

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

**1A-1. CoC Name and Number:** CA-516 - Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC

**1A-2. Collaborative Applicant Name:** Training, Employment and Community Help, Inc.

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Training, Employment and Community Help, Inc.

## 1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

|       |                                          |  |
|-------|------------------------------------------|--|
| 1B-1. | Accountable Structure and Participation. |  |
|-------|------------------------------------------|--|

In the chart below for the period from June 1, 2025 to May 31, 2026:

|    |                                                                                                                                                                                   |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and |
| 2. | enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.                                                   |

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

|     | Entity                                                                                                      | Participated in CoC Meetings | Number of Board Members |
|-----|-------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------|
| 1.  | Affordable Housing Developer(s)                                                                             | Yes                          | 1                       |
| 2.  | CDBG/HOME/ESG Entitlement Jurisdiction(s)                                                                   | Yes                          | 1                       |
| 3.  | Certified Community Behavioral Health Clinic (CCBHC)                                                        | Yes                          | 1                       |
| 4.  | Community Mental Health Center (CMHC)                                                                       | No                           |                         |
| 5.  | Disability Advocate(s)                                                                                      | Yes                          | 1                       |
| 6.  | Disability Service Organization(s)                                                                          | Yes                          | 1                       |
| 7.  | Emergency Medical Services (EMS)/Crisis Response Team(s)                                                    | Yes                          | 1                       |
| 8.  | Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)                   | No                           |                         |
| 9.  | Faith-based Organization(s)                                                                                 | Yes                          | 2                       |
| 10. | Homeless or Formerly Homeless Person(s)                                                                     | Yes                          | 1                       |
| 11. | Hospital(s)                                                                                                 | No                           |                         |
| 12. | Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless) | Yes                          | 1                       |
| 13. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)                       | Yes                          | 0                       |
| 14. | Law Enforcement                                                                                             | Yes                          | 1                       |
| 15. | Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)         | No                           |                         |

|     |                                                                                      |     |    |
|-----|--------------------------------------------------------------------------------------|-----|----|
| 16. | Local Government Staff/Official(s)                                                   | Yes | 1  |
| 17. | State Government Staff/Official(s)                                                   | No  |    |
| 18. | State or Local Elected Public Official(s)                                            | No  |    |
| 19. | Local Jail(s)                                                                        | No  |    |
| 20. | Mental Health Service Organization(s)                                                | Yes | 3  |
| 21. | Mental Illness Advocate(s)                                                           | Yes | 1  |
| 22. | Organization(s) led by and serving people with disabilities                          | Yes | 1  |
| 23. | Other homeless subpopulation advocate(s)                                             | No  |    |
| 24. | Other nonprofit homeless assistance provider(s)                                      | Yes | 10 |
| 25. | Other social service provider(s)                                                     | Yes | 12 |
| 26. | Public Housing Agencies                                                              | Yes | 1  |
| 27. | Recovery Housing or Sober Living Provider(s)                                         | Yes | 1  |
| 28. | School Administrators/Homeless Liaison(s)                                            | Yes | 1  |
| 29. | School District(s)                                                                   | No  |    |
| 30. | Street Outreach Team(s)                                                              | Yes | 4  |
| 31. | Substance Abuse Advocate(s)                                                          | No  |    |
| 32. | Substance Abuse Service Organization(s)                                              | No  |    |
| 33. | Universities                                                                         | No  | 0  |
| 34. | Veteran Serving Organization(s)                                                      | Yes | 1  |
| 35. | Agencies Serving Survivors of Human Trafficking                                      | Yes | 1  |
| 36. | Victim Service Provider(s)                                                           | Yes | 1  |
| 37. | Domestic Violence Advocate(s)                                                        | Yes | 3  |
| 38. | Other Victim Service Organization(s)                                                 | Yes | 3  |
| 39. | State Domestic Violence Coalition                                                    | No  |    |
| 40. | State Sexual Assault Coalition                                                       | No  |    |
| 41. | Youth Advocate(s)                                                                    | Yes | 2  |
| 42. | Youth Homeless Organization(s)                                                       | Yes | 2  |
| 43. | Youth Service Provider(s)                                                            | Yes | 2  |
| 44. | Other Homeless Assistance Provider(s)                                                | Yes | 5  |
| 45. | Local Business or Chamber of Commerce or a Member of a Business Improvement District | No  |    |
|     | Other: (limit 50 characters)                                                         |     |    |
| 46. |                                                                                      |     |    |
| 47. |                                                                                      |     |    |

|       |                                  |  |
|-------|----------------------------------|--|
| 1B-2. | Open Invitation for New Members. |  |
|-------|----------------------------------|--|

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The NorCal CoC is comprised of seven advisory boards which also constitutes its general membership and encourages broad representation from community stakeholder groups. An interested individual or organization may become a member by completing the Advisory Board Membership Application, and each Advisory Board may establish procedures for approving and onboarding new CoC Members from their own county.

The CoC Governance Charter also allows non-member organizations and members of the public to attend Advisory Board meetings. Meeting notices and agendas are distributed by email and posted on the CoC website. The membership application is included in the Charter's appendix, identifies the CoC website, and explains where completed applications may be submitted.

The NorCal CoC also promotes broad participation through its standing and special committees as well as workgroups. Committee and Workgroup participation is volunteer-based, and interested individuals may join by contacting those Committee Chairs, Co-Chairs, the Administrative Entity or by following the process described as committee members outreach.

The CoC's Governance Charter calls for Committee and Workgroup membership to be inclusive of all seven counties as well as interested member of the public. The Charter recommends that each Advisory Board identify both a primary representative and alternate.

The CoC's committee structure includes the Rating and Ranking Committee, HMIS and Coordinated Entry Committee, Point-in-Time Count Committee, Project Evaluation/Funding Committee, and other special or ad hoc workgroups to provide numerous opportunities for participation by service providers, local governments, people with lived experience, community partners, and representatives from different geographic areas and areas of expertise.

|       |                                                                                        |  |
|-------|----------------------------------------------------------------------------------------|--|
| 1B-3. | CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness. |  |
|-------|----------------------------------------------------------------------------------------|--|

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The NorCal CoC solicits and considers community input through its seven county-level Advisory Boards, public Executive Board and Advisory Board meetings, Standing and Special committees, Workgroups, written comments, and periodic surveys. Meeting notices and agendas are distributed by email and posted on the CoC website, allowing CoC members, partner organizations, and the public to learn about upcoming discussions and provide input. Non-member organizations and members of the public may attend Advisory Board meetings and participate in opportunities for public comment. Meeting schedules are posted on the CoC's website here: <https://www.teachinc.org/norcal-continuum-of-care/>

The Advisory Boards constitute the CoC's general membership and include broad representation from homeless assistance providers, victim service providers, local governments, public housing agencies, healthcare and behavioral health organizations, educational institutions, law enforcement, faith-based organizations, affordable housing developers, organizations serving veterans and other homeless populations, and people with lived experience of homelessness. This regional structure provides opportunities for individuals and organizations throughout all seven counties.

Feedback is encouraged on an ongoing basis and may be provided during designated feedback sessions at Advisory Board meetings, through written submissions to the Administrative Entity, and through periodic surveys. A designated Governance Charter Workgroup composed of representatives from key committees and stakeholder groups reviews submitted feedback and recommends changes.

Proposed policy amendments are circulated to the Advisory Boards for review and comment before approval. Approved changes are communicated through email announcements, website updates, and presentations at board or committee meetings. This process allows community input to be documented, reviewed, and incorporated into the CoC's performance assessment, strategies, governance, and priority-setting decisions.

|       |                                                                                                  |  |
|-------|--------------------------------------------------------------------------------------------------|--|
| 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. |  |
|-------|--------------------------------------------------------------------------------------------------|--|

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The NorCal CoC requires an open application process across the entire seven-county CoC region whenever applicable funding becomes available. The Administrative Entity/Collaborative Applicant manages the CoC Program Competition, communicates application requirements, provides technical assistance to applicants, and coordinates the CoC's review and rating and ranking process. Open competitions invite eligible organizations to apply regardless of whether they currently receive or have previously received CoC Program or State of California funding.

Notice of funding opportunities are publicly posted on the CoC's website and distributed through the CoC's email lists to Advisory Boards, community partners, local governments, service-provider networks, and other regional communication channels such as local media outlets. The notice expressly invites applications from organizations that have not previously received CoC Program funding and provides information about technical assistance available to new applicants. The CoC's website can be viewed here:  
<https://www.teachinc.org/norcal-continuum-of-care/>

The CoC's email notification lists span the entire CoC region and notifies approximately 100 individuals that include service providers, elected officials, school districts, healthcare providers, veteran's services and any other individual who expresses interest in being on the CoC's mailing list.

|      |                                                              |
|------|--------------------------------------------------------------|
| 1B-5 | Plan for Comprehensive Strategies for Reducing Homelessness. |
|------|--------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(limit 2,500 characters)

The NorCal CoC identifies service and support gaps by analyzing the Annual Point-in-Time and Housing Inventory data, HMIS compiled performance data, Coordinated Entry metrics for each County, and input from the seven-county advisory processes to identify unmet needs and direct resources toward the most significant service gaps.

A primary gap is the limited and uneven availability of housing interventions across the CoC's large rural geography, particularly permanent housing options for people experiencing chronic homelessness and rapid rehousing and flexible financial assistance for families.

The CoC pairs housing interventions with coordinated street outreach efforts, emergency and interim housing, housing navigation, and person-centered supportive services. Coordinated Entry and case conferencing help identify and prioritize people with the greatest needs while supporting appropriate referrals throughout the region.

Targeted strategies will address the distinct needs of people experiencing chronic homelessness, families with children, unaccompanied youth, veterans, survivors of domestic violence and human trafficking, people with disabilities or behavioral health needs, and people leaving institutions.

The CoC collaborates with healthcare, behavioral health, child welfare, education, justice, veteran, domestic violence, and public-benefit systems to reduce service fragmentation. Progress is measured through trend analysis of exit destination data by project types and quarterly review of the CA System Performance Measures trends.

Since 2025, data management areas of improvement have been identified as follows:

- enrolling every household in the HMIS
- addition of housing move-in date data
- exiting Street Outreach participants to any situation better than the street, building
- collaborating through case conferencing to quickly identify and serve people through existing CalAIM Enhanced Care Management services

To address noted gaps, the CoC looks at funding applications to expand housing program beds, provide short-term flexible subsidies to overcome housing barriers, identify landlord engagement strategies, develop regional prevention programs and more efficiently connect participants with income, employment, healthcare, behavioral health, and other mainstream benefits.

|       |                                |
|-------|--------------------------------|
| 1B-5a | Confirmation of Plan Coverage. |
|-------|--------------------------------|

|                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



|                                                                                           |     |
|-------------------------------------------------------------------------------------------|-----|
| 1. Identifies the gap, using data or stakeholder feedback                                 | Yes |
| 2. The strategy to address the needs of all relevant subpopulations                       | Yes |
| 3. Sets quantifiable performance measures                                                 | Yes |
| 4. Identifies timelines for the completion of specific tasks                              | Yes |
| 5. Identifies specific funding sources for planned activities                             | Yes |
| 6. An individual or body responsible for overseeing implementation of specific strategies | Yes |

## 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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|       |                                                                                                                                                        |    |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1C-1. | Treatment and Recovery Services—On-site Substance Use Treatment Availability.                                                                          |    |
|       | You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen. |    |
|       | What percent of your TH/RRH/PSH projects have substance use treatment available on site?                                                               | 1% |

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

The CA-516 region offers a number of well-developed Recovery and Treatment programs for people experiencing homelessness. Services and living environments are accessed through County Housing and Behavioral Health departments, street outreach, navigation centers, shelters, permanent supportive housing, jail in-reach programs, and direct referrals by specialized teams. Programs that have certified mental-health and substance-use peer-support specialists conduct outreach, help participants understand available options, and make warm handoffs:

\*Del Norte County—Individuals are connected to substance-use treatment through County Behavioral Health SUD services and community recovery-support meetings. Del Norte's PSH program serves as an access and engagement location where residents can build relationships with providers and receive warm handoffs to County Behavioral Health and SUD services.

\*Modoc County - Outpatient treatment in Alturas via Behavioral Health that caters to adolescents with substance use disorders. The service center offers programs for substance use treatment including anger management, brief intervention, cognitive behavioral therapy, contingency management and community reinforcement.

\*Plumas and Siskiyou Counties - Outpatient treatment locally through referrals to residential or inpatient treatment services outside the County, In Siskiyou County-all housing clients are educated and offered referrals to mental-health or substance-use.

\*Sierra County Behavioral Health - Outpatient drug-free program and contracts with providers in El Dorado County, Marysville, Grass Valley, and Truckee for residential treatment, medication-assisted treatment, and higher levels of care

\*Shasta County - Warm handoffs between HHSA and stable housing providers and Redding service providers:

Visions of the Cross (Redding) - operates 152 recovery beds accessed by provider or self referrals

Empire Recovery - offers a care continuum from detox through outpatient services for people seeking a pathway from addiction and provides approximately 45 residential beds for stays 30-90 days

About Time Recovery - short-term post-hospitalization and temporary housing after leaving inpatient care setting for SUD treatment

Good News Rescue Mission - provides 95 residential beds and 40 outpatient with faith-based approaches including 12-month residence, transitional sober living to create and maintain employment goals, relapse and outpatient supports

### **1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.**

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Outpatient access to mental health and substance support is accomplished through housing programs and street outreach teams, certified peer-support specialists, navigation centers, jail in-reach, mobile assessments, intensive case management, CalAIM Enhanced Care Management, and warm handoffs. Coordinated Entry By Name Lists also indicate client information that is examined for outpatient support requests and service referrals are made through case conferencing sessions or the HMIS referrals module. Referrals made through Coordinated Entry are reviewed weekly to establish client referrals. For each County the following outpatient services exist:

\*Del Norte: Housing and outreach programs connect participants with County Behavioral Health SUD services. The County is developing behavioral-health outreach at its PSH site to facilitate relationship-building and warm service handoffs.

\*Plumas: Provides an outpatient substance-use treatment program and conducts regular behavioral-health and SUD in-reach at the Plumas County Jail. Behavioral-health and SUD services are also available through the Navigation Center.

\*Sierra: Operates a County outpatient drug-free treatment program. Intensive case management, CalAIM Enhanced Care Management, and peer-support staff help connect participants to services. Residential treatment, medication-assisted treatment, and narcotic treatment is obtained through contracted providers outside the County.

\*Shasta: Partners with Empire Recovery Center, Visions of the Cross, Good News Rescue Mission, and About Time Recovery to provide outpatient supports.

\*Siskiyou: County Behavioral Health provides outpatient treatment. Housing and Behavioral-Health staff—including certified peer-support specialist make direct referrals. Behavioral-health teams may travel to the participant for further assessments when the person is unable or reluctant to visit the office and the county conducts jail in-reach.

### **1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.**

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Peer workers and Housing Navigators help participants understand available services, complete assessments and referrals, attend appointments, and identify service referrals to appropriate providers. In several counties, Housing and Behavioral-Health staff are located within the same department, strengthening coordination and reducing delays. Participants are connected with recovery services, physical healthcare, mental-health treatment, primary care, dental care, and vision services.

\*Del Norte: Housing staff provide recovery navigation and warm handoffs to County Behavioral Health. The mobile-crisis team participates in twice-weekly outreach events and visits the Legacy PSH site several times each month to build relationships and help residents understand how to access services. Del Norte is also pursuing Enhanced Care Management funding to support this work.

\*Plumas: Two homeless day shelters and the North Star Navigation Center conduct intake, assessment, case management, and referrals. Navigation staff help participants establish primary care and connect with behavioral health, recovery, dental, vision, and other services.

