

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2024 CoC Program Competition NOFO.

## 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: 09/27/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name: Shasta Women's Refuge, DBA: One Safe Place
- b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2663045
- c. Unique Entity Identifier: DXK4BA8MDJZ7

### d. Address

Street 1: 2250 Benton Drive

Street 2:

City: Redding

County: California

State: California

Country: United States

Zip / Postal Code: 96003

### e. Organizational Unit (optional)

Department Name: Housing

Division Name: Transitional Housing

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

Prefix: Mrs.

First Name: Julie

Middle Name:

Last Name: Jones

Suffix:

Title: Executive Director to the CEO

Organizational Affiliation: Shasta Women's Refuge, DBA: One Safe Place

Telephone Number: (530) 768-1880

Extension:

**Fax Number:** (530) 244-9134

**Email:** [j.jones@childrenslegacycenter.org](mailto:j.jones@childrenslegacycenter.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6800-N-25

**Title:** Continuum of Care Homeless Assistance  
Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): California  
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: OSP - DV Bonus 2024

16. Congressional District(s):

16a. Applicant: CA-001

16b. Project: CA-001  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 10/31/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE: ☒

### 21. Authorized Representative

Prefix: Ms.

First Name: Kimberly

Middle Name: L

Last Name: Johnson

Suffix:

Title: CEO

Telephone Number: (530) 768-1880  
(Format: 123-456-7890)

Fax Number: (530) 244-9134  
(Format: 123-456-7890)

Email: kimberly@childrenslegacycenter.org

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

Date Signed: 09/27/2024



## 1G. HUD 2880

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

### Applicant/Recipient Information

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

**Agency Legal Name:** Shasta Women's Refuge, DBA: One Safe Place

**Prefix:** Ms.

**First Name:** Kimberly

**Middle Name:** L

**Last Name:** Johnson

**Suffix:**

**Title:** CEO

**Organizational Affiliation:** Shasta Women's Refuge, DBA: One Safe Place

**Telephone Number:** (530) 768-1880

**Extension:**

**Email:** kimberly@childrenslegacycenter.org

**City:** Redding

**County:** California

**State:** California

**Country:** United States

**Zip/Postal Code:** 96003

**2. Employer ID Number (EIN):** 94-2663045

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received: \$232,596.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Dept of Housing & Urban Development	Continuum DV Bonus Funds	\$232,596.00	Joint TH - RRH Eligible Activities

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

### Part III Interested Parties

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

#### **Certification**

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

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

X

**Name / Title of Authorized Official:** Kimberly Johnson, CEO

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

**Date Signed:** 09/27/2024

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Shasta Women's Refuge, DBA: One Safe Place  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 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.  
Refer to addresses entered into the attached project application.

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

X

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

### Authorized Representative

Prefix: Ms.

First Name: Kimberly

Middle Name L

Last Name: Johnson

Suffix:

Title: CEO

Telephone Number: (530) 768-1880  
(Format: 123-456-7890)

Fax Number: (530) 244-9134  
(Format: 123-456-7890)

Email: kimberly@childrenslegacycenter.org

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

Date Signed: 09/27/2024

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

### Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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:** Shasta Women's Refuge, DBA: One Safe Place

**Name / Title of Authorized Official:** Kimberly Johnson, CEO

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

**Date Signed:** 09/27/2024

## 1J. SF-LLL

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

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

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

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

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

**Legal Name:** Shasta Women's Refuge, DBA: One Safe Place

**Street 1:** 2250 Benton Drive

**Street 2:**

**City:** Redding

**County:** California

**State:** California

**Country:** United States

**Zip / Postal Code:** 96003

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. ☒



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**Authorized Representative**

**Prefix:** Ms.

**First Name:** Kimberly

**Middle Name:** L

**Last Name:** Johnson

**Suffix:**

**Title:** CEO

**Telephone Number:** (530) 768-1880  
**(Format: 123-456-7890)**

**Fax Number:** (530) 244-9134  
**(Format: 123-456-7890)**

**Email:** kimberly@childrenslegacycenter.org

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

**Date Signed:** 09/27/2024

## IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Shasta Women's Refuge, DBA: One Safe Place

Prefix: Ms.

