract with Sub-recipient: August 2018  
Sub-recipient hires staff: October 2018  
Sub-recipient start-up: October 2018  
The sub-recipient will comply with the Coordinated Intake process, accepting referrals of highly vulnerable youth meeting the chronic homeless definition, using HMIS.  
LAHSA will utilize Team Gantt as its project management tool & method to assure effective & timely completion of all work. The project plan will detail deliverables, timeframes and staff responsibilities to complete the required tasks. LAHSA, as the Collaborative Applicant and HMIS Lead, will continue to track achievement of goals and objectives and present them at least quarterly to the LA CoC Board and LAHSA Commission, and at the CoC Community Meetings to share status updates; program outcomes and performance measures will provide a guide for tracking trends and patterns.

3. Will your project participate in a CoC Coordinated Entry Process?  
   Yes

* 4. Please identify the project’s specific population focus.  
   (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Housing First

a. Will the project quickly move participants into permanent housing  
   Yes

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

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
<th>Active or history of substance use</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

d. Will the project follow a "Housing First" approach? Yes
(Click ‘Save’ to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will the PH project provide PSH or RRH? PSH

8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

9. Will more than 16 persons live in one structure? No

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.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.
3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?  No
4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?  
Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?  
Not Applicable

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Once PSH eligibility is verified, subrecipient staff will work quickly thru documentation, orientation & housing location w/ on-staff housing coordinators who have engaged landlords to work w/ clients. Landlords are connected, informed about rent reasonableness & notified that staff is there to assist w/ tenancy issues. Staff assist clients w/ interactions w/ landlords. Staff orients member to necessary resources: grocery/drug stores, hospital, parks, key to successfully transition from chronic homelessness to permanent housing. Money management services are available for clients requiring a representative payee for SSA benefits. Staff review components of housing stability: paying rent on time, good housekeeping, & being a good neighbor, so that issues such as hoarding or getting along w/ neighbors will not compromise housing status. Staff ensure participants are linked to services incl medical treatment, mental health services, therapy & substance abuse interventions as needed.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

The subrecipient will work collaboratively with each TAY to assess barriers to housing stabilization, develop goals to address increased employment and/or income and increased ability to live independently, and coordinate supportive services to address these barriers and meet these goals. Chronically homeless TAY typically are less likely to be enrolled in mainstream benefits, often have limited education and lack financial management/other life skills, have a history with the criminal justice system, and have a higher incidence of sexual or physical abuse either prior to or during their period of homelessness. Supportive services to address these issues will be provided through collaboration with other providers within LA County, and the CM will work with clients and
providers to ensure that these services are available and accessible, including:

**Employment/Job Training/Education:** CMs will link TAY to EDD/AJCC & other educational programs in their area to assist in employment preparation (resume creation, interviewing, job search, and employer relations) and educational goals, and will work directly with clients in resume development, role playing job interviews, and addressing other barriers to employment (lack of identification, clothing, transportation). CMs will also work to connect clients to on-the-job training, internships, and apprenticeships, if available, as well as to fund the cost of job training certifications. Mainstream benefits: As a component of the initial assessment, the CM will determine current access to mainstream benefits & will work with the client to complete an application for multiple benefits sources as appropriate. The CM will advocate for the client throughout the benefits application process as needed and will follow up as part of bi-weekly case management on receipt and required renewal of any benefits for which they are eligible. Ability to Live Independently: The CM will work directly with TAY to address financial literacy and other life skills issues and provide linkages to food (meal programs around the County), hygiene and household supplies, legal services, medical and mental health services, and substance abuse services (local NA and AA groups, outpatient treatment programs). CoC Funds: CoC financial assistance funds will enable clients to become housed in independent living situations and allow them to focus on and overcome barriers to employment and housing stabilization.