\*Siskiyou: Employs a certified peer specialist within the Housing unit, has additional peer specialists through Behavioral Health, and contracts with a nonprofit to operate a peer-supported Wellness Center. Housing and Behavioral Health meet regularly and coordinate referrals, housing assistance, and CARE Court cases.

\*Shasta: Peer-support workers are located within the housing department and currently being certified. The Shasta Community Health Center HOPE Van visits several community locations during the week, bringing healthcare and service connections closer to people experiencing homelessness.

\*Sierra: Coordinates outreach through its Wellness Center and Behavioral Health Service Act funded peer-support services. Its Auburn Counseling Access Center screens calls involving SUD, mental health, housing, crisis intervention, and peer support and routes callers directly to the appropriate provider. Mobile-crisis and peer-support staff successfully helped connect at least one participant to CARE Court.

### **1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.**

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The NorCal CoC connects individuals experiencing serious mental illness with behavioral health treatment, crisis intervention, peer support, healthcare, housing, and other services needed to promote stability. Across the CoC, peers, outreach teams, navigation centers, crisis lines, mobile-crisis programs, CalAIM Enhanced Care Management, jail in-reach, CARE Court coordination, and warm handoffs reduce access barriers and help participants remain engaged in treatment and housing.

\*Del Norte: The mobile-crisis team participates in twice-weekly outreach events and visits the Legacy permanent supportive housing site several times each month. Visits build relationships, provide behavioral-health information, and help residents access services through warm handoffs.

\*Plumas: Two homeless day shelters and the North Star Navigation Center provide intake, assessment, case management, and referrals. Staff connect participants with behavioral health, primary care, substance-use recovery services, dental and vision care, housing, and other community supports.

\*Shasta: Multidisciplinary outreach teams include housing staff, behavioral-health representatives, public-health nurses, and peer-support workers. The Shasta Community Health Center HOPE Van visits community locations throughout the week, bringing healthcare, behavioral-health referrals, and service navigation to people who may not access office-based services.

\*Sierra: The access call center screens calls involving mental health, substance use, mobile crisis, housing, and peer support and routes individuals directly to the appropriate provider. Mobile-crisis and peer-support teams also connected an individual to CARE Court, where housing was incorporated into the participant's service plan.

\*Siskiyou: Certified peer specialists work within housing and behavioral-health programs, and the county contracts for a peer-supported Wellness Center. Mobile-crisis services provide community-based response. Housing staff meet regularly with the Behavioral Health CARE Court team, assist in housing CARE Court participants, and operate two mental-health diversion houses.

#### **1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.**

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

NorCal CoC providers coordinate with Behavioral Health providers, courts, attorneys, probation departments, law enforcement, peer specialists, and housing providers to ensure that court-involved individuals receive housing and services that support long-term stability and movement toward independence. Housing at each county participate in planning, identify appropriate placements, conduct warm handoffs, monitor changing needs, and help participants meet court-directed goals.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

CoC providers coordinate with County Behavioral-Health departments, CARE Court teams, courts, attorneys, probation departments, law enforcement, peer-support specialists, and housing providers to connect court-involved individuals with housing and services that promote stability and independence. To date

\*Plumas: The North Star Navigation Center coordinates housing, behavioral-health services, healthcare, benefits, case management, and diversion assistance. The county's Community Corrections Partnership includes the Sheriff, District Attorney, Behavioral Health, Probation, and alternative-sentencing programs, allowing these entities to coordinate housing, reentry, and supportive services for justice-involved individuals.

\*Shasta: Housing providers coordinate with HHSA Behavioral Health to connect eligible participants with treatment and housing supports. When appropriate, CARE Court agreements or court-ordered plans bring those services together to support housing stability and greater independence

\*Sierra: Mobile-crisis and peer-support staff helped connect an individual to CARE Court. Housing was incorporated into the participant's court-approved service plan, allowing the court, attorneys, behavioral-health providers, housing staff, and participant to coordinate treatment and housing-stability services. Sierra County has housed one Household via California Care Court.

\*Siskiyou: Housing staff meet every other week with the Behavioral Health team responsible for CARE Court, assist in securing housing for CARE Court participants, and operate two houses for individuals participating in mental-health diversion. Participants are connected with behavioral-health treatment, peer support, case management, and housing services.

### 1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

Service models vary by CoC County, but providers generally coordinate with each County's crisis response systems through mobile-crisis teams, behavioral-health access lines, healthcare outreach, peer support, navigation centers, and warm referrals.

Plumas County's Behavioral Health Department's official Community Mental Health Center (CMHC) equivalent to has a formal partnership to provide outpatient mental health, substance use disorder treatment, and crisis services.

|        |                                                                                                    |  |
|--------|----------------------------------------------------------------------------------------------------|--|
| 1C-1f. | Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use. |  |
|--------|----------------------------------------------------------------------------------------------------|--|

You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A Attachments Screen.

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.

0

1C-1g. Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?

Yes

### 1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

CoC providers maintain formal partnerships to establish roles, funding responsibilities, and referral pathways so clients can move more efficiently between behavioral-health treatment, crisis services, recovery supports, and housing. with behavioral-health and mental-health providers through integrated County departments via Memoranda of Understanding, Contracts, and jointly administered programs.

The Plumas County CoC maintains a formal partnership the Plumas County Behavioral Health Dept

### 1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

At the current time, the NorCal CoC has a single PSH project funded under Continuum of Care funding, the Shasta Community Health Center Partners II project does not operate sober living facilities. Two new applicants do offer sober living environments and related services.



**1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.**

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

NorCal CoC providers use warm handoffs to connect people directly with behavioral health, treatment, shelter, outreach, and housing services. Staff share relevant referral information and coordinate follow-up so people do not have to navigate transitions alone.

\*Del Norte: Bridge housing participants may transition to PSH projects when they are ready. The County is developing a pathway from emergency shelter through its micro-shelter village and supportive housing to independent housing. Staff assists participants to keep appointments and ongoing provider connections.

\*Lassen: Behavioral Health identifies a housing needs and connects persons with someone who can complete Coordinated Entry. County-connected housing programs also enroll participants in Coordinated Entry and consider them for eligible housing programs.

\*Modoc: TEACH serves as the primary service hub and facilitates the balance of referrals to housing programs.

\*Plumas: Treatment and Behavioral Health providers refer people needing housing to the local service provider PCIRC. Day shelters and the North Star Navigation Center connect people with Coordinated Entry and targeted case management.

\*Shasta: HHS coordinates direct transfers of care with housing providers to support continuity between treatment services and permanent housing.

\*Sierra: Treatment and behavioral health providers refer people to PCIRC for housing assistance. The county's access call center screens for housing, mental health, substance use, crisis, and peer support needs and connects callers with appropriate providers.

\*Siskiyou: Behavioral Health refers people experiencing homelessness to the County Housing Unit for Coordinated Entry enrollment. The County and its partners coordinate transitions among motel shelter, micro-shelter, low-barrier shelter, youth shelter, and domestic violence programs.

1C-2. Supportive Services Investment.

|                                                                                                                                                                                    | Number    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).                                                                                                                           | \$417,148 |
| 2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.             | \$302,696 |
| 3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).                                                            | 73%       |
| 4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD. | \$139,000 |

5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).

106%

|       |                                                                                                                                                                                                                                                              |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1C-3. | Participation Requirements for Supportive Services.                                                                                                                                                                                                          |
|       | You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.                                                                                                                                            |
|       | What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)? |
|       | 100.00%                                                                                                                                                                                                                                                      |

#### 1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The NorCal CoC engages ESG recipients and subrecipients as active participants in community-wide planning and coordination. ESG-funded jurisdictions and providers participate in CoC meetings, committees, Coordinated Entry planning, and regional discussions concerning system needs, funding priorities, service gaps, and program performance improvements.

The CoC consults with ESG recipients regarding the allocation of ESG resources; development and consistent application of written standards; coordination among street outreach, emergency shelter, homelessness prevention, and rapid re-housing programs; and establishment of performance expectations. ESG recipients and subrecipients participate in Coordinated Entry and HMIS, or a comparable database when required for victim service providers, and contribute data used to evaluate outcomes, identify gaps, and improve system performance.

This ongoing coordination helps align ESG-funded activities with CoC priorities and other housing and service resources. It also supports consistent eligibility, assessment, prioritization, referral, and discharge practices across the CoC's seven-county region while ensuring that local rural needs are represented in regional planning and decision-making.

#### 1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Coordination with Emergency Shelter systems occur through direct referrals from Street Outreach, Coordinated Entry case conferences, shared planning, and provider-to-provider transitions.

\*Del Norte-Offers a coordinated pathway involving its new 60-bed emergency shelter, adjacent micro-shelter, permanent supportive housing, and eventual transition to independent housing. Staff assess when participants are ready for the next housing option and help them remain connected with appointments and supportive services.

\*Lassen-People participating in county-connected housing programs are also entered into Coordinated Entry so they can be considered for all housing programs for which they may qualify. Non-county shelter and housing providers generally refer people with housing needs to the county for Coordinated Entry assessment and placement consideration. Crossroads Ministries participates on the local homelessness advisory board and operates sobriety-based transitional-living programs

\*Plumas-Two homeless day shelters and the North Star Navigation Center provide intake, assessment, case management, and referrals to housing, behavioral-health, healthcare, and other supportive services.

\*Shasta-Good News Rescue Mission provides faith-based shelter and recovery services they receive referrals from community partners and connect participants with county services, Coordinated Entry, and longer-term housing resources when appropriate and also serve as an access point for the annual Point in Time Count. New Life Discovery Project receives direct connections or referrals from parole and probation offering interim housing for hospital discharge and re-entry homeless persons

\*Siskiyou: County provides shelter through motel placements and a micro-shelter program and contracts with a low-barrier, night-by-night shelter that people may access directly. County also coordinates with a young-adult shelter and a domestic-violence shelter. Providers make reciprocal referrals and coordinate transitions—for example, arranging for the county to assume shelter assistance immediately after a participant leaves the domestic-violence program.

### 1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC uses multiple methods to analyze the homeless response system, support public transparency, and help providers improve program performance. Following each annual Point-in-Time Count, PIT and Housing Inventory data are shared throughout the seven-county region in a Community Report prepared by Simtech Solutions, the CoC's PIT Count Administrator. Before any public release, the report is shared with the CoC Executive Board and County Advisory Boards. Final results are distributed to community partners and reported by local media outlets.

Federal System Performance Measures and applicable California System Measures are compiled into multiyear trend-analysis sheets and shared with the Executive Board, HMIS/Coordinated Entry Committee, Data Performance Workgroup, County Advisory Boards, and HMIS participating agencies. Coordinated Entry summaries are provided at least quarterly and report new enrollments, exits, exit destinations, and other indicators of system flow.

Aggregated HMIS trend sheets are posted on the CoC's public Data Performance Google Site. These reports allow providers, governing bodies, funders, and community members to review regional trends without disclosing client-level information. Data Performance trainings focus on individual project types and the data elements that most affect data quality and outcomes. Providers learn how their data contributes to federal and state measures and how to use results to impact service delivery.

Data Performance Google Site - open to the public:  
<https://sites.google.com/view/norcalcontinuumofcare/data-performance?authuser=0>

The CoC is also strengthening data sharing governance. A Homebase policy expert is assisting the CoC in updating privacy, data-sharing, and release-of-information documents to establish clearer authority, consent requirements between behavioral health and homeless systems of care.

### 1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

Additional data sources used include both the internal and publicly available State of CA Homeless Data Integration System, State of CA Open Data HHAP Outcomes comparative data, ERF funding, National Alliance to End Homelessness for service baselines by project types, and the earlier State of CA ESG-CV training where State baseline figures from the HDIS were published. NorCal has also used data compiled from adult reentry programming.

Counties access the annual PIT Community Report to assess changes in bed availability and changes in Unsheltered Homeless numbers and Household comparisons are done by reviewing the annual AHAR report.

**1C-6. Employment and Workforce Development Partnership.**

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

CoC providers coordinate with workforce-development agencies, community colleges, vocational-rehabilitation programs, nonprofit organizations, and local employers to connect people experiencing homelessness with employment preparation, education, job training, and career opportunities. Housing and case-management staff help participants access these services through referrals, transportation assistance, and warm handoffs. Each county has collaborations as follows:

\*Del Norte-Housing staff accompany residents to the local workforce center, introduce them directly to workforce-center staff, and provide a warm handoff to employment services.

\*Lassen-Housing providers work with the Alliance for Workforce Development, the California Department of Rehabilitation, and local nonprofit organizations to connect participants with employment and vocational-rehabilitation services.

\*Modoc-The county partners with the Alliance for Workforce Development. Its adult education center also helps participants earn GEDs and obtain employment-related certificates.

\*Plumas-Providers refer participants to the Alliance for Workforce Development. The North Star Navigation Center operates the Dragonfly Café as a culinary workforce-development program. Participants may also access adult education, employment preparation, and training through Feather River College.

\*Shasta-Workforce partners include the SMART Business Resource Center, Shasta College workforce programs, and the Shasta Builders Exchange, which provides construction-trade training.

\*Siskiyou-Housing staff have partnered with Goodwill to connect participants with job-training programs. Participants may also access employment services through the SMART Business Resource Center.

**1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.**

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

CoC providers assist legitimate public-safety efforts without providing routine access to information stored in the HMIS. The CoC's HMIS Committee and Executive Board are currently considering a Law Enforcement Request for HMIS Information Policy, approved at the HMIS/CES Committee meeting on Sept 16, 2026 and presented to the Executive Board on Sept 18, 2026. Executive Board members are seeking final approval from their own county counsel experts.

\*Del Norte: When a PSH resident reports a crime, staff assist the resident in filing a police report

\*Lassen: Susanville law enforcement designated representatives partner in homeless outreach and newly identified homeless persons are connected with the designated officer for further service support.

\*Modoc - T.E.A.C.H. Inc. serves as the central hub for relationships with local law enforcement and conducts outreach in collaboration with law enforcement in an informal manner to engage individuals and connect to care networks.

\*Plumas - Works closely with the Sheriff including connections for sexual assault cases or housing needs

\*Sierra - Has direct connections with Sheriff personnel and the Behavioral Health Director

\*Shasta - Law Enforcement collaborates with service providers to transports individuals to local shelter systems, health clinic and works to prevent unnecessary arrests, jail bookings, and emergency room visits, Conducts proactive community engagement (such as homeless outreach and distributing resource cards)

ShastaCo - The Crisis Intervention Response Team (CIRT) Team transports individuals to the Good News Rescue Mission, provides connections to healthcare and other requested services

\*Siskiyou - Law enforcement works alongside the HHSA Housing Department and outreach workers to assist unsheltered residents navigate available shelter and housing programs. A member of the Yreka Police Department also serves on the Siskiyou County Advisory Board.

### **1C-8. Family or Support Network Reunification.**

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

All County-based Coordinated Entry Systems contribute data to a custom-designed Coordinated Entry assessment that includes questions about the participant's desire for family reconnection. Participants who declare reunification interest have minimal contact information transmitted via a secure spreadsheet to Miracle Messages family reunification service operating out of San Francisco, CA.

Since data collection began in February 2026, approximately 85 individuals have expressed interest in reunification efforts and that information has been transmitted to Miracle Messages for followup where the nonprofit does periodic reporting back to the CoC on who they've been able to locate and begin working to reconnect.

|      |                                                                                                                                                                                                                     |     |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| 1C-9 | Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.                                                                                                                     |     |  |
|      | Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing? | Yes |  |

### 1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

Overall, providers within the CoC's geographic region cooperate with law enforcement to support outreach, crisis response, housing referrals, treatment connections, victim services, and public safety. While client information is limited, the CoC is currently working on an HMIS disclosure policy and request form to use with law enforcement requests.

\*Del Norte-Law enforcement interaction occurs mainly at the permanent supportive housing site. When residents report theft or another incident, officers complete a report and may request relevant video from property management.