First Name: Kimberly

**Middle Name:** L

**Last Name:** Johnson

**Suffix:**

**Title:** CEO

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

**Date Signed:** 09/27/2024

## 1L. SF-424D

Are you requesting CoC Program funds for No  
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

## 2B. Experience of Applicant, Subrecipient(s), and Other Partners

### 1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

One Safe Place (OSP) has a proven track record of effectively using federal funds to combat violence and trauma in Shasta County and nearby areas. Our history with federal grants showcases our dedication to meeting community needs while complying with federal standards.

(a) Addressing housing and supportive service needs: OSP has managed several long-term federal grants to support survivors of domestic violence and sexual assault. Key programs include: Domestic Violence Assistance (DV) Program: Since 2002, we've received about \$538,000 in federal and state funds. This has helped us provide emergency shelter, legal aid, and advocacy services for domestic violence survivors. Transitional Housing (XH) Program: Since 2016, we've secured around \$438,000 to develop transitional housing. This funding has enabled us to expand to 13 transitional units and four permanent homes, aiding victims in transitioning from crisis to stability.

(b) Developing and implementing programs and services: OSP has extensive experience in creating and enhancing programs tailored to client needs: Transitional Housing Program: Initiated in 2016, this program has expanded with the addition of 12 new apartment units and essential on-site services, including dedicated office space and support staff. Crisis Hotline Volunteer Program: We established a volunteer program to support our crisis hotline, increasing our capacity to offer immediate help through trained volunteers. Program System Overhaul: We revamped our client services, including emergency shelter intake, trauma-informed case management, and policy updates, to streamline processes and improve service efficiency.

(c) Securing matching funds: OSP has effectively secured additional resources to supplement federal funding. Our partnership with Northern Valley Catholic Social Service (NVCSS) has expanded our housing options and program impact. We also leverage local and private sector support to maximize resources.

(d) Managing organizational operations: We maintain strict financial oversight and compliance: Timely Reimbursement and Drawdowns: We process drawdowns and reimbursement requests promptly, ensuring financial accuracy and adherence to guidelines. Upfront Grant Management: We plan and allocate upfront funds for the Domestic Violence Assistance Program, with detailed tracking and timely reporting. Monitoring and Compliance: We address monitoring findings proactively and conduct regular internal reviews to stay compliant. Audit Performance: Our latest Single Audit opinion was unmodified ("clean") with no findings, reflecting our strong financial management and adherence to grant conditions.

**2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

OSP leverages a diverse range of funding sources to support and expand our services. We integrate federal, state, local, and private sector funds to enhance our capacity and reach. For example, our Transitional Housing Program has been significantly supported by both federal funds and local partnerships, which has allowed us to increase our housing options and provide more comprehensive support to survivors. We receive state funding in support of our Family Justice Center services. Additionally, we are fortunate to receive strong local donor support from local business and individuals alike. Our ability to attract and utilize these various funding streams demonstrates our effectiveness in maximizing resources to achieve program goals.

**3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

OSP's financial management structure includes a well-established accounting system operated in accordance with generally accepted accounting principles (GAAP). As evidenced by our recent Single Audit clean audit opinion, we ensure compliance with federal 2 CFR part 200 requirements, supported by strict internal controls and regular audits. We do not typically have subrecipients for our funds.

In summary, One Safe Place's long-standing experience with federal funding underscores our ability to manage and utilize resources effectively. Our strategic use of grants, coupled with strong financial oversight, supports our mission to provide critical services and achieve positive outcomes for survivors of violence and trauma.

**4. Are there any unresolved HUD monitoring or No  
OIG audit findings for any HUD grants (including  
ESG) under your organization?**



### 3A. Project Detail

1. CoC Number and Name: CA-516 - Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC
2. CoC Collaborative Applicant Name: City of Redding
3. Project Name: OSP - DV Bonus 2024
4. Project Status: Standard
5. Component Type: Joint TH & PH-RRH
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
9. Will this project include replacement reserves in the Operating budget? No
10. Is this project applying for Rural costs on screen 6A? No

## 3B. Project Description

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

OSP's Joint TH and PH-RRH services support survivors at risk of homelessness due to domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined under 24 CFR 578.3. We provide Transitional Housing (TH) in agency-leased apartments (1-3 bedrooms) and Rapid Re-Housing (RRH) services using a Housing First approach, with no service participation requirements or preconditions.