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

*Click 'Save' to update.*

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Semi-annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>
5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
Yes

5b. Use of a single application form for four or more mainstream programs?  
Yes

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?  
Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.  
Yes
4B. Housing Type and Location

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

<table>
<thead>
<tr>
<th>Total Units:</th>
<th>75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Beds:</td>
<td>160</td>
</tr>
<tr>
<td>Total Dedicated CH Beds:</td>
<td>160</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>75</td>
<td>160</td>
</tr>
</tbody>
</table>
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: 75
   b. Beds: 160

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?
   160
   This includes both the “dedicated” and “prioritized” beds.

4. Address:
   Street 1: 811 Wilshire Blvd, 6th Floor
   Street 2: City: Los Angeles
   State: California
   ZIP Code: 90017

*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)

062850 Pomona, 061698 Huntington Park, 064002 West Covina, 060234 Baldwin Park, 061032 Downey, 061740 Inglewood, 064074 Whittier, 069037 Los Angeles County, 063356 Santa Clarita, 062706 Paramount City, 061428 Gardena, 062970 Redondo Beach, 060654 Cerritos, 062148 Lynwood, 061914 Lancaster, 061470 Glendora City, 060288 Bellflower, 063744 Torrance, 062340 Monterey Park, 060456 Burbank, 062118 Los Angeles, 060804 Compton, 060594 Carson, 063528 South Gate, 061596 Hawthorne, 060030 Alhambra, 062490 Norwalk, 061152 El Monte, 063102 Rosemead, 062328 Montebello, 063384 Santa Monica, 061890 Lakewood, 062766 Pico Rivera, 062658
Palmdale
## 5A. Project Participants - Households

### Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Households</td>
<td>10</td>
<td>140</td>
<td></td>
<td>150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>140</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>10</td>
<td>140</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>20</td>
<td>140</td>
<td>0</td>
<td>160</td>
</tr>
<tr>
<td>Total Persons</td>
<td>20</td>
<td>140</td>
<td>0</td>
<td>160</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>120</td>
<td>20</td>
<td>70</td>
<td>5</td>
<td>60</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>120</td>
<td>20</td>
<td>70</td>
<td>5</td>
<td>60</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

#### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## 5C. Outreach for Participants

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>35%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>5%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>5%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

2. Describe the outreach plan to bring these homeless participants into the project.

Subrecipient will be an active participant in the LA County CoC’s coordinated entry system, currently attending CES coordination meetings throughout the County of Los Angeles. Subrecipients’ staff will complete V-SPDATs for all clients encountered through their outreach efforts, enter client data into HMIS, and work directly with CES lead agencies and other providers to ensure that youth with the most severe needs and vulnerability levels are prioritized for assistance. Due to the successful communication between the subrecipients and CES partners in the County of LA, subrecipients will be able to maintain capacity in terms of occupancy in all its existing homeless programs. CES will provide outreach and access to the proposed program, and direct service staff to engage with the existing system of care in each SPA County-wide program to obtain referrals and coordinate services. Once a client is identified through CES and/or outreach efforts, the subrecipients will engage the client and begin the enrollment process. After the enrollment process is complete and the client has been deemed eligible, the client will meet with the CM and HS to navigate the housing process and secure permanent housing. The CM and HS will also work to engage the client in supportive services directly or through linkages to appropriate resources based on need and client focus.
5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Permanent Housing Bonus

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

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>0%</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is being requested: Acquisition/Rehabilitation/New Construction
Leased Units
Leased Structures
Rental Assistance X
Supportive Services X
Operating
HMIS

Applicant: Los Angeles Homeless Services Authority CA-600 CoC
Project: Los Angeles CoC 2017 PSH Bonus

CA-600 CoC

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6E. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Los Angeles-Long Beach-Glendale,...</td>
<td>75</td>
<td>$1,341,000</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $1,341,000
Total Units: 75
Rental Assistance Budget Detail

Instructions:

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

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

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

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

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

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

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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

Grant Term: This field is populated based on the grant term selected on Screen “6A. Funding Request” and will be read only.