\*Lassen-A Susanville Police Department representative regularly joins homeless outreach and conducts additional outreach independently. Patrol officers refer people experiencing homelessness to that representative. Social Services and law enforcement may provide co-case management for people with frequent law-enforcement contact. Staff may help the participant reconnect with the probation officer.

\*Modoc-TEACH has a longstanding good relationship with local law enforcement and T.E.A.C.H. serves as the central hub for homelessness services, local law enforcement will send individuals experiencing homelessness

to our organization to initiate services. TEACH partners on any outreach efforts with local law enforcement to engage individuals and enroll in service networks.

\*Plumas: Housing providers maintain direct communication with the Sheriff's Office, which refers homelessness-related housing and sexual-assault response cases. Providers also coordinate with the Plumas District Hospital.

\*Shasta: Redding Police coordinate with Shasta Community Health Center, and other local providers, SUD providers also work together to connect people with rehabilitation programs. ShastaCo requests advanced notice from law enforcement before entering any encampments.

\*Sierra: The Sheriff's Office communicates directly with the Behavioral Health Director or uses dispatch and the behavioral-health access call center for homelessness, behavioral-health crises, and mobile-crisis response.

\*Siskiyou: Law enforcement representatives are a member of the local CoC board and regularly coordinate with county housing projects. Staff protect client confidentiality but have assisted with legitimate investigations by law enforcement officials.

### 1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)



The CoC's overall Encampment policies are guided by State of CA ERF funding that provide guidance for quickly resolving tents and encampments combines prompt identification, coordinated outreach, connections to shelter and housing, and cleanup conducted by the responsible property owner. The response prioritizes advance homeless outreach whenever conditions permit, voluntary service engagement, shelter and housing placement, coordination with healthcare and behavioral-health providers, and camp cleanups.

\*Shasta County: County outreach staff maintain awareness of identified encampments and conduct multidisciplinary outreach monthly, as requested, or as conditions require. Teams may include social workers, behavioral-health staff, medical providers, peer specialists, and substance-use specialists. Staff engage residents, assess urgent needs, enroll individuals in Coordinated Entry, and connect them to the Good News Rescue Mission, domestic-violence services, healthcare, behavioral-health treatment, and housing resources. Encampments are ultimately self-resolved or cleared by the property owner or law enforcement.

\*Shasta: City of Redding operate the Crisis Intervention Response Team (CIRT) partners with the Good News Rescue Mission, Shasta Community Health Center, Hill Country, County HHSA, and others to conduct frequent outreach at identified encampments. Services include food, medical care, mental-health/substance-use support, transportation, benefits assistance, housing navigation. CIRT's plain-clothes officers and licensed clinical social worker coordinate crisis response and link residents with service providers. Outreach and case management continue before and after cleanups to reduce displacement and help residents move toward shelter or housing.

\*Siskiyou: HHSA serves as the lead outreach entity and works with cities, law enforcement, and homeless-service providers. When an encampment is reported, staff seek to begin outreach within two weeks, offer available services, and identify interim or permanent housing within approximately two to six months, depending on encampment size and resource availability. Cities may provide advance notice before removal; Encampments presenting an immediate fire or public-safety hazard are addressed more quickly while HHSA and partners work to connect residents with shelter and other resources.

### 1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

With the Encampment Resolution Funding provided by the State of CA, the current status of regional encampments reported as of September 21, 2026 is as follows:

\*Del Norte-Encampments have not been fully cleared, however street sleeping appears to be declining after the opening of a 60-bed emergency shelter, and the County expects a forthcoming 50-bed ERF funded Micro Village will reduce encampments further.

\*Modoc-Currently no encampments known

\*Plumas/Sierra Counties-No encampments are currently identified

\*Shasta-PIT raw data shows 14 current and 7 locations, group sleeping consistent last five years, Redding' Community Work Program officers cleaned 227 camps in the city in 2025 and 181 so far in 2026, but the department cannot reliably count all camps because its records exclude camps removed by occupants, camps outside city limits, and other unrecorded sites, while camps are continually established, relocated, and removed

\*Siskiyou-All known encampments have been cleared as of July 2025 and are down from 16 known encampments with 230 individuals

#### **1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.**

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The NorCal CoC's plan to decrease the public use of illicit drugs centers on moving people from unsheltered settings into treatment, recovery supports, and stable housing. The strategy is to increase treatment engagement, expand recovery-oriented housing, strengthen peer navigation, improve connections among law enforcement and providers, and use overdose and HMIS data to target outreach. Naloxone and health education reduce immediate risk, while providing treatment, recovery support, and housing address the conditions associated with continued public drug use

\*Del Norte: Outreach and housing staff connect participants with County Behavioral Health SUD services and recovery meetings. The mobile-crisis team attends twice-weekly outreach events and visits the Legacy PSH site. The county is developing stronger on-site engagement and warm handoffs. Community naloxone dispensers reduce overdose deaths and provide another point of connection to services.

\*Lassen: Social Services conducts outreach with the Susanville Police Department and may provide co-case management for people with repeated law-enforcement contact. Crossroads Ministries offers sobriety-based transitional living, giving participants a structured recovery environment.

\*Plumas and Sierra: County outpatient programs, peer support, navigation services, crisis response, and contracted residential providers connect participants to appropriate levels of care. When treatment is unavailable locally, staff coordinate transportation and referrals to out-of-county programs.

\*Shasta: Housing agencies, law enforcement, and SUD providers coordinate referrals to rehabilitation programs. Available resources include Empire Recovery Center, Visions of the Cross, Good News Rescue Mission, About Time Recovery, county Behavioral Health, and peer and community recovery supports. The Substance Use Disorder Alliance monitors overdose trends and can help guide targeted responses.

\*Siskiyou: Behavioral Health provides outpatient treatment, mobile assessments, certified peer support, and referrals to residential care outside the county. Public Health also provides health education and recovery-related supplies.

#### **1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.**

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Countywide overdose deaths and emergency department visits were sourced from the California Overdose Surveillance Dashboard, supplemented by County public health reports and dated observations from outreach teams, EMS, and law enforcement. Illicit drug use data in public spaces could not be confirmed in the shortened timeframe.

\*Del Norte: The 2024 opioid-related overdose death rate was 45.8 per 100,000 residents. The county's health assessment identifies drug overdoses as a major cause of premature death.

\*Lassen: The 2024 opioid-related overdose death rate was 26.6 per 100,000. Public Health offers free naloxone, and the Office of Education provided fentanyl prevention training to more than 1,500 students in 2025.

\*Modoc: The 2024 opioid-related overdose death rate was 12.1 per 100,000. County Behavioral Health provides substance use prevention and treatment services.

\*Plumas: Local officials reported four opioid-related deaths in 2024, compared with three in each of the prior two years. They identified fentanyl and methamphetamine as concerns; Public Health offers naloxone and treatment services.

\*Shasta: Fentanyl-related deaths fell from 58 in 2023 to 33 in 2024, according to the Shasta Substance Use Coalition. Redding has documented discarded needles during work in public areas and encampments.

\*Sierra: The 2024 opioid-related overdose death rate was 43.0 per 100,000. The county provides free naloxone and has proposed field outreach in community spaces and encampments.

\*Siskiyou: The county recorded 14 opioid-related deaths and 43 opioid-related emergency department visits in 2023. Its 2024 opioid-related overdose death rate was 11.0 per 100,000.

### 1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

NorCal CoC Counties apply California Welfare and Institutions Code §5150 rather than separate standards for people experiencing homelessness. An authorized professional or peace officer may initiate an involuntary evaluation for up to 72 hours when because of a mental-health disorder, danger to self or others, or gravely disabled. Homelessness alone does not meet these criteria. Voluntary and less-restrictive services are considered when safe and appropriate.

\*Del Norte: Behavioral Health and the PATH Mobile Crisis Team provide community-based assessment, de-escalation, and connection to voluntary services, including outreach at homeless-service locations. Authorized personnel may initiate a §5150 evaluation when statutory criteria are met.

\*Lassen: Behavioral Health provides 24-hour crisis and mobile-crisis assistance. Staff assess risk, provide crisis intervention, and consider voluntary stabilization before coordinating a §5150 evaluation when necessary.

\*Modoc: Behavioral Health provides 24-hour crisis assessment and intervention. Responders attempt stabilization and voluntary service linkage and coordinate with emergency services or authorized evaluators when §5150 criteria are met.

Plumas: Behavioral Health provides crisis screening, mobile response, walk-in services, stabilization, urgent appointments, and referrals. Mobile responders work to de-escalate crises and reduce unnecessary law-enforcement or emergency-department involvement. A §5150 evaluation is used when required.

\*Shasta: Behavioral Health and the Hill Country Mobile Crisis Outreach Team provide community-based assessment, de-escalation, intervention, and service linkage, including responses involving people experiencing homelessness. Voluntary stabilization is pursued when feasible; designated personnel or peace officers may initiate a §5150 evaluation when necessary.

\*Sierra: Behavioral Health provides 24-hour crisis screening and coordinates assessment, emergency intervention, transportation, and regional placement when a higher level of care is needed. Voluntary and less-restrictive options are considered before a §5150 evaluation when safe.

\*Siskiyou: Behavioral Health provides 24-hour crisis intervention, after-hours counseling, assessment, stabilization, referral, and mobile-crisis services. When voluntary stabilization is insufficient and statutory criteria are met, authorized personnel may initiate a §5150 eval.

### 1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

CoC providers coordinate with county law-enforcement, probation, parole, and other authorized agencies to support compliance with the Sex Offender Registration and Notification Act (SORNA) and applicable state registration requirements. Providers respond to valid legal processes and verified, case-specific requests in accordance with federal and state law, while protecting client confidentiality.

Law-enforcement agencies remain responsible for maintaining sex-offender registries, monitoring registration compliance, and releasing information authorized for public disclosure. CoC and homeless-service providers do not give law enforcement routine access to HMIS or disclose a participant's location, program participation, services, or other identifying information solely upon an informal request. Requests for client-level information are referred to the appropriate HMIS privacy official or designated county representative for verification, legal and privacy review, and approval.

When disclosure is legally authorized or required, only the minimum information necessary will be released via a pending Law Enforcement Request Policy and the request and response are documented. Information may also be shared with the participant's written authorization. These procedures allow counties and CoC providers to cooperate with SORNA-related responsibilities while complying with HMIS privacy requirements and other federal and state confidentiality protections.

\*Del Norte: Uses bridge housing funding for 290's providing 1-2 beds

\*Lassen: Crossroads Ministries and Ohana House, accept §290 registrants and coordinate with correctional and reentry partners to provide shelter, transitional housing, case management, and assistance moving into permanent housing.

\*Plumas: Ohana House also houses §290 registrants for 4-6 months managing a re-entry contract

\*Siskiyou: Uses some available bed occupancy and 290's are prioritized for the Night-by-Night shelter

### 1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The NorCal CoC currently has 25 unique outreach projects providing outreach services in all CoC counties. The CoC took several steps to improve outreach efforts since 2025 which include:

-The NorCal Street Outreach Policy approved in 2025, provides clear guidelines for service provision and denial, caseload ratios, critical needs, HMIS data management, CES collaboration, project evaluation metrics and overall service provision

-Outreach Best Practices training was provided by Jonathan Danforth, Street Outreach expert and HUD Technical Assistance Provider December 2025

-HMIS data cleaning was performed by all counties to exit outreach clients lacking updates to the HMIS Current Living Situation data element

-Outreach efforts have become more closely aligned with Coordinated Entry in each county and the data has become more reflected of outreach efforts including targets for homeless Veteran's and Youth under 18 being recognized by educational systems.

|        |                                                                                                         |  |
|--------|---------------------------------------------------------------------------------------------------------|--|
| 1C-12. | Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers. |  |
|--------|---------------------------------------------------------------------------------------------------------|--|

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

|    |                                                                                                    | Written Agreement |
|----|----------------------------------------------------------------------------------------------------|-------------------|
| 1. | Child Care (including Child Care and Development Fund)                                             | Yes               |
| 2. | Early Childhood Providers                                                                          | Yes               |
| 3. | Early Head Start                                                                                   | Yes               |
| 4. | Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV) | Yes               |
| 5. | Head Start                                                                                         | Yes               |
| 6. | Healthy Start                                                                                      | No                |
| 7. | Public Pre-K                                                                                       | No                |
| 8. | Tribal Home Visiting Program                                                                       | Yes               |
|    | Other (limit 150 characters)                                                                       |                   |
| 9. |                                                                                                    |                   |

|         |                                                                                                             |  |
|---------|-------------------------------------------------------------------------------------------------------------|--|
| 1C-12a. | Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers. |  |
|---------|-------------------------------------------------------------------------------------------------------------|--|

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

|    |                                                                                                    |     |
|----|----------------------------------------------------------------------------------------------------|-----|
| 1. | McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA)) | Yes |
| 2. | School District(s)                                                                                 | Yes |
| 3. | General Education Development (GED) Program(s)                                                     | Yes |
| 4. | Community College(s)                                                                               | Yes |

|                                               |     |
|-----------------------------------------------|-----|
| 5. Technical College(s)                       | Yes |
| 6. Other Post-Secondary Education Provider(s) | Yes |

### 1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

Through the State of California funded Bringing Families Home grant, BFH case managers, housing navigators, and child-welfare worker communicate about the housing-related requirements affecting reunification or placement prevention.

BFH guidance specifically calls for coordination with the child-welfare case manager, court-ordered service plans, family courts, family resource centers, and other providers. The following counties manage BFH funding and have applicable written policies and procedures for that funding including Lassen, Modoc, Plumas/Sierra and Shasta Counties.

The Shasta County Office of Education (SCOE) serves as the technical assistance provider for all school districts in Shasta County and works collaboratively with school districts, community agencies, and service providers to ensure that children and youth experiencing homelessness and their families are informed of their educational rights and available services. SCOE provides ongoing training and technical assistance to District Liaisons, school staff, community partners, and homeless service providers regarding McKinney-Vento eligibility, immediate enrollment, school of origin rights, transportation, and other educational protections and supports.

SCOE also partners directly with local homeless service agencies and health care providers to increase awareness of educational rights and ensure families are connected to the appropriate school district liaison. Partners include Shasta County Health and Human Services Agency (HHSA), Shasta Community Health Center, Hill Country Health and Wellness Center, Ready for Life Host Homes, FaithWorks, California YouthBuild Academy, foster family agencies, and local school districts.

Through these partnerships and ongoing technical assistance, SCOE works to ensure that families and youth who experience homelessness are identified, informed of their educational rights, and connected to appropriate educational service supports.

### 1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.



Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

CoC Counties coordinate with Foster Care and Child Welfare as follows: NEED from Maggie

Plumas County PCIRC - manages Special ADV programs partnering with their county's Social Services Department, funded for Bringing Families Home, State of CA Calworks HSP funding

Siskiyou - Manages Child Welfare through the Bringing Families Home, HUD TH Housing and Maint.? see HCD, CalWorks HSP with a dedicated child welfare focus

Del Norte - has an integrated Child Welfare program in development

Shasta County - Lutheran Social Services partner with the local college on a TAY program, County Health and Human Services has x, Ready for Life partners with local families to become certified resource (foster) homes

Sierra - trying to integrate

**1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.**

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

There are no RHY funded Children and Youth providers but the following counties offer homeless youth supports:

\*Del Norte: Unified School District's Homeless Youth Services supports students experiencing homelessness. Del Norte Mission Possible provides outreach, shelter, and housing navigation for people and families experiencing homelessness

\*Modoc: Modoc County Office of Education coordinates services for foster and homeless students. \*\*T.E.A.C.H., Inc.\*\* provides youth and family services and broader emergency housing assistance

\*Plumas: Plumas Crisis Intervention & Resource Center (PCIRC) provides homelessness prevention and housing navigation services and operates CASA. Plumas County Department of Social Services supports transitional housing for eligible former foster or probation youth

\*Shasta: Ready for Life\*\* provide Host Homes and a resource center for housing-unstable young adults ages 18–24, Hill Country Community Clinic are youth housing and service partners, Shasta County Office of Education supports students experiencing homelessness. The Shasta County Office of Education actively collaborates with community agencies and providers serving runaway and homeless youth to coordinate services and strengthen educational supports. SCOE facilitates the Homeless Youth Alliance (HYA), a regularly occurring collaborative group that brings together local agencies and organizations serving homeless youth to share information, identify gaps in services, and coordinate support for youth experiencing or at risk of homelessness.