**Wraparound Services:**

- Trauma-Informed Case Management: Our case management is personalized and trauma-informed, utilizing assessments from our HMIS. We assist survivors in developing tailored plans for housing stability, addressing needs, and setting achievable goals.
- Life Skills Training: We offer workshops and one-on-one sessions on budgeting, cooking, cleaning, and financial independence.
- Employment Assistance: Including job training, resume building, interview prep, and job placement support.
- Health Services: We help clients access medical, dental, and mental health care, including substance abuse treatment.
- Childcare Services: We provide resources for childcare cost assistance, enabling parents to attend work and appointments.
- Transportation Assistance: Including transportation costs for, bus passes, and fuel cards, with transportation to essential appointments by case managers.
- Educational Support: Enrollment assistance in educational programs.
- Legal Services: We offer help with legal issues like eviction prevention and tenant rights under VAWA and HUD, along with referrals to legal services.
- Housing Search Assistance: We support clients in finding permanent housing, assisting with applications and lease agreements.
- Financial Assistance: Help with security deposits, rent, utilities, and moving costs.
- Landlord Engagement: We educate landlords on the impact of domestic violence on homelessness and advocate for housing survivors.

Each case plan is trauma-informed, evidence-based, and survivor-led, collaboratively developed to address specific challenges. We aim for long-term success and stable housing by addressing barriers like income, credit, mental health, and substance use.

Our goal for TH is about six months, extendable up to 24 months if needed. RRH facilitates quick transitions to permanent housing, with supportive services for a maximum of 24 months, using a Progressive Engagement model to tailor assistance. We proudly report significant success in the past year, we transitioned 12 clients into permanent housing.

Expected outcomes include safe housing, reduced risk of further abuse, improved emotional well-being, and increased stability and independence. We promote employment and educational opportunities for economic self-sufficiency.

OSP collaborates with community partners for comprehensive medical, mental health, legal, educational, and workforce services. We work with county programs and local housing authorities to create safe, stable housing options. OSP is a member of the NorCal Continuum of Care, participating in the annual Housing Inventory Count (HIC) and Point-in-Time (PIT) counts.

Funding will be used for 4 TH unit costs (rent, utilities, deposits), assistance for clients transitioning to permanent housing, PH-RRH expenses (deposits, rent, utility costs), and operational expenses (staff salaries, admin costs, program supplies).

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30	30		
Begin program participant enrollment	60	120		
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90	180		
Leased or rental assistance units or structure, and supportive services near 100% capacity	180	360		
Closing on purchase of land, structure(s), or execution of structure lease	0	0		
Start rehabilitation	0	0		
Complete rehabilitation	0	0		
Start new construction	0	0		
Complete new construction	0	0		

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

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

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?  
Select all that apply.

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

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

5d. Will the project follow a "Housing First" approach? Yes  
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? Yes

**6a. Explain how and why the project will implement this requirement.**

As we will help any client find housing of their choosing, we do lease a 12 unit apartment complex specifically for transitional housing. With regard to the apartment complex the core reason for this program design is to provide a structured and stable environment for the families we serve, enhancing their chances of success and well-being. OSP is dedicated to offering comprehensive support to victims of DV and SA that are facing various housing challenges. Our program design includes several key components to ensure that our services are both effective and accessible: We Lease a building specifically designed to accommodate our program participants for our TH program. By centralizing our services in one location, we can provide a safe and stable environment where clients can receive consistent support. This eliminates the need for participants to travel to multiple locations, which can be a significant barrier, especially for those with limited resources. We offer clients case management support but is not a qualifying factor for housing. Our case managers' offices are located within our facility, making it convenient for participants to access these essential services without additional travel burdens. A centralized location ensures that participants have a reliable place to access services. Consistency is crucial for building trust and a sense of security, particularly for children who may have experienced instability in other areas of their lives. This unit is often safer than a stand-alone unit, as we can monitor during the day and contract a security company for checks during the night. Helping to ensure our clients' safety from their threats. In summary, the design of our program, which includes a centralized service location and regular meetings with case managers, is crucial for providing effective and accessible support to the children and families we serve. These elements ensure consistency, personalized care, and ease of access, all of which are necessary for fostering positive outcomes.

**7. Will more than 16 persons live in a single structure? No**

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible No  
renewal project?

4A. Supportive Services for Participants

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

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.



