

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) 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 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 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 2017 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: 09/15/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NC0121

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: The Housing Authority of The City of Durham

b. Employer/Taxpayer Identification Number (EIN/TIN): 56-6003147

	c. Organizational DUNS:	040031031	PLUS 4	
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d. Address

Street 1: 330 East Main Street

Street 2: P.O. Box 1726

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip / Postal Code: 27701

e. Organizational Unit (optional)

Department Name: .Housing Choice Voucher Department

Division Name:

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

Prefix: Ms.

First Name: Keishma

Middle Name: L

Last Name: James

Suffix:

Title: Program Manager of Housing Choice Voucher Programs

Organizational Affiliation: The Housing Authority of The City of Durham

Telephone Number: (919) 683-1551

Extension: 7238
Fax Number: (919) 573-0927
Email: kjames@dha-nc.org

1C. SF-424 Application Details

9. Type of Applicant: La. Public Housing Authority

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): North Carolina
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HOME AGAIN

16. Congressional District(s):

a. Applicant: NC-001, NC-013, NC-004, NC-006
(for multiple selections hold CTRL key)

b. Project: NC-001, NC-013, NC-004, NC-006
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2018

b. End Date: 09/30/2019

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:

21. Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Scott

Suffix:

Title: Chief Executive Officer

Telephone Number: (919) 683-1551
(Format: 123-456-7890)

Fax Number: (919) 683-1237
(Format: 123-456-7890)

Email: ascott@dha-nc.org

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

Date Signed: 09/15/2017

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: The Housing Authority of The City of Durham

Prefix: Mr.

First Name: Anthony

Middle Name:

Last Name: Scott

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: The Housing Authority of The City of Durham

Telephone Number: (919) 683-1551

Extension: 7499

Email: ascott@dha-nc.org

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip/Postal Code: 27701

2. Employer ID Number (EIN): 56-6003147

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$110,673.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HOME AGAIN 330 East Main Street Durham North Carolina

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. No

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Anthony Scott, Chief Executive Officer

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

Date Signed: 07/24/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Housing Authority of The City of Durham

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

accurate.

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

Authorized Representative

Prefix: Mr.

First Name: Anthony

Middle Name

Last Name: Scott

Suffix:

Title: Chief Executive Officer

Telephone Number: (919) 683-1551
(Format: 123-456-7890)

Fax Number: (919) 683-1237
(Format: 123-456-7890)

Email: ascott@dha-nc.org

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

Date Signed: 09/15/2017

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:

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: The Housing Authority of The City of Durham

Name / Title of Authorized Official: Anthony Scott, Chief Executive Officer

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

Date Signed: 09/15/2017

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: The Housing Authority of The City of Durham
Street 1: 330 East Main Street
Street 2: P.O. Box 1726
City: Durham
County: Durham
State: North Carolina
Country: United States
Zip / Postal Code: 27701

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: Anthony

Middle Name:

Last Name: Scott

Suffix:

Title: Chief Executive Officer

Telephone Number: (919) 683-1551
(Format: 123-456-7890)

Fax Number: (919) 683-1237
(Format: 123-456-7890)

Email: ascott@dha-nc.org

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

Date Signed: 09/15/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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.

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: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