Through the HYA and other community partnerships, SCOE works closely with organizations such as Ready for Life Host Homes, HHSA, Shasta Community Health Center, Hill Country Health and Wellness Center, FaithWorks, California YouthBuild Academy, foster family agencies, and local school districts.

SCOE also participates in the local Case Manager Training Network, which holds quarterly meetings to provide training and build coordination among case managers serving homeless youth and families. In 2026, SCOE and HYA partners helped facilitate the county's first youth-specific Point-in-Time (PIT) event. The event was organized and promoted with significant input and leadership from youth with lived experience, creating an opportunity to better understand and respond to the needs of homeless youth in Shasta County.

### **1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.**

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

In Shasta County, Faithworks Agency provides Transitional, Rapid-ReHousing and Permanent Supportive Housing programs prioritized for Families with Children. Referrals are taken through Shasta County's Coordinated Entry System.

### **1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.**

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The project types identified in 1C-13 help participants increase the income available to pay rent by assessing employment goals and connecting them with workforce development, job training, registered apprenticeships, and job placement services for which they qualify. Case managers also help participants obtain benefits, address barriers such as transportation and childcare, and plan for rent payments as their income or housing assistance needs change.

### **1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.**

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

CoC providers serving families leverage mainstream family service funding by connecting parents and children to benefits and services available through TANF and other public systems. At intake and throughout housing assistance, staff help families identify potential eligibility, complete applications, gather documents, and connect directly with the agencies that administer these resources. Depending on eligibility and local program rules, TANF may provide cash assistance, employment services, work supports, or other family stabilization services.

Project staff coordinate with TANF agencies, child welfare, childcare providers, schools, healthcare providers, and workforce programs so these resources work alongside CoC funded housing assistance. For example, housing staff may help a parent obtain rental assistance while a TANF worker supports an employment plan, a childcare provider helps make work or training possible, and a school liaison helps children remain connected to education. Staff follow up on referrals and address barriers to enrollment or continued participation. This coordination brings resources beyond the project's housing budget to bear on the family's needs and supports longer-term housing stability.

### **1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.**

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

NorCal providers managing CalWorks Housing Support Program, Bringing Families Home funding assist with housing assistance with services that help families remain stable after they are housed. Case managers assess each family's needs, help secure and maintain housing, and connect parents with childcare and parenting support. They also coordinate referrals for prenatal care, pregnancy-related services, pediatric care, health coverage, and early childhood programs.

Staff work with schools and education liaisons to support enrollment, attendance, and school stability, and follow up with families and partner agencies to address barriers to accessing these services. Plumas County partners with the local Community Action Agency to assist pregnant mothers and out of county service for prenatal care located in Truckee, CA.

#### 1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The County VSO, Nation's Finest, VA, and a County BoS use HMIS, PIT and Coordinated Entry data to identify homeless Vets. Once located, VSO staff verify benefits eligibility through SQUARES, connect Veterans to benefits, and assist in coordinating shelter, transitional and permanent housing opportunities through local partnerships. Programming success has seen a verifiable 31% reduction in Shasta's homeless Veteran's since the '25 PIT Count. Programming is being scaled across the CoC.

&nbsp;

|        |                                                                                                                        |  |
|--------|------------------------------------------------------------------------------------------------------------------------|--|
| 1C-14a | Collaboration with Veteran Serving Organizations.                                                                      |  |
|        | Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following: |  |

|    |                                                                                                    |     |
|----|----------------------------------------------------------------------------------------------------|-----|
| 1. | Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance? | Yes |
| 2. | Coordinates the provision of emergency shelter, supportive services, and housing for veterans?     | Yes |
| 3. | Ensures access to a full spectrum of employment and career pathway opportunities?                  | Yes |
| 4. | Shares data with the Department of Veterans Affairs as appropriate?                                | No  |
| 5. | Identifies service gaps for veterans?                                                              | Yes |
| 6. | Fills service gaps for veterans?                                                                   | Yes |

### **1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.**

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

Shasta CES transmits information to One Safe Place, the largest DV service in the region. Information is sent securely semi-monthly indicating CES enrollee's who indicate domestic/dating as 'currently fleeing' through data collection. Transmitted info includes enrollment date, name, basic demographics with self-attested health challenges and current ROI status. OSP participated in the development the CoC's Emergency Transfer Plan in 2025. Plumas also has a DV crisis center and relies on CES data

### **1C-16. Collaboration with Justice System Re-entry Partners.**

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Shasta County Probation's PATH program helps people leaving incarceration find and keep housing; its Prop 47 partners provide housing navigation. Plumas County Probation offers transitional housing for people returning from incarceration or homeless while under supervision. Siskiyou coordinates pre-release care and housing referrals, while Modoc's CARE Court may connect eligible participants to housing supports.

### **1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.**

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Shasta County participated in a California Whole Person Care research which was included in a formal statewide evaluation. Shasta's criteria included adults ages 18–64 who had at least two emergency department visits or hospitalizations in the prior three months and were homeless or at risk of homelessness. Shasta County HHSA partnered with Partnership HealthPlan, SCHC, Hill Country, and Mercy Hospital. Currently, our outreach team partners with SCHC to identify high system utilizers.

**1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.**

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Counties rely on connections from Adult Protective Services, the Housing and Disability Advocacy Program and HHAP funding to connect and serve older adults who may be experiencing or about to experience homelessness.

\*Shasta: Adult Protective Services (APS) works with older adults and partners with Shasta Community Health Center (SCHC) to provide medical respite services.

**1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.**

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

The CoC funded PSH project operating out Shasta County, SCHC Partners II operated by Shasta Community Health Center, accepts referrals from the County's CES By Name List and maintains a 75% Chronic Homeless rate of clients being served. Newly operating No Place Like Home PSH projects also prioritize CH clients coming through CE, and as well Del Norte's PSH program - The Legacy.

**1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.**

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Throughout the CoC region, the following participating counties offer on-site behavioral healthcare services or connections:

\*Del Norte: Mobile crisis staff attend Mission Possible outreach events twice weekly and visit the Legacy PSH site several times monthly. Services focus on engagement, education, assessment, and connection to treatment.

\*Lassen: Behavioral Health staff participate in multidisciplinary outreach with housing staff and a public-health nurse, connecting people to mental-health and recovery services.

\*Plumas: Licensed behavioral-health and SUD services are provided onsite at the North Star Navigation Center. Behavioral Health also conducts jail in-reach.

\*Shasta: Behavioral-health staff participate in multidisciplinary outreach. The Shasta Community Health Center HOPE Van provides mobile services at several community locations as well as on-site medical outreach and connects people experiencing homelessness with behavioral health and substance use disorder services through SCHC's care network.

\*Siskiyou: Behavioral-health staff may travel to a person's location to complete an assessment when the person cannot or will not visit the Behavioral Health office. Behavioral Health staff are also integrated into the County housing unit.

### **1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.**

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Providers operating State of CA Behavioral Health Services Act (BHSA) are required to assess the client care levels needed using standardized statewide tools that prevent service disparities across all funded projects. The NorCal CoC currently has 18 BHSA funded projects.

Several PSH providers assess based on care plans developed for the CA BHSA program and/or Enhanced Care Management (ECM) programs and use the PHQ-9 is a nine-question screening tool that measure potential levels of depression and from there clients are connected quickly to healthcare or behavioral health clinician, have specialized case plans created and receive more frequent case management check-ins.

### **1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.**

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Shasta Community Health Care Partners II CoC funded project conducts required annual reassessments based on HMIS guidance and the household's continued project eligibility, expressed desire and ability to sustain housing after PSH exit (including income growth and health challenges) to exit to unsubsidized housing options is determined at that time.



## 1D. Project Capacity, Review, and Ranking—Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

|       |                                                                                                                                                                                                                                                           |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1D-1. | Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

|    |                                                                                                                                              |     |
|----|----------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1. | Established total points available for each project application type.                                                                        | Yes |
| 2. | At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.           | Yes |
| 3. | At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications. | Yes |
| 4. | Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).                                  | Yes |
| 5. | Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).                                        | Yes |
| 6. | Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).            | Yes |

|       |                                                                                                                              |     |
|-------|------------------------------------------------------------------------------------------------------------------------------|-----|
| 1D-2. | New Proposals.                                                                                                               |     |
|       | Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist? | Yes |

|        |                                                                                                                          |  |
|--------|--------------------------------------------------------------------------------------------------------------------------|--|
| 1D-2a. | Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline. |  |
|--------|--------------------------------------------------------------------------------------------------------------------------|--|

|  |                                                                                                                                                                                                                 |            |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|  | Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included:<br>1. the CoC Application, and<br>2. Project Priority Listings. | 09/25/2026 |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

|        |                                                                                                                                          |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1D-2b. | Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website. |  |
|--------|------------------------------------------------------------------------------------------------------------------------------------------|--|

|  |                                                                                                                                                                               |            |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|  | Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website. | 09/25/2026 |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

|        |                                                                                                   |  |
|--------|---------------------------------------------------------------------------------------------------|--|
| 1D-2c. | Local Competition Selection Results for All Projects.                                             |  |
|        | You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen. |  |

|  |                                                                                                                                                                                                                                                 |     |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | Does your attachment include:<br>1. Project Names,<br>2. Project Scores,<br>3. Project Rank,<br>4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated,<br>5. Amount Requested from HUD, and<br>6. Reallocated Funds +/-. | Yes |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|

|        |                                                            |  |
|--------|------------------------------------------------------------|--|
| 1D-2d. | Projects Rejected/Reduced—Notification Outside of e-snaps. |  |
|--------|------------------------------------------------------------|--|

|    |                                                                                                                                                                                                   |            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. | Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?                                                                                      | Yes        |
| 2. | If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. | 09/21/2026 |
| 3. | Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?                                                  | Yes        |

|        |                                                    |  |
|--------|----------------------------------------------------|--|
| 1D-2e. | Projects Accepted—Notification Outside of e-snaps. |  |
|--------|----------------------------------------------------|--|

|  |                                                                                                                                                                                       |            |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
|  | Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. | 09/24/2026 |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|

|       |                                                          |  |
|-------|----------------------------------------------------------|--|
| 1D-3. | Reallocation—Reviewing Performance of Existing Projects. |  |
|-------|----------------------------------------------------------|--|

|    |                                                                                                                                                                                                                                                       |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|    | Describe:                                                                                                                                                                                                                                             |  |
| 1. | your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed, |  |
| 2. | whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,                                                                     |  |
| 3. | whether your CoC reallocated any low performing or less needed projects during its local competition this year; and                                                                                                                                   |  |
| 4. | why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.                                                                                                                         |  |

**(limit 2,500 characters)**

The CoC may voluntarily or involuntarily reallocate funds from an existing renewal project to create one or more eligible new projects when reallocation would improve system performance or better address identified community needs. Projects may be considered for reallocation are based on performance outcomes, expenditure history, bed/unit utilization, grant compliance, identified community need, alignment with CoC priorities, and recipient project management capacity.

The Rating and Ranking Committee will review projects using objective criteria and make recommendations to the Executive Board. Affected recipients will receive written notice and an opportunity to respond or appeal. Following resolution of any appeals, the Executive Board will approve reallocations and the final Priority Listing through a conflict-free vote documented in the meeting minutes.

|        |                                           |  |
|--------|-------------------------------------------|--|
| 1D-3a. | Reallocation Between FY 2021 and FY 2026. |  |
|--------|-------------------------------------------|--|

|  |                                                                                                  |     |
|--|--------------------------------------------------------------------------------------------------|-----|
|  | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026? | Yes |
|--|--------------------------------------------------------------------------------------------------|-----|

## 2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

|       |                                 |  |
|-------|---------------------------------|--|
| 2A-1. | HMIS Vendor.                    |  |
|       | Not Scored—For Information Only |  |

|  |                                                                                     |                            |
|--|-------------------------------------------------------------------------------------|----------------------------|
|  | Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters) | Wellsky Community Services |
|--|-------------------------------------------------------------------------------------|----------------------------|

|       |                                    |  |
|-------|------------------------------------|--|
| 2A-2. | HMIS Implementation Coverage Area. |  |
|       | Not Scored—For Information Only    |  |

|  |                                                          |            |
|--|----------------------------------------------------------|------------|
|  | Select from dropdown menu your CoC's HMIS coverage area. | Single CoC |
|--|----------------------------------------------------------|------------|

|       |                               |  |
|-------|-------------------------------|--|
| 2A-3. | PIT Count—Methodology Change. |  |
|-------|-------------------------------|--|

|    |                                                                                                                                                                 |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Describe:                                                                                                                                                       |
| 1. | any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and |
| 2. | how the changes affected your CoC's PIT count results.                                                                                                          |

(limit 2,500 characters)

The 2026 Point in Time Count was overseen by Simtech Solutions, a leading consultancy that provides a mobile app designed to streamline the Count process. Several changes were noted between 2025 and 2026 which resulted in a higher level of confidence in the final count figures. PIT planning began in September 2025 for the 2026 count, PIT volunteers were registered through Counting Us and the number outbound canvassers increased from 211 to 239 individuals (13% increase) which resulted in larger number of unsheltered persons being located.

Survey questions were enriched to help identify Veterans and data provided for the Community Report examines and confirms several interesting trends such as increases in chronicity compared to changes in self-attested disabilities, trends in youth homelessness, and the recognition of shelter beds that had been in prior operation but never reported through the HIC. Veteran's were asked if they knew how to locate their DD-214 and had they been in contact with their county's veteran services office?

#### 2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

NorCal CoC's Encampment Resolution Fund (ERF) policy had to be approved for every participating county by the State Housing and Community Development Department prior to funds release. The time period used to evaluate encampment results is from Jan 1, 2024 to June 30, 2026.

The CoC's overall Encampment Policy for each participating County addressed all required aspects of the California Interagency Council on Homelessness requirements including:

- person-centered response;
- awareness of available shelter;
- respectful handling and storage of belongings;
- advance notice;
- coordination with existing outreach efforts;
- efforts to offer shelter before removal; for non-urgent removals, ERF Round 5 specified at least 48 hours' posted notice.
- assessment of health and safety hazards

Tracking for encampments is generally examined via the Annual PIT Count, and twice annual Street Outreach APR's for Exit Situations.

|        |                                           |  |
|--------|-------------------------------------------|--|
| 2A-4a. | Reduce Encampments—Number of Encampments. |  |
|--------|-------------------------------------------|--|

|                                                                                          |     |
|------------------------------------------------------------------------------------------|-----|
| 1. Enter the estimated number of encampments in the beginning of your evaluation period. | 280 |
| 2. Enter the reduction in the number of encampments during your evaluation period.       | 291 |

|        |                                                     |  |
|--------|-----------------------------------------------------|--|
| 2A-4b. | Reduce Encampments—Number of People in Encampments. |  |
|--------|-----------------------------------------------------|--|

|                                                                                                    |       |
|----------------------------------------------------------------------------------------------------|-------|
| 1. Enter the estimated number of people in encampments in the beginning of your evaluation period. | 1,401 |
| 2. Enter the reduction in the number of people in encampments during your evaluation period.       | 1,457 |

&nbsp;

|        |                                                 |
|--------|-------------------------------------------------|
| 2A-4c. | Reduce Encampments—Plans to Reduce Encampments. |
|--------|-------------------------------------------------|

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

All seven NorCal CoC counties now have encampment response policies that give service a clear process and related metrics to follow. The guidelines address outreach, notice, available shelter options, treatment of personal belongings, and coordination with service providers when responding to encampments. Encampment numbers will be measured using periodic outbound unsheltered counts by outreach teams and information provided bylaw enforcement bodies in collaboration with area service providers.