Survivors face a range of unique challenges that require individualized support to achieve and maintain permanent housing. These challenges often include trauma, safety concerns, financial instability, and legal issues. Our program is designed to comprehensively address these needs, ensuring that participants can move into appropriate permanent housing and remain there successfully. Each survivor is paired with a dedicated case manager or housing coordinator who receives continuous training and education in trauma-informed care, survivor-centered practices, and cultural competency. This ensures that the support provided is both compassionate and effective, tailored to the specific circumstances of each participant. Our housing staff works closely with survivors to assess their safety needs, housing preferences, financial situation, and any barriers to housing with respect to their autonomy and preferences. Based on this thorough assessment, participants are presented with the most suitable housing options. These options include: TH: Provided through our organization or external partners, this option is available for those who need more time to stabilize. If there is a lack of availability or if participants are ineligible, we ensure they are connected with appropriate alternatives. OSP has leased units with 1-3bd available and provides them to participants for up to 24 months. This allows participants to stabilize and prepare for permanent housing. PH-RRH: For those ready to move quickly into permanent housing, we facilitate a swift transition, ensuring that all necessary support is in place to help them succeed. By addressing these challenges with a comprehensive, individualized approach, our program ensures that survivors can achieve long-term stability and well-being in their new homes. Landlord engagement continues to be a significant necessity in assisting clients in finding and securing transitional and permanent housing. Our housing staff work with landlords to address potential issues and challenges. This includes educating landlords about the program, providing mediation services, and offering incentives such as a risk mitigation fund to cover damages if they should occur. As listed in section 3B 1., our supportive services will include case management, life skills training, employment and education assistance, health services, childcare services, transportation assistance, housing search assistance, financial assistance, landlord engagement, etc. Our housing staff work with survivors to set realistic and achievable goals for housing retention. These plans include steps for maintaining housing, improving financial stability, building on strengths and resiliency, and addressing any ongoing challenges. Regular progress reviews are conducted to ensure participants are on track to meet their goals. Adjustments are made as needed to address any barriers or setbacks. We conduct regular safety assessment to identify and address any safety concerns. We assist in developing personalized safety plans that include strategies for staying safe in their current housing, emergency contacts, and steps to take if they need to leave quickly. We provide education on how to ensure survivors' addresses and personal information are kept confidential to protect them from their abusers. We provide legal assistance for obtaining restraining orders, accompaniment to hearings, and support through the process.

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

Our housing staff assist program participants in obtaining and increasing their employment income by partnering with local employment agencies, such as the SMART Business Resource Center, HHSA programs, and local college programs. These partnerships provide job placement services, vocational training, and educational opportunities to enhance participants' skills and improve their job prospects. In addition to employment support, we help participants increase their non-employment income by assisting with applications for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP), and connecting eligible participants with veterans' and foster youth benefits. Our program also provides access to essential social services to support participants' overall well-being. We help secure affordable childcare and connect with early childhood education programs through the Shasta County Office of Education and Shasta Head Start, provide access to food banks and nutrition programs, and assist with applications for Temporary Assistance for Needy Families (TANF) and General Assistance for single adults. We assist participants in obtaining MediCal, helping with applications and enrollment processes, or referring them to local HHSA for assistance. We connect participants with specialized healthcare services for the homeless and provide referrals to Federally Qualified Health Centers (FQHCs), including Shasta Community Health Center and Hill Country Health and Wellness, for comprehensive healthcare services. We collaborate with various partners to enhance our services and ensure participants receive comprehensive support. By partnering with local employment agencies, social service organizations, and healthcare providers, we ensure that participants have access to job placement and training services, childcare, food assistance, and necessary medical care and benefits, we help to ensure that survivors receive the support they need to obtain and maintain stable housing and enhanced their overall well-being.

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

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

Transportation
Utility Deposits

Applicant	As needed
Applicant	As needed

**Identify whether the project will include the following activities:**

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes
5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes
6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency? No

4B. Housing Type and Location

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

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH		Total
Total Units:	4	8		12
Total Beds:	20	40		60
Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
---	Clustered apartments	3	17	
---	Scattered-site ap...	1	3	
---	Scattered-site ap...	8	40	

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH  
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes  
private rooms per household?

2. Housing Type: Clustered apartments

3. What is the funding source for these units and Mixed Funding  
beds?  
(If multiple sources, select "Mixed" from the  
dropdown menu)

Please enter "Other" or "Mixed Funding" source: Other grant funding

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

a. Units: 3

b. Beds: 17

### 5. Address

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

Street 1: 662 Azalea Ave.

Street 2:

City: Redding

State: California

ZIP Code: 96002

6. 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)

069089 Shasta County, 062958 Redding

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and  
must list all CoC funded and Non CoC-funded units and beds being provided  
under this project.