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

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

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

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

3A. Project Detail

1. Expiring Grant Number: NC0121

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

2a. CoC Number and Name: NC-502 - Durham City & County CoC

2b. CoC Collaborative Applicant Name: City of Durham

3. Project Name: HOME AGAIN

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

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

The purpose of the Home Again program is to provide a safe and secure living environment for chronically homeless individuals and families with disabilities, and to enable clients to better manage their mental health condition. The Home Again Program serves chronically homeless households in which an adult household member is living with a severe and persistent mental illness (SPMI) or dual diagnoses with SPMI and substance abuse and/or HIV/AIDS, and are supported through mental health, substance abuse and counseling services through Alliance Behavioral Healthcare. In addition to the Tenant-Based Rental Assistance provided by Durham Housing Authority, the goals and specific objectives for Home Again are described as follows: 1) Residential Stability- 75% of Home Again participants will remain housed in their assisted unit or move to alternative permanent housing of their choice during the operating year. 2) Increased Skills or Income - Home Again clients who enter the program without any income will secure regular income within 12 months of entry; and 60% of Home Again clients who enter the program with income will increase their income within 18 months of program entry. Home Again clients will be assisted in applying for entitlement benefits such as Supplemental Security Income and Social Security Disability Income, and receiving certification of disability status in order to receive SSDI. Alliance Behavioral Healthcare will provide the following services: 1) Assertive Outreach 2) Psychiatric Evaluations 3) Medication Evaluation and Management 4) Day Treatment & Partial Hospitalization 5) Outpatient Mental Health & Substance Abuse Treatment 6) Intensive Case Management 7) Child Care 8) Transportation 9) Contingency Funds for Basic Needs (Food, Clothing) 10) Client Behavior Intervention Services 11) Employment Assistance 12) Life Skills and 13) Psychosocial Rehabilitation. The case manager will determine the supportive services required after consultation with each Home Again client, and be responsible for documenting the value of services in order to report the total amount of match for the grant year. A comprehensive client driven treatment plan will be prepared, and the client's progress or lack of progress with treatment will be monitored by the Care Review Committee. Durham Housing Authority and Alliance Behavioral Healthcare will assist Home Again clients in finding units that meet Housing Quality Standards (HQS). Clients will have increased opportunity to live in and apply for housing opportunities in Durham, that are outside of poverty-stricken and crime-ridden neighborhoods.

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

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

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

Other:

3. Housing First

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

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

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

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? 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. 100% Dedicated

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

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

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

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes

are received and renewed?

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

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

4B. Housing Type and Location

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: 16

Total Beds: 35

Total Dedicated CH Beds: 35

Housing Type	Units	Beds
Scattered-site apartments (...)	16	35

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: 16

b. Beds: 35

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 35

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

4. Address:

Street 1: 330 East Main Street

Street 2:

City: Durham

State: North Carolina

ZIP Code: 27701

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

370828 Durham

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	4	3	0	7

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	5	3		8
Adults ages 18-24	3	0		3
Accompanied Children under age 18	8		0	8
Unaccompanied Children under age 18			0	0
Total Persons	16	3	0	19

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0		4	0	0	0	1
Adults ages 18-24	0	0	0	0	0	0	0	0	1	2
Children under age 18	0			0	0	0	0	0	0	8
Total Persons	0	0	0	0	0	4	0	0	1	11

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	3	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	0	0	3	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

Describe the unlisted subpopulations referred to above:

The Home Again Program had several leavers this year who exited to permanent housing through the Housing Choice Voucher Program, and one family who relinquished it's assistance voluntarily:

- A total of 4 households (including a total of 11 persons) were all converted to HCV assistance
- A total of 1 household (including a total of 3 persons) relinquished their assistance voluntarily

5C. Outreach for Participants

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

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

5%	Directly from the street or other locations not meant for human habitation.
90%	Directly from emergency shelters.
5%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

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? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| 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:		\$104,496	
Total Units:		10	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NC - Durham-Chapel Hill, NC HUD Metro...	10	\$104,496

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NC - Durham-Chapel Hill, NC HUD Metro FMR Area (3703799999)

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	\$479	\$479	x		=	\$0
0 Bedroom		x	\$639	\$639	x		=	\$0
1 Bedroom	7	x	\$796	\$796	x		=	\$66,864
2 Bedrooms	2	x	\$937	\$937	x		=	\$22,488
3 Bedrooms	1	x	\$1,262	\$1,262	x		=	\$15,144
4 Bedrooms		x	\$1,405	\$1,405	x		=	\$0
5 Bedrooms		x	\$1,616	\$1,616	x		=	\$0
6 Bedrooms		x	\$1,827	\$1,827	x		=	\$0
7 Bedrooms		x	\$2,037	\$2,037	x		=	\$0
8 Bedrooms		x	\$2,248	\$2,248	x		=	\$0
9 Bedrooms		x	\$2,459	\$2,459	x		=	\$0
Total Units and Annual Assistance Requested	10							\$104,496
Grant Term								1 Year
Total Request for Grant Term								\$104,496

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$68,508
Total Value of All Commitments:	\$68,508

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Alliance Behavior...	05/15/2017	\$68,508

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Alliance Behavioral Healthcare
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 05/15/2017