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Los Angeles-Long Beach-Glendale, CA HUD Metro FMR Area (0603799999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$710</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$947</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,154</td>
<td>x</td>
<td>12</td>
</tr>
</tbody>
</table>

New Project Application FY2017 Page 42 09/26/2017
2 Bedrooms 75 x $1,490 x 12 = $1,341,000
3 Bedrooms x $2,009 x 12 = $0
4 Bedrooms x $2,227 x 12 = $0
5 Bedrooms x $2,561 x 12 = $0
6 Bedrooms x $2,895 x 12 = $0
7 Bedrooms x $3,229 x 12 = $0
8 Bedrooms x $3,563 x 12 = $0
9 Bedrooms x $3,897 x 12 = $0

Total Units and Annual Assistance Requested 75 $1,341,000

Grant Term 1 Year

Total Request for Grant Term $1,341,000

Click the 'Save' button to automatically calculate totals.
**6F. Supportive Services Budget**

**Instructions:**

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

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

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>outreach and assessment</td>
<td>$40,000</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Child Care</td>
<td>For TAY families</td>
<td>$9,000</td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>food or groceries</td>
<td>$100,000</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>Housing location services</td>
<td>$150,000</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>Life skills classes or training courses</td>
<td>$150,000</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>Mental Health Services</td>
<td>$150,000</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td>medical and dental</td>
<td>$52,714</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item Description</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td>Contract services</td>
<td>$50,000</td>
</tr>
<tr>
<td>15. Transportation</td>
<td>public transportation</td>
<td>$100,000</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>up to $200 per unit</td>
<td>$15,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$816,714</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$816,714</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6I. 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

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$577,498</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$577,498</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Los Angeles Count...</td>
<td>09/01/2017</td>
<td>$577,498</td>
</tr>
</tbody>
</table>
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: Los Angeles County Department of Health Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/01/2017
6. Value of Written Commitment: $577,498
6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$1,341,000</td>
<td>1 Year</td>
<td>$1,341,000</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$816,714</td>
<td>1 Year</td>
<td>$816,714</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td>$2,157,714</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$151,043</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td>$2,308,757</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$577,498</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$577,498</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total Budget</td>
<td>$2,886,255</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>Match Letter</td>
<td>09/26/2017</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:
7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

For 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.

*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:** Peter Lynn

**Date:** 09/26/2017

**Title:** Executive Director

**Applicant Organization:** Los Angeles Homeless Services Authority

**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).
Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>09/13/2017</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>09/22/2017</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>3B. Description</td>
<td>09/22/2017</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>4A. Services</td>
<td>09/22/2017</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>09/20/2017</td>
</tr>
<tr>
<td>5A. Households</td>
<td>09/20/2017</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>09/22/2017</td>
</tr>
<tr>
<td>5D. Discharge Policy</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>09/05/2017</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>09/26/2017</td>
</tr>
<tr>
<td>6i. Match</td>
<td>08/29/2017</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>09/26/2017</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>08/29/2017</td>
</tr>
</tbody>
</table>
September 26, 2017

Peter Lynn  
Executive Director  
Los Angeles Homeless Services Authority  
811 Wilshire Boulevard, 6th Floor  
Los Angeles, CA 90017

Re: FY2017 CoC Program

Dear Mr. Lynn:

This letter provides documentation that the Los Angeles County Department of Health Services (DHS) is confirming match and/or leverage of up to $577,498 for a project serving approximately 160 chronically homeless individuals, families, and/or youth.

The match and/or leverage is available for the grant period covering 7/1/2018-6/30/2019 and will be rendered through the services provided to program participants from our network of intensive case management services providers.

This match and/or leverage commitment is conditional only upon the Housing and Urban Development’s approval of the project.

Sincerely,

Mark Trotz 
Director of Housing for Health  
LA County Department of Health Services

“"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."