1. Is this housing type and location for the TH TH  
portion or the RRH portion of the project?

1a. Does this TH portion of the project have Yes  
private rooms per household?

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

3. What is the funding source for these units and CoC  
beds?  
(If multiple sources, select "Mixed" from the  
dropdown menu)

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

a. Units: 1

b. Beds: 3

## 5. Address

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

**Street 1:** 662 Azalea Ave

**Street 2:**

**City:** Redding

**State:** California

**ZIP Code:** 96002

**6. 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)**

069089 Shasta County, 062958 Redding

## 4B. Housing Type and Location Detail

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

**1. Is this housing type and location for the TH RRH  
portion or the RRH portion of the project?**

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

**3. What is the funding source for these units and  
beds?** Mixed Funding  
**(If multiple sources, select "Mixed" from the  
dropdown menu)**

Please enter "Other" or "Mixed Funding" source: other grant funds and CalAim Housing Deposit program

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

**a. Units:** 8

**b. Beds:** 40

**5. Address**

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

**Street 1:** 662 Azalea Ave

**Street 2:**

**City:** Redding

**State:** California

**ZIP Code:** 96002

**6. 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)**

069089 Shasta County, 062958 Redding



## 5A. Project Participants - Households

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

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	9	3	0	12

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	6	2		8
Persons ages 18-24	3	1		4
Accompanied Children under age 18	42		0	42
Unaccompanied Children under age 18			0	0
Total Persons	51	3	0	54

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

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

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	6	0	0	0
Persons ages 18-24	0	0	0	0	0	0	3	0	0	0
Children under age 18	0			0	0	0	42	0	0	0
Total Persons	0	0	0	0	0	0	51	0	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

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

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

**Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.**

## 6A. Funding Request

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

2. What type of CoC funding is this project applying for in this CoC Program Competition? DV Bonus

2a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? Yes – will exclusively serve DV Bonus eligible population  
(Projects that are focused on other populations, including survivors of human trafficking, should select “No” unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

\* 5. Select the costs for which funding is requested:

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

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

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months?  
(13 to 18 months) Yes

6a. Select the number of additional months requested for the initial grant term: 18 months

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	\$8,400
Grant Term:	1 Year
Total Request for Grant Term:	\$8,400
Total Units:	1

The number of beds for which funding has been requested in the Leased Units budget is 1.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
CA - Redding, CA ...	1	\$8,400	\$8,400

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

**Metropolitan or non-metropolitan fair market rent area:** CA - Redding, CA MSA (0608999999)

### Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$671		x	12	=	\$0
0 Bedroom		x	\$895		x	12	=	\$0
1 Bedroom	1	x	\$1,017	\$700	x	12	=	\$8,400
2 Bedroom		x	\$1,339		x	12	=	\$0
3 Bedroom		x	\$1,903		x	12	=	\$0
4 Bedroom		x	\$2,281		x	12	=	\$0
5 Bedroom		x	\$2,623		x	12	=	\$0
6 Bedroom		x	\$2,965		x	12	=	\$0
7 Bedroom		x	\$3,307		x	12	=	\$0
8 Bedroom		x	\$3,650		x	12	=	\$0
9 Bedroom		x	\$3,992		x	12	=	\$0
Total units and annual assistance requested:	1							\$8,400
Grant term:								1 Year
Total request for grant term:								\$8,400

Click the 'Save' button to automatically calculate totals.



6D. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:			\$36,000
Grant Term:			1 Year
Total Request for Grant Term:			\$36,000
Total Structures:			1
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Azalea	\$3,000	\$36,000	\$36,000



## Leased Structures Budget Detail

**Structure Name:** Azalea  
**Street Address 1:** Azalea St  
**Street Address 2:**  
**City:** Rdding  
**State:** California  
**Zip Code:** 96002

HUD Paid Rent (per Month):	\$3,000
12 Months:	12
Total Annual Assistance Requested:	\$36,000
Grant Term:	1 Year
Total Request for Grant Term:	\$36,000

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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.