6. Value of Written Commitment: \$68,508

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

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$104,496
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$104,496
7. Admin (Up to 10%)	\$6,177
8. Total Assistance plus Admin Requested	\$110,673
9. Cash Match	\$0
10. In-Kind Match	\$68,508
11. Total Match	\$68,508
12. Total Budget	\$179,181

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Form 2991	09/15/2017
3) Other Attachment	No	Match Commitment ...	08/08/2017

Attachment Details

Document Description:

Attachment Details

Document Description: Form 2991

Attachment Details

Document Description: Match Commitment Letter to Sec. Dr. Ben Carson

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Comittment Letter	07/24/2017

Attachment Details

Document Description: Comittment Letter

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Anthony Scott

Date: 09/15/2017

Title: Chief Executive Officer

Applicant Organization: The Housing Authority of The City of Durham

PHA Number (For PHA Applicants Only): NC 013

I certify that I have been duly authorized by the applicant to submit this Applicant

X

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).

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

Changes will be made to account for the current program data to date. Number of households and persons served has changed since the last grant renewal.

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	09/08/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2017	Page 48	09/20/2017
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1D. SF-424 Congressional District(s)	09/08/2017
1E. SF-424 Compliance	09/08/2017
1F. SF-424 Declaration	09/08/2017
1G. HUD-2880	09/08/2017
1H. HUD-50070	09/08/2017
1I. Cert. Lobbying	09/08/2017
1J. SF-LLL	09/08/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	09/08/2017
3A. Project Detail	09/08/2017
3B. Description	09/08/2017
3C. Dedicated Plus	09/08/2017
4A. Services	09/08/2017
4B. Housing Type	09/08/2017
5A. Households	09/08/2017
5B. Subpopulations	09/08/2017
5C. Outreach	09/08/2017
6A. Funding Request	09/08/2017
6C. Rental Assistance	09/08/2017
6D. Match	09/08/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/15/2017
7A. In-Kind Match MOU Attachment	09/08/2017
7B. Certification	09/08/2017
Submission Without Changes	09/08/2017

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Durham City & County Continuum of Care

Project Name: See Attached List of Projects

Location of the Project: All project^s located in the City and/or County of Durham

Name of the Federal Program to which the applicant is applying: Continuum of Care Program (CFDA# 14.267)

Name of Certifying Jurisdiction: City of Durham

Certifying Official of the Jurisdiction Name: Reginald J. Johnson

Title: Director, Department of Community Development

Signature: 

Date: 9/13/2017

Durham Continuum of Care (NC-502)

List of Project Applications and Approved Funding Amounts

2017 Continuum of Care Homeless Grants Competition

Rank	Organization	Project Name	Project Type	Total Request	Running Total
1.	NC Coalition to End Homelessness	HMIS	Renewal	\$55,752 (Tier One)	\$55,752
2.	Housing for New Hope	Williams Square	Renewal	\$56,743(Tier One)	\$112,495
3.	Housing for New Hope	Streets to Home I	Renewal	\$210,440 (Tier One)	\$322,935
4.	Housing for New Hope	Streets to Home II	Renewal	\$145,101 (Tier One)	\$468,036
5.	Housing for New Hope	Rapid Rehousing I	Renewal	\$55,828 (Tier One)	\$523,864
6.	Housing for New Hope	Rapid Rehousing III	Renewal	\$164,596 (Tier One)	\$688,460
7.	Urban Ministries of Durham	Fresh Start-RRH	Renewal	\$196,319 (Tier One)	\$884,779
8.	Housing for New Hope	Andover Apartments	Renewal	\$55,611 (Tier One)	\$940,390
9.	Durham Housing Authority	Home Again	Renewal	\$110,673 (Tier One)	\$1,051,063
10.	Alliance BHC	DASH	Renewal	\$157,168 (Straddle)	\$1,208,231
11.	Alliance BHC	Housing First Initiative	New	\$85,910 (Tier Two)	\$1,294,141
NA	City of Durham	2017 CoC Planning Grant	Renewal	\$42,955 (NA)	\$1,337,096



330 E. Main Street
P.O. Box 1726
Durham, NC 27701
(919) 683-1551
FAX: (919) 683-1237
TDD/TTY: (800) 545-1833 ext. 774
durhamhousingauthority.org