## 2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Through focused efforts to ensure all project clients are properly enrolled in the NorCal HMIS, broader outreach by dedicated Street Outreach workers and improved Unsheltered Count methodology, the NorCal CoC expects to see a leveling off of new people being added to the HMIS affecting the system measures.

Through discussions dedicated to system inflows the general feeling with CoC providers is that due to better provider engagement with HMIS data initiative including the adding of previously operating but not recognized shelter beds through the HIC, the number of first-time homeless may see slight increases for another year however the HMIS data element #15 Living Situation will be analyzed going forward to determine stronger service partnerships and inform the development of formal homeless prevention programming.

## 2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The measure for Length of Time Homeless will see improvements in the next round of federal System Performance Measures because the HMIS Community has been trained on the points at which project exits need to occur. The measure has already seen improvements in the most current CA System Performance Measures report dated August 2026.

|       |                                                                       |  |
|-------|-----------------------------------------------------------------------|--|
| 2A-7. | Successful Permanent Housing Placement—Exits to Unsubsidized Housing. |  |
|-------|-----------------------------------------------------------------------|--|

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?

36.83%

Describe how you calculated the data for this response.

(limit 2,500 characters)

A Data/Reporting workgroup was created for all the active TH, RRH and PSH projects which totaled x. The report was generated for the dates January 1, 2024 through June 30, 2026. The percentage came by dividing 627 unsubsidized exits from the Permanent Situations category by a total enrollment count of 1,702 (Count of Clients for DQ). The only Exit Situation value not considered was 'Rental by Client with Ongoing Housing Subsidy'.

|       |                                                                   |  |
|-------|-------------------------------------------------------------------|--|
| 2A-8. | Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date. |  |
|-------|-------------------------------------------------------------------|--|

|  |                                                                                                         |            |
|--|---------------------------------------------------------------------------------------------------------|------------|
|  | Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count. | 01/26/2026 |
|--|---------------------------------------------------------------------------------------------------------|------------|

|        |                                                 |  |
|--------|-------------------------------------------------|--|
| 2A-8a. | HIC and PIT Count Data—HDX 2.0 Submission Date. |  |
|--------|-------------------------------------------------|--|

|  |                                                                                                                                            |     |
|--|--------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT? | Yes |
|--|--------------------------------------------------------------------------------------------------------------------------------------------|-----|

|        |                                                                                          |  |
|--------|------------------------------------------------------------------------------------------|--|
| 2A-8b. | Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.                         |  |
|        | You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen. |  |

|                                                                                                               |     |
|---------------------------------------------------------------------------------------------------------------|-----|
| Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST? | Yes |
|---------------------------------------------------------------------------------------------------------------|-----|

|        |                                                                 |  |
|--------|-----------------------------------------------------------------|--|
| 2A-8c. | System Performance Measures (SPM) Data—HDX 2.0 Submission Date. |  |
|--------|-----------------------------------------------------------------|--|

|  |                                                                                                              |     |
|--|--------------------------------------------------------------------------------------------------------------|-----|
|  | Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT? | Yes |
|--|--------------------------------------------------------------------------------------------------------------|-----|

|       |                                                               |  |
|-------|---------------------------------------------------------------|--|
| 2A-9. | HMIS and Comparable Database Participation—Bed Coverage Rate. |  |
|-------|---------------------------------------------------------------|--|

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

| Project Type                               | Adjusted Total Year-Round, Current Non-VSP Beds | Adjusted Total Year-Round, Current VSP Beds | Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database | HMIS and Comparable Database Coverage Rate |
|--------------------------------------------|-------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------|
| 1. Emergency Shelter (ES) beds             | 1,153                                           | 50                                          | 295                                                                              | 24.52%                                     |
| 2. Safe Haven (SH) beds                    | 0                                               | 0                                           | 0                                                                                | 0.00%                                      |
| 3. Transitional Housing (TH) beds          | 264                                             | 62                                          | 146                                                                              | 44.79%                                     |
| 4. Rapid Re-Housing (RRH) beds             | 411                                             | 0                                           | 307                                                                              | 74.70%                                     |
| 5. Permanent Supportive Housing (PSH) beds | 115                                             | 0                                           | 89                                                                               | 77.39%                                     |
| 6. Other Permanent Housing (OPH) beds      | 141                                             | 0                                           | 119                                                                              | 84.40%                                     |

|        |                                                                                                        |  |
|--------|--------------------------------------------------------------------------------------------------------|--|
| 2A-9a. | Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9. |  |
|--------|--------------------------------------------------------------------------------------------------------|--|

For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

|    |                                                                                                                                      |
|----|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent.                                     |

(limit 2,500 characters)



4. Link to the NorCal training on Quarterly Reporting is here:  
<https://us02web.zoom.us/join/6879111111?pwd=ZUJlYkRkdzVldjNlcE1wZWdScDZkdz09>

### 3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

|       |                                                                                                                             |  |
|-------|-----------------------------------------------------------------------------------------------------------------------------|--|
| 3A-1. | Supporting Activities within an Opportunity Zone.                                                                           |  |
|       | You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen. |  |

|    |                                                                                                           |    |
|----|-----------------------------------------------------------------------------------------------------------|----|
| 1. | Will the proposed activities/projects occur within Opportunity Zone Census Tracts?                        | No |
| 2. | Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts? | No |

|      |                                                                                 |
|------|---------------------------------------------------------------------------------|
| 3A-2 | Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. |
|------|---------------------------------------------------------------------------------|

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

## 4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
  - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
  - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

| Document Type                                                                                        | Required? | Document Description | Date Attached |
|------------------------------------------------------------------------------------------------------|-----------|----------------------|---------------|
| 01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment   | Yes       | 1D-2c. Local Comp... | 09/25/2026    |
| 02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment   | Yes       | 1C-1f. List of Co... | 09/25/2026    |
| 03. 1C-3. Language from Project Supportive Service Agreements                                        | Yes       | 1C-3. Language fr... | 09/25/2026    |
| 04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety | Yes       | 1C-10. Evidence o... | 09/25/2026    |
| 05. 1D-1. Local Competition Scoring Tool                                                             | Yes       | 1D-1. Local Compe... | 09/23/2026    |

**Applicant:** Redding/Shasta Continuum of Care (Collab App)

CA-516

**Project:** CA-516 CoC Registration FY2025 (COC\_REG\_2025\_225149) AK-500 CoC  
Registration FY2026

COC\_REG\_2026\_228412

|                                                                         |     |                      |            |
|-------------------------------------------------------------------------|-----|----------------------|------------|
| 06. 1D-2c. Local Competition Selection Results                          | Yes | 1C-3. Language fr... | 09/24/2026 |
| 07. 2A-8b. FY 2026 HDX Competition Report                               | Yes | 2A-8b. FY 2026 HD... | 09/23/2026 |
| 08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points | No  |                      |            |
| 09. 3A-2a. Project List for Other Federal Statutes                      | No  |                      |            |
| 10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery           | No  |                      |            |
| 11. Other                                                               | No  |                      |            |

## Attachment Details

**Document Description:** 1D-2c. Local Competition Selection  
Results\_locked

## Attachment Details

**Document Description:** 1C-1f. List of CoC Program Projects and Number  
of Units that require Substance Abuse Treatment

## Attachment Details

**Document Description:** 1C-3. Language from Project Supportive Service  
Agreements

## Attachment Details

**Document Description:** 1C-10. Evidence of Coordination and Non-  
Interference with Local Efforts to Advance Public  
Safety

## Attachment Details

**Document Description:** 1D-1. Local Competition Scoring Tool

## Attachment Details

**Document Description:** 1C-3. Language from Project Supportive Service Agreements

## Attachment Details

**Document Description:** 2A-8b. FY 2026 HDX Competition Report

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

# Attachment Details

Document Description:

## Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

| Page                                                                       | Last Updated      |
|----------------------------------------------------------------------------|-------------------|
| 1A. CoC Identification                                                     | 09/24/2026        |
| 1B. Coordination and Engagement–Accountable<br>Structure and Participation | 09/25/2026        |
| 1C. Coordination and Engagement                                            | 09/25/2026        |
| 1D. Project Review/Ranking                                                 | 09/25/2026        |
| 2A. HMIS Implementation                                                    | 09/25/2026        |
| 3A. Policy Initiatives                                                     | 09/24/2026        |
| 4A. Attachments Screen                                                     | 09/25/2026        |
| Submission Summary                                                         | No Input Required |



## Partners II Permanent Supportive Housing Substance Use Treatment Standard Practice

---

The Shasta Community Health Center Partners II Permanent Supportive Housing Program screens all potential candidates for substance use through certified drug and alcohol providers within our health system or in coordination with local community providers.

Potential candidates who are already receiving substance use services will receive ongoing support and case management, as needed, to help maintain those services through completion.

Services provided within the Shasta Community Health Center Partners II model are designed to support individuals in reducing and ultimately discontinuing the use of alcohol and other non-prescribed substances, consistent with individualized treatment planning and applicable clinical standards.

## CA-516 CoC Application Attachment 2026

### 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

The CoC HMIS/CES Committee approved the Law Enforcement Policy Wednesday September 16, 2026. The policy and request form were sent to the CoC's Executive Board Thursday September 17, 2026 for consideration and approval. EB Members expressed a desire to have their own County Counsel legal teams review prior to final approval.

Law Enforcement HMIS Information Release Policy and Request Form will come before the Executive Board the regular October 2026 meeting. Other evidence for non-interference is detailed in the question response 1C-10.

# NorCal Continuum of Care

## Law Enforcement HMIS Information Requests

|                      |                                                                                                                                  |                        |                       |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------|
| <b>Policy Owner:</b> | TEACH Inc. – NorCal HMIS Lead                                                                                                    | <b>Effective Date:</b> | October 1, 2026       |
| <b>Approved By:</b>  | NorCal HMIS/CES Committee<br>Recommended for EB Approval 09.16.26<br>NorCal Continuum of Care Executive Board<br>October x, 2026 | <b>Review Cycle:</b>   | Annually or as needed |

### Policy Statement

The HMIS Lead Agency and all HMIS Covered Homeless Organizations (CHO's) will protect client-level HMIS data from unauthorized access or disclosure. Law enforcement personnel will not receive direct HMIS access or attend any Coordinated Entry Case Conferencing meetings, or obtain limited protected personal information (PPI) merely because they are requesting personal information about a client in the NorCal HMIS.

Every request must be routed to the HMIS Lead and evaluated under this policy, the NorCal HMIS Client Privacy Notice, NorCal Client Release of Information, Data Sharing Agreement along with applicable federal, state, and local law.

**Governing Principle:** HMIS disclosure is mandatory only when applicable law requires it. Any permitted disclosure must also be described in the NorCal CoC's Privacy Notice, Release of Information or data sharing agreement unless made with the individual's consent or required by law.

### Scope by Role

This policy applies to the NorCal Continuum of Care Executive Board, Advisory Boards, CoC Committees, HMIS Lead, HMIS System Administrator, HMIS end-users, related contractors, and any person with direct access to HMIS PPI. It addresses requests made from police, sheriffs, prosecutors, correctional agencies, federal law enforcement agencies, private investigators, and other entities acting in a law enforcement capacity.

### Requirements for Requests from Law Enforcement Agencies

1. Staff must not search HMIS, confirm or deny a record, discuss a client's services or location, or release screenshots, reports, case notes, identifiers, or other data. Refer the requester to the HMIS Lead Agency and the agency's Executive Director. Preserve the request and related communications in Agency files.
2. The HMIS Lead will verify the Requester's identity, agency, authority, contact information, purpose, requested records, date range, and legal process. Oral requests will be documented immediately by both the Covered Homeless Organization and HMIS Lead.
3. The HMIS Lead must approve any data disclosures. HMIS Lead's legal counsel will review compulsory processes and any request that is uncertain, unusually broad, sensitive, or contested by the CHO.
4. Disclose only the minimum information authorized within this policy.
5. Use an approved secure transmission method, record what was disclosed and to whom, and retain the request, analysis, approval, and transmission record under the HMIS record-retention schedule.

### Providing Limited HMIS Information

#### Routine or Informal Requests

The NorCal HMIS Lead will not disclose PPI unless the request is signed by a Supervisor of the law enforcement body making an official request on the approved NorCal HMIS Request for Information Form. Types of request cover the following clients who may in the HMIS:

- suspect

## NorCal Continuum of Care

### Law Enforcement HMIS Information Requests

- fugitive
- material witness
- missing person
- victim
- court process (compulsory)

#### Judicial or Compulsory Process

A lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or grand jury subpoena may permit disclosure. Counsel must verify validity, jurisdiction, scope, response deadline, available objections, and whether notice to the client is permitted or required. Released information may only include what the process legally requires.

#### Oral Location Request

CHO's may respond to oral requests intended to identify or locate a suspect, fugitive, material witness or missing person. Urgent requests made of the participating organization may be accommodated in accordance with this policy and immediately reported Monday-Friday to the HMIS Lead Agency.

#### Crime on Organization Premises

The CHO may disclose limited PPI (as indicated below) it believes in good faith is evidence of criminal conduct occurring on its premises, consistent with applicable laws, ethical standards, the NorCal CoC's Privacy Notice, and this approval process.

#### Federal Protective Services

A request by an authorized federal official for specified presidential, foreign dignitary, or related threat-protection functions may be permitted when the request is specific and limited. The HMIS Lead will verify the official and statutory authority.

#### Serious and Imminent Threat

HMIS PPI may be disclosed, consistent with law and ethical standards, when the organization in good faith believes disclosure is necessary to prevent or lessen a serious and imminent threat to an individual or the public, and only to an agency reasonably able to prevent or lessen the threat.

#### Client Authorization

A knowing, specific, written, and time-limited authorization may support disclosure when valid under applicable law and this policy. Confirm the client's identity, avoid client coercion, and disclose only the authorized information listed below. This provision does not authorize or require the NorCal CoC to collect information that is not otherwise maintained in HMIS or its authorized records.

| HMIS Element ID | HMIS Data Element                                                                              |
|-----------------|------------------------------------------------------------------------------------------------|
| 5.08            | HMIS Client ID (Personal Identifier)                                                           |
| 3.01            | Name (as provided or updated by Client during the HMIS intake process)                         |
| n/a             | Alias (the 'Also Known As' field, contained in the HMIS but not an official HMIS data element) |
| 3.02            | Social Security – Last Four numbers only                                                       |

# NorCal Continuum of Care

## Law Enforcement HMIS Information Requests

|      |                                                                                                                                                                                                                                                       |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.03 | Date of Birth                                                                                                                                                                                                                                         |
| n/a  | Last known Address/Location -in response to a qualifying oral request to identify or locate a suspect, fugitive, material witness, or missing person, contained in the HMIS but not an official HMIS data element (2004 Data and Technical Standards) |
| n/a  | Notes about the information release added by the HMIS Lead Agency                                                                                                                                                                                     |

### Safeguards

- When feasible, provide the confirmed requestor de-identified or aggregate information instead of PPI, but assess re-identification risk prior to release
- A CHO receiving the legal process request must notify the HMIS Lead within 24 hours Monday – Friday, and must not delete, alter, conceal, or independently produce HMIS records
- No law enforcement agency or officer may receive an HMIS user account or routine query access for law enforcement purposes
- No law enforcement agency or officer may participate in NorCal CoC Coordinated Entry case conferencing, receive a recording or transcription of the case conferencing meetings
- Apply heightened review to information involving survivors of domestic violence, dating violence, sexual assault, stalking, trafficking, minors, health or substance-use treatment, immigration, or other specially protected records. Victim service providers do not enter client-level data into HMIS and use a comparable database.
- The HMIS Lead will coordinate any required Client Notice. Notice may be delayed or omitted only when law or a valid order prohibits it or when the applicable standard permits withholding notice for safety reasons.