Total Annual Assistance Request:	\$88,680
Grant Term:	1 Year
Total Request for Grant Term:	\$88,680
Total Units:	6

The number of beds for which funding has been requested in the Rental Assistance budget is 10.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	CA - Redding, CA MSA (0608999999)	6	\$88,680

## Rental Assistance Budget Detail

### Instructions:

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

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2023 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 2023 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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

**Metropolitan or non-metropolitan fair market rent area:** CA - Redding, CA MSA (0608999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$671	x	12	=	\$0
0 Bedroom		x	\$895	x	12	=	\$0
1 Bedroom	2	x	\$1,017	x	12	=	\$24,408
2 Bedrooms	4	x	\$1,339	x	12	=	\$64,272
3 Bedrooms		x	\$1,903	x	12	=	\$0
4 Bedrooms		x	\$2,281	x	12	=	\$0
5 Bedrooms		x	\$2,623	x	12	=	\$0
6 Bedrooms		x	\$2,965	x	12	=	\$0
7 Bedrooms		x	\$3,307	x	12	=	\$0
8 Bedrooms		x	\$3,650	x	12	=	\$0
9 Bedrooms		x	\$3,992	x	12	=	\$0
Total Units and Annual Assistance Requested	6						\$88,680
Grant Term							1 Year
Total Request for Grant Term							\$88,680

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	15 households @ \$750 each	\$11,250
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services	1 ACSW @ 66,560 *.20 FTE	\$13,312
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	15 households @ \$750 each	\$11,250
17. Operating Costs		
Total Annual Assistance Requested		\$35,812
Grant Term		1 Year
Total Request for Grant Term		\$35,812

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. 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 operating the housing or supportive services facility.

**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>

### A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	utilities for 4 units at \$500 each for 12 months = \$24,000	\$24,000
6. Furniture	6 units @ \$2000 each	\$12,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$36,000
Grant Term		1 Year
Total Request for Grant Term		\$36,000

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



## VAWA Budget

### VAWA Budget

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

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

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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$7,500
Estimated budget amount for VAWA Confidentiality Requirements:	\$0



**Applicant:** One Safe Place  
**Project:** OSP - DV Bonus 2024

DXK4BA8MDJZ7  
221602

CoC VAWA BLI Total:	\$7,500
Grant Term	1 Year
Total Request for Grant Term	\$7,500

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

Summary for Match

Total Amount of Cash Commitments:	\$47,049
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$47,049

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	Cal OES XH VOCA f...	\$47,049

## Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Government
3. Name of Source: Cal OES XH VOCA funds  
(Be as specific as possible and include the office  
or grant program as applicable)
4. Amount of Written Commitment: \$47,049

## 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.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$8,400	1 Year	\$8,400
2b. Leased Structures (Screen 6D)	\$36,000	1 Year	\$36,000
3. Rental Assistance (Screen 6E)	\$88,680	1 Year	\$88,680
4. Supportive Services (Screen 6F)	\$35,812	1 Year	\$35,812
5. Operating (Screen 6G)	\$36,000	1 Year	\$36,000
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$7,500	1 Year	\$7,500
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$212,392
10. Admin (Up to 10% of Sub-total in #9)			\$20,204
11. HUD funded Sub-total + Admin. Requested			\$232,596
12. Cash Match (From Screen 6I)			\$47,049
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$47,049
15. Total Project Budget for this grant, including Match			\$279,645

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

**Attachment Details**

Document Description:

**Attachment Details**

Document Description:

**Attachment Details**

Document Description:

## 7D. Certification

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

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

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

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

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

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



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

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

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

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

**Name of Authorized Certifying Official:** Kimberly Johnson

**Date:** 09/27/2024

**Title:** CEO

**Applicant Organization:** Shasta Women's Refuge, DBA: One Safe Place

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

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

X

## 8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/12/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2024
1E. SF-424 Compliance	09/25/2024
1F. SF-424 Declaration	09/13/2024
1G. HUD 2880	09/23/2024
1H. HUD 50070	09/13/2024
1I. Cert. Lobbying	09/13/2024
1J. SF-LLL	09/13/2024
1K. SF-424B	09/13/2024
1L. SF-424D	09/13/2024
2A. Subrecipients	No Input Required
2B. Experience	09/20/2024
3A. Project Detail	09/20/2024
3B. Description	09/26/2024
3C. Expansion	09/20/2024
4A. Services	09/25/2024
4B. Housing Type	09/25/2024
5A. Households	09/25/2024
5B. Subpopulations	No Input Required
6A. Funding Request	09/25/2024
6C. Leased Units	09/19/2024
6D. Leased Structures	09/19/2024
6E. Rental Assistance	09/19/2024
6F. Supp Srvcs Budget	09/27/2024

<b>6G. Operating</b>	09/20/2024
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	09/19/2024
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7D. Certification</b>	09/27/2024