A Commitment to Quality Living

August 4, 2017

Dr. Benjamin S. Carson, Secretary
U.S. Department of Housing and Urban Development
451 7th Street, S.W.,
Washington, DC 20410-0001

**Re: Letter of Commitment to meet the 25% Match Requirement for In-Kind Services,
in the Administration of the Shelter plus Care Home Again Program**

Dear Secretary Carson:

As a requirement of the Durham, North Carolina Continuum of Care's 2017 Homeless Grants Competition, Durham Housing Authority (DHA) is forwarding this letter of commitment for the Shelter plus Care, Home Again Program, which DHA has administered through its Housing Choice Voucher Program Department since 2008. As a pre-requisite to submitting the Home Again Renewal Grant Application to the Durham, NC Department of Community Development, DHA would like to express its continued commitment to administering this Permanent Supportive Housing Program, and serving the chronically homeless population.

I am specifically writing to express DHA's commitment to meet the match requirement for the 2017 City of Durham, NC Continuum of Care Grant Renewal Application, which supports the Shelter plus Care, Home Again, Tenant-Based Rental Assistance Program. DHA is committed to applying for the Home Again grant renewal, serving chronically homeless families whose head of household is diagnosed with a Severe and Persistent Mental Illness (SPMI), and remaining compliant with the 25% match requirement for all CoC grant projects, as outlined in the Notice of Funding Availability.

DHA is an organization that provides a wide array of diverse housing services in the Durham community, in North Carolina. DHA will continue to provide Tenant-Based Rental Assistance in conjunction with Alliance Behavioral Healthcare. Specifically, DHA provides essential personnel to administer the daily operation of the Shelter Plus Care, Home Again program. The value of these "In-Kind" services (cost of the staff time and sundry expenses) is valued at \$60,000.

Staff time includes the following services:

- Grant preparation
- Budget preparation
- Monitoring program activities

- Preparing reports
- Coordinating the monitoring of findings, if necessary
- Evaluating program eligibility
- Managing and supervising the staff responsible for program administration
- Travel costs and expenses for HUD-sponsored trainings
- Preparation of monthly invoices
- Disbursement of rental assistance payments
- Office space and equipment
- Office supplies
- Cost of environmental review
- Inspection Services
- Rent Determination

DHA is excited to administer this program and will continue to work collaboratively with Alliance Behavioral Healthcare to ensure our goals are aligned with the goals of the grant proposal. Including efforts to track and report on outcomes. We believe our collaboration significantly improves the availability of housing resources in the Durham community and we look forward to continuing to provide rental assistance for this population.

Sincerely,

A handwritten signature in black ink that reads "Meredith J. Saye for Anthony Scott". The signature is written in a cursive style with a large initial "M".

Anthony Scott
Chief Executive Officer

C: File



Mr. Anthony Scott
Chief Executive Director
Durham Housing Authority
330 E. Main St.
Durham, NC 27701

RE: Letter of Support

Dear Mr. Scott:

This letter will confirm the commitment of Alliance Behavioral Healthcare to support your renewal application for the Home Again Shelter Plus Care Program. Alliance is responsible for ensuring that Durham County citizens who seek help for mental illness, developmental disabilities and substance abuse receive the quality services and supports for which they are eligible. We seek to help them achieve their goals and to live as independently as possible while protecting their individual rights.

Alliance (formerly The Durham Center) has managed the supportive services component for the Federal administered Shelter Plus Care program since 1993. Alliance's provision of mental health counseling, life skills, transportation, and other supportive services has enabled Shelter Plus Care participants to learn the necessary skills to achieve residential stability and aim toward self-sufficiency.

We anticipate a need to continue to manage the supportive services for approximately fourteen consumers during the period of this grant. The array of services that may be provided to these consumers by Alliance's contracted providers include the following:

- Community Support Team
- Assertive Community Treatment
- Alcohol and substance treatment services
- Behavioral health counseling and therapy
- Medication Management

We estimate the value of these in-kind services to be in the range of \$68, 508 annually. This is not a promise of services but an estimate of the value of the services that the Home Again Program's heads of household may receive over the course of a typical year for leveraging purposes.

We look forward to working with the Durham Housing Authority to provide permanent housing for homeless persons in Durham who experience severe and persistent mental illness.

Sincerely,

Michael Bollini
Executive Vice President, Chief Operating Officer