### Incident Documentation

Unauthorized access, confirmation, or disclosure is a privacy incident. Agency must report it within 24 hours Monday-Friday to the HMIS Lead. The HMIS Lead will preserve the incident, evidence and audit logs, assess legal and contractual notification duties, take corrective action, and impose sanctions consistent with HMIS Agency and User Agreements. Good-faith reporting is protected from retaliation.

### Roles

| Role                                       | Responsibility                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHO Agency Staff and Authorized HMIS Users | Protect confidentiality; do not search or disclose general information; route law enforcement requests immediately to the Agency Executive Director and HMIS Lead Agency; the Agency Executive Director must verify, document, analyze, coordinate review, approve or deny, securely disclose, and maintain an agency-level disclosure log.                                                                                     |
| HMIS Lead Agency                           | The HMIS Lead Agency will provide annual training and onboarding for the NorCal CoC homeless services providers who have participating projects in the HMIS. The Lead Agency will also notify the CoC Executive and Advisory Boards of recommended policy changes, retain all records of law enforcement requests, deliver authorized HMIS information to law enforcement bodies, and notify the CHO of any follow-up requests. |
| Legal Counsel                              | The CoC's HMIS Lead's legal counsel, review compulsory process, conflicting laws, sensitive records, and disputed or unclear requests.                                                                                                                                                                                                                                                                                          |

### Primary authority

HUD, Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice, 69 Fed. Reg. 45888, Sections 4.1.3 and 4.2 (July 30, 2004; effective August 30, 2004).

<https://www.federalregister.gov/d/04-17097>

**NorCal Continuum of Care**  
**Confidential Law Enforcement HMIS Data Request**

**Important:** Submitting this form does not guarantee the HMIS Lead or Covered Homeless Organization will disclose information. The HMIS Lead will review the request under applicable law, the HMIS Law Enforcement Information Release Policy, and notify the requestor of any approval or denial to complete the request.

**1. REQUESTING AGENCY AND OFFICER**

|                                        |                       |
|----------------------------------------|-----------------------|
| <b>Requesting Agency Name</b>          |                       |
| <b>Requesting Officer Full Name</b>    |                       |
| <b>Requesting Officer Title / Rank</b> |                       |
| <b>Badge or Identification Number</b>  |                       |
| <b>Official/Agency Telephone</b>       | ____ - ____ - _____   |
| <b>Official Email Address</b>          |                       |
| <b>Investigation/Case number</b>       |                       |
| <b>Request Date</b>                    | From: _____ To: _____ |
| <b>Agency Mailing Address</b>          |                       |

**2. TYPE AND SUBJECT OF REQUEST (may check more than one)**

☐ Suspect ☐ Fugitive ☐ Material Witness ☐ Missing Person ☐ Victim ☐ Court Process ☐ Emergency

|                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <b>HMIS Client's Name</b>                                     | _____                                                                |
| <b>Additional Information (may help identify HMIS record)</b> | Alias (also known as):<br>Approximate Age:<br>Gender:<br>Other Note: |

**3. INVESTIGATION AND NECESSITY**

|                                                                                                             |                                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Request Reason (why is requested information relevant to a legitimate law-enforcement investigation)</b> |                                                          |
| <b>Would an aggregate HMIS report suffice?</b>                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**4. LEGAL PROCESS AND ATTACHMENTS**

☐ Warrant ☐ Court order ☐ Subpoena ☐ Summons ☐ Other legal process ☐ No legal process attached

|                                         |  |
|-----------------------------------------|--|
| <b>Issuing Court or Legal Authority</b> |  |
| <b>Document number</b>                  |  |

**NorCal Continuum of Care**  
**Confidential Law Enforcement HMIS Data Request**

|                    |                                    |
|--------------------|------------------------------------|
| <b>Date issued</b> |                                    |
| <b>Attachments</b> | List all attached legal documents: |

**5. DEADLINE**

|                                        |                         |
|----------------------------------------|-------------------------|
| <b>Requested receipt date and time</b> | Date: _____ Time: _____ |
| <b>Reason for Deadline</b>             |                         |

**6. Requestor Legal Contact**

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Title / Office</b> |  |
| <b>Telephone</b>      |  |
| <b>Email Address</b>  |  |

**7. SECURE DELIVERY METHOD**

☐ Agency secure file portal   ☐ Encrypted email   ☐ Secure physical delivery   ☐ Other approved method

|                              |                                                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Delivery instructions</b> | Identify the approved recipient, portal, encryption process, or physical-delivery instructions: |
|------------------------------|-------------------------------------------------------------------------------------------------|

**8. CERTIFICATION AND SUPERVISORY APPROVAL**

I certify that the requested information is relevant and material to a legitimate law-enforcement investigation; that the request is specific and limited in scope to the extent reasonably practicable; that de-identified information cannot accomplish the stated purpose; and that any information received will be used only for that stated purpose and handled in accordance with applicable law and agency requirements.

|                                                |  |
|------------------------------------------------|--|
| <b>Supervisory Official<br/>(printed name)</b> |  |
| <b>Title / Rank</b>                            |  |
| <b>Supervisory Official<br/>Signature</b>      |  |
| <b>Date and Time Signed</b>                    |  |

**NorCal Continuum of Care**  
**Confidential Law Enforcement HMIS Data Request**

| NorCal Continuum of Care HMIS Lead Response to Request for Information |                                                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Request Processed By Name                                              |                                                                                                 |
| Title                                                                  |                                                                                                 |
| Request Response Date                                                  |                                                                                                 |
| Request Approved                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| Response Submitted Method                                              | <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Phone |
| HMIS Client ID                                                         |                                                                                                 |
| HMIS Client Name                                                       |                                                                                                 |
| HMIS Client Alias                                                      |                                                                                                 |
| HMIS Client SSN Last Four                                              |                                                                                                 |
| HMIS Client Last Known Address or Location                             |                                                                                                 |
| Note(s) about Information Release                                      |                                                                                                 |

**CoC and HMIS Lead Agency for CA-516**

TEACH Inc.  
c/o Carol Cullins-Madison  
112 East 2nd Street  
Alturas, CA 96101  
General Office (530) 233-3111  
[teachinc.modoc@gmail.com](mailto:teachinc.modoc@gmail.com)



## 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions 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 to help navigate e-snaps.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

## 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: 09/25/2026

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1574

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

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

X

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name: Training, Employment and Community Help, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2578204
- c. Unique Entity Identifier: PP9YF9RNPXD2

### d. Address

Street 1: 112 E 2nd St  
Street 2:  
City: Alturas  
County: Modoc  
State: California  
Country: United States  
Zip / Postal Code: 96101

### e. Organizational Unit (optional)

Department Name:  
Division Name:

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

Prefix:  
First Name: Jamie  
Middle Name:  
Last Name: Northrup  
Suffix:  
Title: Program Director  
Organizational Affiliation: Training, Employment and Community Help, Inc.  
Telephone Number: (530) 233-3111  
Extension:

**Fax Number:** (530) 233-4744

**Email:** jnorthrup@teachinc.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:** CPD-2600-DC-0025

**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: HMIS Renwal Project 2026

16. Congressional District(s):

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

b. Project: CA-002, CA-001  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2027

b. End Date: 07/31/2028

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:

First Name: Carol

Middle Name:

Last Name: Madison

Suffix:

Title: Executive Director

Telephone Number: (530) 233-3111  
(Format: 123-456-7890)

Fax Number: (530) 233-4744  
(Format: 123-456-7890)

Email: cmadison@teachinc.org

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

Date Signed: 09/25/2026



## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0044 Expiration Date: 2/28/2027**

### Applicant/Recipient Information

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

**Agency Legal Name:** Training, Employment and Community Help, Inc.

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Training, Employment and Community Help, Inc.

**Telephone Number:** (530) 233-3111

**Extension:** 102

**Email:** cmadison@teachinc.org

**City:** Alturas

**County:** Modoc

**State:** California

**Country:** United States

**Zip/Postal Code:** 96101

**2. Employer ID Number (EIN):** 94-2578204

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

**4. Amount of HUD Assistance Requested/Received: \$31,911.00**

(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. 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:** Carol Madison, Executive Director

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

**Date Signed:** 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Training, Employment and Community Help, Inc.  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Sites for Work Performance.

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

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

First Name: Carol

Middle Name

Last Name: Madison

Suffix:

Title: Executive Director

Telephone Number: (530) 233-3111  
(Format: 123-456-7890)

Fax Number: (530) 233-4744  
(Format: 123-456-7890)

Email: cmadison@teachinc.org

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

Date Signed: 09/25/2026

## 11. 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: ☒

**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:** Training, Employment and Community Help, Inc.

**Name / Title of Authorized Official:** Carol Madison, Executive Director

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

**Date Signed:** 09/25/2026

## 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. 06/30/2028)

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: Training, Employment and Community Help, Inc.

Street 1: 112 E 2nd St

Street 2:

City: Alturas

County: Modoc

State: California

Country: United States

Zip / Postal Code: 96101

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. ☒



**Authorized Representative**

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 09/25/2026

## 1K. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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: Training, Employment and Community Help, Inc.

Prefix:

First Name: Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/25/2026

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."

X

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

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

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

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

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes made will include:

**You have selected "Make Changes." Once this screen is saved, you 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.**



## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? No
- 3a. If no was selected, explain why CoC Program funds are not drawn quarterly.
- Previous grantee for the HMIS grant has been approached to meet about project handoffs for HMIS and Coordinated Entry and has been unable to schedule a time to meet with TEACH as the new HMIS Lead.
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

### 1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

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

### 3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): CA1574

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

2. CoC Number and Name: CA-516 - Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC

3. CoC Collaborative Applicant Name: Training, Employment and Community Help, Inc.

4. Project Name: HMIS Renwal Project 2026

5. Project Status: Standard

6. Component Type: HMIS

7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside? No

9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? 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.

HMIS Project Funding supports general HMIS Administration including project setup per Federal and State of CA HMIS setup guidance, end-user privacy and security training and establishing and managing end user HMIS access, daily help desk user support and communications to maintain system-wide data quality requirements.

Funding will also support HMIS optimization to enhance existing system configurations and security protocols, increase end-user knowledge of HMIS data management as well as agency and project level reporting to aid program staff with compliance and service provision.

## 4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2026 HMIS Data Standard Notice? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

TEACH Inc. as the CoC's HMIS Lead Agency updated the HMIS Policy in early 2026. The updated HMIS Policy was presented and discussed at two HMIS Committee meetings with final approval by the CoC's Executive Board. Updates to the policy encompassed the following: role definitions and responsibility areas: HMIS Lead, HMIS System Administration, and HMIS Participating Agencies. Additional areas covered include HMIS Committee framework and relation to CoC Governance, agency customization requests, user violations, committee framework and relation to CoC governance. The committee is actively considering policy updates to HMIS Policies, Client Release of Information, End User Agreements, Privacy and Security to open data sharing to Behavioral Health systems for limited client information that would enable a broader range of client care services.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The HMIS Lead Agency, TEACH Inc. oversees new user onboarding assuring the individual has certified in HMIS Privacy and Security prior to obtaining login credentials. Privacy and Security certification is managed by the HMIS System Administrator who enables login access upon successful certification completion and confirmation with the HMIS Lead Agency.

**7. Do you update your Privacy Notice annually and provide a copy to all HMIS users?** Yes

**8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

After a confirmed report of a HMIS procedural violation, the HMIS Administrator implements action within 24 hours.

- In emergency situations i.e. security breach and/or imminent danger to the database, the HMIS Coordinator immediately contacts and reports to the CoC Coordinator, who has final authority for the impending action
- In all other cases, the HMIS Coordinator implements a course of action outlined in the following steps:

**Step 1: Consultation with the Provider Agency**

- a. Contacts and discusses the inappropriate practice with the Provider Agency Administrator
- b. Itemizes specific requirements for improvement.
- c. Identifies a time frame for implementation and completion of the corrective measure(s).
- d. Coordinates further training if deemed necessary.
- e. Documents conversation and reports this information to technical support staff for database entry.
- f. Alerts technical support staff to begin monitoring procedures, which remain in place until resolution.

**Step 2: Written Warning**

- a. If any corrective measures do not happen, or if inappropriate practices continue over multiple months, then the HMIS Coordinator, under the guidance of the Data Committee, and SCDHS Administrators, implements a written warning procedure.
- b. The HMIS Coordinator or an appropriate HMIS staff member (under the HMIS Coordinator instruction) sends a written notice, via certified mail, to the Provider Agency Administrator which includes:
  - An explanation of violations and itemizes specific requirements for improvement as defined through a Corrective Action Plan.
  - A time frame for implementation and completion of the corrective measure(s).
  - A copy of the written summary documenting the HMIS Coordinators, User Group and CoC Coordinator's review of the Provider Agency's profile.
  - A training or technical assistance plan, if deemed necessary.
  - Further HMIS actions if the inappropriate practice(s) continue.
- c. The technical support staff archives a copy of the written warning in the Agency's file; the agency receives the original written notice.

**Step 3: Sanctions**

- a. If the Provider Agency fails to provide satisfactory responses to the written warning within the allotted time period, as defined in the Corrective Action Plan, then the HMIS Coordinator presents the updated Provider Agency file to the Data Committee and NorCal CoC Coordinator.
- b. The HMIS/CES Committee and CoC Coordinator review all previous correspondences and/or Provider Agency corrective action responses and determine sanctions based on the evidence.
- c. The HMIS Coordinator notifies via certified mail the Provider Agency of impending sanctions, the effective date, a copy of the original written notice, a copy of the HMIS Grievance Policy and this policy.
- d. The technical support staff archives a copy of the sanctions notification in the Agency's file; the Agency receives the written notice.



**Step 4: Probation**

- a. If the Provider Agency fails to provide satisfactory responses to the sanctions within the allotted time period, then the HMIS Coordinator presents the updated Provider Agency file to the Data Committee and SCDHS Ending Homelessness Manager.
- b. The HMIS/CES Committee and CoC Coordinator review all previous correspondence and Provider Agency corrective action responses and determine warranted probation.
- c. The HMIS Coordinator notifies via certified mail the Provider Agency of impending probation and the effective date.
- d. Assigns Technical Support

## 6A. Funding Request

### VAWA Budget

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 new 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Will this project use funds from this grant to provide for short-term emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

|       |                                     |
|-------|-------------------------------------|
| HMIS  | <input checked="" 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.

## 6D. 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:    | \$7,978 |
| Total Amount of In-Kind Commitments: | \$0     |
| Total Amount of All Commitments:     | \$7,978 |

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

| Type | Source     | Contributor          | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | State of CA HHAP ... | \$7,978              |

## Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: State of CA HHAP Funding  
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$7,978

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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<br>(Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant<br>CoC Program<br>Costs Requested<br>(1 Year Term) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1a. Leased Units (Screen 6B)                                                                                                                             | \$0                                                          |
| 1b. Leased Structures (Enter)                                                                                                                            | \$0                                                          |
| 2. Rental Assistance (Screen 6C)                                                                                                                         | \$0                                                          |
| 3. Supportive Services (Enter)                                                                                                                           | \$0                                                          |
| 4. Operating (Enter)                                                                                                                                     | \$0                                                          |
| 5. HMIS (Enter)                                                                                                                                          | \$29,211                                                     |
| 6. VAWA (Enter)                                                                                                                                          | \$0                                                          |
| 7. Rural (Enter)<br>(Only for HUD CoC Program approved rural areas)                                                                                      | \$0                                                          |
| 8. Sub-total of CoC Program Costs Requested                                                                                                              | \$29,211                                                     |
| 9. Admin<br>(Up to 10% of Sub-total in #8)                                                                                                               | \$2,700                                                      |
| 10. HUD funded Sub-total + Admin. Requested                                                                                                              | \$31,911                                                     |
| 11. Cash Match (From Screen 6D)                                                                                                                          | \$7,978                                                      |
| 12. In-Kind Match (From Screen 6D)                                                                                                                       | \$0                                                          |
| 13. Total Match (From Screen 6D)                                                                                                                         | \$7,978                                                      |
| 14. Total Project Budget for this grant, including Match                                                                                                 | \$39,889                                                     |

The minimum required Total Match amount for the Grant Term is \$7,978.

## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Training, Employment and Community Help, Inc.

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional").

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

**Submission Type:** Update

**Effective Date:** 08/05/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*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; 24 CFR § 28.10(b)(iii)).**



**Authorized Representative:**

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 08/05/2026

## 7A. Attachment(s)

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

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0044  
(expires 02/28/2027)**

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:** Carol Madison

**Date:** 09/25/2026

**Title:** Executive Director

**Applicant Organization:** Training, Employment and Community Help, Inc.

**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

| Page                                 | Last Updated      |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type          | 08/06/2026        |
| 1B. SF-424 Legal Applicant           | 08/06/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/06/2026        |
| 1E. SF-424 Compliance                | 08/06/2026        |
| 1F. SF-424 Declaration               | 08/06/2026        |

|                                                        |                   |
|--------------------------------------------------------|-------------------|
| 1G. HUD 2880                                           | 08/06/2026        |
| 1H. HUD-50070                                          | 08/06/2026        |
| 1I. Cert. Lobbying                                     | 08/06/2026        |
| 1J. SF-LLL                                             | 08/06/2026        |
| 1K. SF-424B                                            | 08/06/2026        |
| Submission Without Changes                             | 09/24/2026        |
| Recipient Performance                                  | 09/24/2026        |
| Renewal Grant Consolidation or Renewal Grant Expansion | 08/06/2026        |
| 2A. Subrecipients                                      | No Input Required |
| 3A. Project Detail                                     | 09/19/2026        |
| 3B. Description                                        | 09/25/2026        |
| 4A. HMIS Standards                                     | 09/25/2026        |
| 6A. Funding Request                                    | 09/19/2026        |
| 6D. Match                                              | 09/19/2026        |
| 6E. Summary Budget                                     | No Input Required |
| Indirect Cost Information                              | 09/24/2026        |
| 7A. Attachment(s)                                      | No Input Required |
| 7B. Certification                                      | 09/24/2026        |

## 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions 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 to help navigate e-snaps.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).



## 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: 09/25/2026

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1767

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

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

X

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Training, Employment and Community Help, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2578204
- c. Unique Entity Identifier:** PP9YF9RNPXD2

### d. Address

**Street 1:** 112 E 2nd St  
**Street 2:**  
**City:** Alturas  
**County:** Modoc  
**State:** California  
**Country:** United States  
**Zip / Postal Code:** 96101

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:**  
**First Name:** Jamie  
**Middle Name:**  
**Last Name:** Northrup  
**Suffix:**  
**Title:** Program Director  
**Organizational Affiliation:** Training, Employment and Community Help, Inc.  
**Telephone Number:** (530) 233-3111  
**Extension:**

**Applicant:** TEACH Inc.

94-2578204

**Project:** Coordinated Entry Renewal Project 2026

236719

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**Fax Number:** (530) 233-4744

**Email:** jnorthrup@teachinc.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:** CPD-2600-DC-0025

**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:** Coordinated Entry Renewal Project 2026

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

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

**b. Project:** CA-002, CA-003, CA-001  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 06/01/2025

**b. End Date:** 05/31/2026

**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:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 09/25/2026

## 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Number: 2501-0044 Expiration Date: 2/28/2027

### Applicant/Recipient Information

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

**Agency Legal Name:** Training, Employment and Community Help, Inc.

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Training, Employment and Community Help, Inc.

**Telephone Number:** (530) 233-3111

**Extension:** 102

**Email:** cmadison@teachinc.org

**City:** Alturas

**County:** Modoc

**State:** California

**Country:** United States

**Zip/Postal Code:** 96101

**2. Employer ID Number (EIN):** 94-2578204

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



**4. Amount of HUD Assistance Requested/Received: \$18,378.00**

(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. 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:** Carol Madison, Executive Director

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

**Date Signed:** 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Training, Employment and Community Help, Inc.  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Sites for Work Performance.

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

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

First Name: Carol

Middle Name

Last Name: Madison

Suffix:

Title: Executive Director

Telephone Number: (530) 233-3111  
(Format: 123-456-7890)

Fax Number: (530) 233-4744  
(Format: 123-456-7890)

Email: cmadison@teachinc.org

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

Date Signed: 09/25/2026

## 11. 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: ☒

**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:** Training, Employment and Community Help, Inc.

**Name / Title of Authorized Official:** Carol Madison, Executive Director

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

**Date Signed:** 09/25/2026

## 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. 06/30/2028)

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: Training, Employment and Community Help, Inc.

Street 1: 112 E 2nd St

Street 2:

City: Alturas

County: Modoc

State: California

Country: United States

Zip / Postal Code: 96101

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. ☒

**Authorized Representative**

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 09/25/2026



## 1K. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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: Training, Employment and Community Help, Inc.

Prefix:

First Name: Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/25/2026

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? Yes
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

The applicant has either selected "Yes" to Question #1 , has not brought forward details from a previously awarded renewal project application, or has manually selected "Make Changes" to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

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

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

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Application amount being reduced because the NorCal Coordinated Entry System has revised its policies and distributed CES activities across counties making up the CoC region.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

The Collaborative Applicant and the Coordinated Entry Leads Agency were changed in July 2025. The former CES Lead indicated that they filed the APR, however the SAGE repository indicates that is not the case. TEACH staff have requested the former CES Lead to meet and get the APR filed however the Executive Director of that agency indicated they would work with HUD directly to get the APR submitted but as of September 24, 2026 no other update has been provided to TEACH.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No



## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

### 1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$0**

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

## 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** CA1767

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

**2. CoC Number and Name:** CA-516 - Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC

**3. CoC Collaborative Applicant Name:** Training, Employment and Community Help, Inc.

**4. Project Name:** Coordinated Entry Renewal Project 2026

**5. Project Status:** Standard

**6. Component Type:** SSO

**6a. Please select the type of SSO project:** Coordinated Entry

**7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?** No

**9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** 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.

The seven-county Continuum of Care Coordinated Entry System was redesigned in 2025 to portion off each CES process to local counties for more efficient service prioritization. In addition to the required HUD Assessment data collection processes, a custom CES assessment was deployed that goes into more detail about a CES enrollee's current circumstances. Quarterly all-county CES review/update sessions are conducted by the CES Lead to review best practices for data collection, data sharing and case conferencing.

Additional data being collected since January 2026 includes the household's self-attested disability challenges, current living situation information, encampment location (if applicable so clients may be located more quickly for service provision), interest in prevention and California CalAIM supports paired with current living situation, connections to family reunification services, and identification of DV survivors within the past 3 months for DV providers to perform targeted outreach to those with an active Release of Information on file. Access Point staff continue to administer VI-SPDAT tools which supplement information at case conferencing sessions. Case conferencing is required of County CES entities at least bi-monthly per the revised CES Policy, however several of the local counties consider service prioritization real-time using custom By Name Lists filtered for that County's CES enrollments.

HMIS participating agencies have performed a significant data cleaning process for enrollments that had not been exited since the start of NorCal's CES up to December 31, 2024. Each agency retained listed CES enrollments for whom there has been confirmed recent contact since January 1, 2026. Enrollment and Exit numbers are percents are presented to the HMIS Committee and CoC Executive Board at least quarterly with an analysis of each County's Exit Destination.

Metrics being monitored by the HMIS Lead include:

- Client demographic analysis focusing on Veteran's and Youth
- Length of time on the By Name Prioritization List
- Number of CES Enrollments, CES Exits and Exit Destination distribution (quarterly)
- Re-entry into Coordinated after PH placements (using State of CA HDIS information)
- Client Referral Acceptance Rates

### 2. 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 checked="" type="checkbox"/> | Survivors               | <input type="checkbox"/> |
| Veterans                                | <input type="checkbox"/>            | Substance Use Disorders | <input type="checkbox"/> |

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

**3. As a renewal SSO-Coordinated Entry project update the following questions.**

**3a. Will the coordinated entry process cover the CoC's entire geographic area?** Yes

**3b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance?** Yes

**3c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

The Continuum of Care Coordinated Entry System is active in all seven CoC Counties. The majority of CA-516 counties are rural and have small general populations so word of mouth and street outreach efforts engage the majority of household enrolling in CES. Coordinated Entry System processes and improvement feedback is also reviewed with each County's CoC Advisory Board made up of homeless service providers, county health systems, workforce youth serving partners.

For Shasta County, the 211 Information and Referral Agency conducts CES enrollments via call-in methods and enroll approximately 35 new persons on a weekly basis. 211 staff also participate in Shasta County weekly case conferencing meetings to provide additional information where requested by case conferencing attendees

**3d. Does the coordinated entry process use a comprehensive, standardized assessment process?** Yes

**3e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.**

Coordinated Entry referral processes are performed collaboratively by each County through consistent prioritization and case conferencing meetings. Counties maintain lists of unit openings and discuss service and housing opportunities with households who opt in to Coordinated Entry enrollment. Case conferencing meetings conducted at each county present opportunities for service providers to identify the most appropriate service interventions based on having served households in other programs

County CES leads have the following responsibilities:

- Facilitate CES prioritization and case conferencing meetings
- Oversee project exits from the county-level CES project
- Manage the prioritization list for the defined areas within the CoC region
- Act as primary point of information contact for participating local housing providers
- Attend and report status of defined area's CES progress in the HMIS/CES Committee meetings

The CES Lead Agency supports each County by providing periodic Coordinated Entry data collection and best practice training, transmitting CES performance data at least monthly and availability for one-off support for process clarification.

**3f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:**

No

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

## 6A. Funding Request

### VAWA Budget

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 new 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

|                     |                                     |
|---------------------|-------------------------------------|
| Leased Structures   | <input type="checkbox"/>            |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input checked="" 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.



## 6D. 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:    | \$4,595 |
| Total Amount of In-Kind Commitments: | \$0     |
| Total Amount of All Commitments:     | \$4,595 |

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

| Type | Source     | Contributor          | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | State of CA HHAP ... | \$4,595              |

## Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: State of CA HHAP Funding  
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$4,595

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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<br>(Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant<br>CoC Program<br>Costs Requested<br>(1 Year Term) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1a. Leased Units (Screen 6B)                                                                                                                             | \$0                                                          |
| 1b. Leased Structures (Enter)                                                                                                                            | \$0                                                          |
| 2. Rental Assistance (Screen 6C)                                                                                                                         | \$0                                                          |
| 3. Supportive Services (Enter)                                                                                                                           | \$13,724                                                     |
| 4. Operating (Enter)                                                                                                                                     | \$0                                                          |
| 5. HMIS (Enter)                                                                                                                                          | \$3,000                                                      |
| 6. VAWA (Enter)                                                                                                                                          | \$0                                                          |
| 7. Rural (Enter)<br>(Only for HUD CoC Program approved rural areas)                                                                                      | \$0                                                          |
| 8. Sub-total of CoC Program Costs Requested                                                                                                              | \$16,724                                                     |
| 9. Admin<br>(Up to 10% of Sub-total in #8)                                                                                                               | \$1,654                                                      |
| 10. HUD funded Sub-total + Admin. Requested                                                                                                              | \$18,378                                                     |
| 11. Cash Match (From Screen 6D)                                                                                                                          | \$4,595                                                      |
| 12. In-Kind Match (From Screen 6D)                                                                                                                       | \$0                                                          |
| 13. Total Match (From Screen 6D)                                                                                                                         | \$4,595                                                      |
| 14. Total Project Budget for this grant, including Match                                                                                                 | \$22,973                                                     |

The minimum required Total Match amount for the Grant Term is \$4,595.

## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Applicant Name:** Training, Employment and Community Help, Inc.

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional").

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

**Submission Type:** Update

**Effective Date:** 08/05/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*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; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 08/05/2026

## 7A. Attachment(s)

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

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:



## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0044  
(expires 02/28/2027)**

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:** Carol Madison

**Date:** 09/25/2026

**Title:** Executive Director

**Applicant Organization:** Training, Employment and Community Help, Inc.

**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

| Page                                 | Last Updated      |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type          | 09/24/2026        |
| 1B. SF-424 Legal Applicant           | 08/05/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/19/2026        |
| 1E. SF-424 Compliance                | 08/05/2026        |
| 1F. SF-424 Declaration               | 08/06/2026        |
| 1G. HUD 2880                         | 08/06/2026        |

|                                    |         |            |
|------------------------------------|---------|------------|
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|------------------------------------|---------|------------|

|                                                        |                   |
|--------------------------------------------------------|-------------------|
| 1H. HUD-50070                                          | 08/06/2026        |
| 1I. Cert. Lobbying                                     | 08/06/2026        |
| 1J. SF-LLL                                             | 08/06/2026        |
| 1K. SF-424B                                            | 08/06/2026        |
| Submission Without Changes                             | 09/24/2026        |
| Recipient Performance                                  | 09/24/2026        |
| Renewal Grant Consolidation or Renewal Grant Expansion | 08/06/2026        |
| 2A. Subrecipients                                      | No Input Required |
| 3A. Project Detail                                     | 08/06/2026        |
| 3B. Description                                        | 09/25/2026        |
| 6A. Funding Request                                    | 09/19/2026        |
| 6D. Match                                              | 09/25/2026        |
| 6E. Summary Budget                                     | No Input Required |
| Indirect Cost Information                              | 08/06/2026        |
| 7A. Attachment(s)                                      | No Input Required |
| 7B. Certification                                      | 08/06/2026        |

## 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO.
- Detailed instructions 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 to help navigate e-snaps.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

## 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: 09/25/2026

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1041

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

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

X

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Shasta Community Health Center

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 68-0165855

**c. Unique Entity Identifier:** WC6HND5TJPC4

### d. Address

**Street 1:** 1035 Placer Street

**Street 2:**

**City:** Redding

**County:** Shasta

**State:** California

**Country:** United States

**Zip / Postal Code:** 96001

### e. Organizational Unit (optional)

**Department Name:** HOPE

**Division Name:** N/A

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

**Prefix:** Mrs.

**First Name:** Leslie

**Middle Name:**

**Last Name:** Esget

**Suffix:**

**Title:** Grants Administrator

**Organizational Affiliation:** Shasta Community Health Center

**Telephone Number:** (530) 646-3971

**Extension:**

**Applicant:** Shasta Community Health Center

6091027770000

**Project:** Partners in Housing II 2026

238329

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**Fax Number:** (530) 245-0863

**Email:** [lesesget@shastahealth.org](mailto:lesesget@shastahealth.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:** CPD-2600-DC-0025

**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: Partners in Housing II 2026

16. Congressional District(s):

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

b. Project: CA-002, CA-001  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2027

b. End Date: 09/30/2028

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: Mrs.

First Name: Theresa

Middle Name:

Last Name: Blanco

Suffix:

Title: Chief Strategy and Communications Officer

Telephone Number: (530) 246-5806  
(Format: 123-456-7890)

Fax Number: (530) 245-0863  
(Format: 123-456-7890)

Email: tblanco@shastahealth.org

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

Date Signed: 09/25/2026

## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0044 Expiration Date: 2/28/2027**

### Applicant/Recipient Information

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

**Agency Legal Name:** Shasta Community Health Center  
**Prefix:** Mrs.  
**First Name:** Theresa  
**Middle Name:**  
**Last Name:** Blanco  
**Suffix:**  
**Title:** Chief Strategy and Communications Officer  
**Organizational Affiliation:** Shasta Community Health Center  
**Telephone Number:** (530) 246-5806  
**Extension:**  
**Email:** tblanco@shastahealth.org  
**City:** Redding  
**County:** Shasta  
**State:** California  
**Country:** United States  
**Zip/Postal Code:** 96001

**2. Employer ID Number (EIN):** 68-0165855

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

**4. Amount of HUD Assistance Requested/Received: \$200,000.00**

(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 CoC Renewal Funds | \$306,194.00                | Renewal of Housing Partners II PSH |
|                                          |                             |                             |                                    |
|                                          |                             |                             |                                    |
|                                          |                             |                             |                                    |
|                                          |                             |                             |                                    |

**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.

☒

Name / Title of Authorized Official: Theresa Blanco, Chief Strategy and Communications Officer

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

Date Signed: 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Shasta Community Health Center

**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Sites for Work Performance.

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



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

☒

WARNING: 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: Mrs.

First Name: Theresa

Middle Name

Last Name: Blanco

Suffix:

Title: Chief Strategy and Communications Officer

Telephone Number: (530) 246-5806  
(Format: 123-456-7890)

Fax Number: (530) 245-0863  
(Format: 123-456-7890)

Email: tblanco@shastahealth.org

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

Date Signed: 09/25/2026

## 11. 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 Community Health Center

**Name / Title of Authorized Official:** Theresa Blanco, Chief Strategy and Communications Officer

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

**Date Signed:** 09/25/2026

## 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. 06/30/2028)

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 Community Health Center

**Street 1:** 1035 Placer Street

**Street 2:**

**City:** Redding

**County:** Shasta

**State:** California

**Country:** United States

**Zip / Postal Code:** 96001

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. ☒

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Theresa

**Middle Name:**

**Last Name:** Blanco

**Suffix:**

**Title:** Chief Strategy and Communications Officer

**Telephone Number:** (530) 246-5806  
(Format: 123-456-7890)

**Fax Number:** (530) 245-0863  
(Format: 123-456-7890)

**Email:** tblanco@shastahealth.org

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

**Date Signed:** 09/25/2026

## 1K. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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 Community Health Center

Prefix: Mrs.

First Name: Theresa

**Middle Name:**

**Last Name:** Blanco

**Suffix:**

**Title:** Chief Strategy and Communications Officer

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

**Date Signed:** 09/25/2026



## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

## Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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

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

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? Yes
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

The applicant has either selected "Yes" to Question #1 , has not brought forward details from a previously awarded renewal project application, or has manually selected "Make Changes" to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

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

|                                                |         |              |
|------------------------------------------------|---------|--------------|
| Part 2 - Subrecipient Information              |         |              |
| 2A. Subrecipients                              |         | <div>X</div> |
| Part 3 - Project Information                   |         |              |
| 3A. Project Detail                             |         | <div>X</div> |
| 3B. Description                                |         | <div>X</div> |
| 3C. Dedicated Plus                             |         | <div>X</div> |
| Part 4 - Housing Services and HMIS             |         |              |
| 4A. Services                                   |         | <div>X</div> |
| 4B. Housing Type                               |         | <div>X</div> |
| Part 5 - Participants and Outreach Information |         |              |
| 5A. Households                                 |         | <div>X</div> |
| 5B. Subpopulations                             |         | <div>X</div> |
| Renewal Project Application FY2026             | Page 23 | 09/25/2026   |

|                                                   |                                     |
|---------------------------------------------------|-------------------------------------|
| <b>Part 6 - Budget Information</b>                |                                     |
| 6A. Funding Request                               | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance                             | <input checked="" type="checkbox"/> |
| 6D. Match                                         | <input checked="" type="checkbox"/> |
| 6E. Summary Budget                                | <input checked="" type="checkbox"/> |
| <b>Part 7 - Attachment(s) &amp; Certification</b> |                                     |
| 7A. Attachment(s)                                 | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment                  | <input checked="" type="checkbox"/> |
| 7B. Certification                                 | <input checked="" type="checkbox"/> |
|                                                   |                                     |

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

We are reducing our allocation request to \$200,000 and further identifying recovery and treatment targeted activities through substance use treatment and behavioral health services provided by our health center.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

It does not appear that HUD has recaptured any funds at this moment in time.

## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

### 1. Is this renewal project application requesting to No consolidate or expand?

If "No" click on "Next" or "Save & Next" below to move to the next screen.

## 2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

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

## 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** CA1041

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

**2. CoC Number and Name:** CA-516 - Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC

**3. CoC Collaborative Applicant Name:** Training, Employment and Community Help, Inc.

**4. Project Name:** Partners in Housing II 2026

**5. Project Status:** Standard

**6. Component Type:** PH

**6a. Select the type of PH project.** PSH

**7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?** No

**9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** 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.

Shasta Community Health Center (SCHC) will prioritize Partners II funding to maintain housing and program engagement for current participants while expanding the program by four participants, for a total of 18. SCHC will utilize its existing housing administrative team to administer the program, maximizing funding available for tenant rental assistance.

The administrative team will coordinate with participating agencies that have Memorandums of Understanding with SCHC, verify that applicants meet HUD Permanent Supportive Housing eligibility criteria, manage recertifications and renewals, monitor agreements, and maintain housing resources. Each participating county will receive a specific number of rental assistance vouchers to support access to resources throughout the NorCal Continuum of Care.

Participating agencies will connect participants to available case management and supportive services, including medical care, mental health and substance use services, counseling, employment services, and socialization activities. Case management will use individualized assessment, care planning, goal setting, ongoing engagement, and coordination across providers to address barriers and support progress toward housing stability and self-sufficiency. In Shasta County, SCHC will leverage existing Enhanced Care Management (ECM), CalAIM, housing, and integrated healthcare resources. Participants will have access to clinical support through SCHC's integrated system of primary care, mental health, and substance use treatment services, with care coordinated according to each participant's identified needs. Counties without sufficient resources will work with SCHC to develop an individualized support plan.

SCHC's administrative team will meet quarterly with participating counties to review progress and challenges. Participants will have direct contact information for the administrative team for needs their case manager cannot address, and SCHC will coordinate with the participant's county of origin within 72 hours of a request.

The administrative team will report monthly to the CoC Executive Board on resource utilization, strengths, and barriers. SCHC will meet with participating counties as needed to review funding and voucher utilization. If a county is unable to utilize its resources after one quarter, resources may be reallocated to counties with a waitlist. Priority will always be given to the highest VI-SPDAT score.

Partners II provides tenant-based rental assistance and supportive services to highly vulnerable individuals within the NorCal CoC who meet HUD Permanent Supportive Housing eligibility requirements. Housing case management will be provided through existing teams, with individualized support connecting participants to treatment, healthcare, income, workforce, and other resources that promote housing stability and self-sufficiency.

**2. 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 checked="" type="checkbox"/> | Substance Use Disorders       | <input checked="" type="checkbox"/> |
| Youth (under 25)                        | <input type="checkbox"/>            | Mental Illness                | <input checked="" type="checkbox"/> |
| Families with Children                  | <input type="checkbox"/>            | HIV/AIDS                      | <input checked="" type="checkbox"/> |
|                                         |                                     | Chronic Homeless              | <input checked="" type="checkbox"/> |
|                                         |                                     | Other(Click 'Save' to update) | <input type="checkbox"/>            |

## 3C. Dedicated Plus

### 100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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:

- (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 were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

1. Is this project “100% Dedicated,” DedicatedPLUS  
“DedicatedPLUS,” or “N/A”?  
(Only select “N/A” if this project was originally  
awarded as a grant that did not have  
requirements to only serve persons experiencing  
chronic homelessness and meets the definition of  
“non-dedicated permanent supportive housing  
beds” in the NOFO Section III.G.8).

## 4A. Supportive Services for Program Participants

1. 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            |  | Partner   | As needed     |
| Assistance with Moving Costs           |  | Partner   | Semi-annually |
| Case Management                        |  | Partner   | Semi-annually |
| Child Care                             |  | Applicant | As needed     |
| Education Services                     |  | Partner   | Semi-annually |
| Employment Assistance and Job Training |  | Applicant | As needed     |
| Food                                   |  | Applicant | As needed     |
| Housing Search and Counseling Services |  | Partner   | Semi-annually |
| Legal Services                         |  | Applicant | Semi-annually |
| Life Skills Training                   |  | Applicant | Semi-annually |
| Mental Health Services                 |  | Partner   | Semi-annually |
| Outpatient Health Services             |  | Applicant | Quarterly     |
| Outreach Services                      |  | Applicant | Quarterly     |
| Substance Abuse Treatment Services     |  | Applicant | As needed     |
| Transportation                         |  | Partner   | As needed     |
| Utility Deposits                       |  | Partner   | As needed     |

## 4B. Housing Type and Location

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

Total Units: 17

Total Beds: 18

Total Dedicated CH Beds: 17

| Housing Type                    | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | ---                  | 17    | 18   |

## 4B. Housing Type and Location Detail

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

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

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

**a. Units:** 17

**b. Beds:** 18

**2c. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 17

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

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving 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:** 1450 Court St Ste 108

**Street 2:**

**City:** Redding

**State:** California

**ZIP Code:** 96001

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

069089 Shasta County, 062958 Redding

## 5A. Program Participants - Households

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

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

Click Save to automatically calculate totals



## 5B. Program 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 Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|---------------------|----------|----------------|-----------|---------------------|--------------------------|---------------------------------------------------|
| Persons over age 24   |                   |             |                   |                     |          |                |           |                     |                          |                                                   |
| Persons ages 18-24    |                   |             |                   |                     |          |                |           |                     |                          |                                                   |
| Children under age 18 |                   |             |                   |                     |          |                |           |                     |                          |                                                   |
| Total Persons         | 0                 | 0           | 0                 | 0                   | 0        | 0              | 0         | 0                   | 0                        | 0                                                 |

### Persons in Households without Children

| Characteristics     | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---------------------|-------------------|-------------|-------------------|---------------------|----------|----------------|-----------|---------------------|--------------------------|---------------------------------------------------|
| Persons over age 24 | 17                | 0           | 0                 | 17                  | 0        | 17             | 0         | 17                  | 0                        | 0                                                 |
| Persons ages 18-24  | 0                 | 0           | 0                 | 0                   | 0        | 0              | 0         | 0                   | 0                        | 0                                                 |
| Total Persons       | 17                | 0           | 0                 | 17                  | 0        | 17             | 0         | 17                  | 0                        | 0                                                 |

Click Save to automatically calculate totals

### Persons in Households with Only Children

| Characteristics                     | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance 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                                                 |

## 6A. Funding Request

### VAWA Budget

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 new 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? No

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? No

3. Will this project use funds from this grant to provide for short-term emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

|                     |                                     |
|---------------------|-------------------------------------|
| Leased Units        | <input type="checkbox"/>            |
| Leased Structures   | <input type="checkbox"/>            |
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input type="checkbox"/>            |
| HMIS                | <input type="checkbox"/>            |
| 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.

## 6C. Rental Assistance Budget

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

|                               |           |
|-------------------------------|-----------|
| Total Request for Grant Term: | \$165,504 |
| Total Units:                  | 17        |

The number of beds for which funding has been requested in the Rental Assistance budget is 18.

| Type of Rental Assistance | FMR Area                          | Total Units Requested | Total Request |
|---------------------------|-----------------------------------|-----------------------|---------------|
| TRA                       | CA - Redding, CA MSA (0608999999) | 17                    | \$165,504     |

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

| Size of Units                               | # of Units (Applicant) | FMR Area (Applicant) | HUD Paid Rent (Applicant) | 12 Months | Total Request (Applicant) |
|---------------------------------------------|------------------------|----------------------|---------------------------|-----------|---------------------------|
| SRO                                         | x                      | \$879                |                           | x 12 =    | \$0                       |
| 0 Bedroom                                   | x                      | \$1,172              |                           | x 12 =    | \$0                       |
| 1 Bedroom                                   | 16 x                   | \$1,212              | \$766                     | x 12 =    | \$147,072                 |
| 2 Bedrooms                                  | 1 x                    | \$1,590              | \$1,536                   | x 12 =    | \$18,432                  |
| 3 Bedrooms                                  | x                      | \$2,211              |                           | x 12 =    | \$0                       |
| 4 Bedrooms                                  | x                      | \$2,667              |                           | x 12 =    | \$0                       |
| 5 Bedrooms                                  | x                      | \$3,067              |                           | x 12 =    | \$0                       |
| 6 Bedrooms                                  | x                      | \$3,467              |                           | x 12 =    | \$0                       |
| 7 Bedrooms                                  | x                      | \$3,867              |                           | x 12 =    | \$0                       |
| 8 Bedrooms                                  | x                      | \$4,267              |                           | x 12 =    | \$0                       |
| 9 Bedrooms                                  | x                      | \$4,667              |                           | x 12 =    | \$0                       |
| Total Units and Annual Assistance Requested |                        | 17                   |                           |           | \$165,504                 |
| Grant Term                                  |                        |                      |                           |           | 1 Year                    |
| Total Request for Grant Term                |                        |                      |                           |           | \$165,504                 |

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 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:    | \$0      |
| Total Amount of In-Kind Commitments: | \$50,000 |
| Total Amount of All Commitments:     | \$50,000 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

| Type    | Source  | Contributor          | Value of Commitments |
|---------|---------|----------------------|----------------------|
| In-Kind | Private | Shasta Community ... | \$50,000             |

## Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Shasta Community Health Center  
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$50,000

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

## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, 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<br>(Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Applicant<br>CoC Program<br>Costs Requested<br>(1 Year Term) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1a. Leased Units (Screen 6B)                                                                                                                             | \$0                                                          |
| 1b. Leased Structures (Enter)                                                                                                                            | \$0                                                          |
| 2. Rental Assistance (Screen 6C)                                                                                                                         | \$165,504                                                    |
| 3. Supportive Services (Enter)                                                                                                                           | \$25,000                                                     |
| 4. Operating (Enter)                                                                                                                                     | \$0                                                          |
| 5. HMIS (Enter)                                                                                                                                          | \$0                                                          |
| 6. VAWA (Enter)                                                                                                                                          | \$0                                                          |
| 7. Rural (Enter)<br>(Only for HUD CoC Program approved rural areas)                                                                                      | \$0                                                          |
| 8. Sub-total of CoC Program Costs Requested                                                                                                              | \$190,504                                                    |
| 9. Admin<br>(Up to 10% of Sub-total in #8)                                                                                                               | \$9,496                                                      |
| 10. HUD funded Sub-total + Admin. Requested                                                                                                              | \$200,000                                                    |
| 11. Cash Match (From Screen 6D)                                                                                                                          | \$0                                                          |
| 12. In-Kind Match (From Screen 6D)                                                                                                                       | \$50,000                                                     |
| 13. Total Match (From Screen 6D)                                                                                                                         | \$50,000                                                     |
| 14. Total Project Budget for this grant, including Match                                                                                                 | \$250,000                                                    |



## Indirect Cost Information

### Indirect Cost Information Form

OMB Number: 2501-0044

Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Shasta Community Health Center

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

Submission Type: Update

Effective Date: 07/10/2025

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

**(1) all information provided on this form is true, complete, and accurate, and**

**(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and**

**(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this**

**\*\*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; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:** Mrs.

**First Name:** Theresa

**Middle Name:**

**Last Name:** Blanco

**Suffix:**

**Title:** Chief Strategy and Communications Officer

**Telephone Number:** (530) 246-5806  
(Format: 123-456-7890)

**Fax Number:** (530) 245-0863  
(Format: 123-456-7890)

**Email:** tblanco@shastahealth.org

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

**Date Signed:** 07/10/2025

## 7A. Attachment(s)

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

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 7A. In-Kind Match MOU Attachment

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

# Attachment Details

Document Description:

## 7B. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)  
U.S. Department of Housing and Urban Development OMB Approval No.  
2501-0044  
(expires 02/28/2027)**

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:** Theresa Blanco

**Date:** 09/25/2026

**Title:** Chief Strategy and Communications Officer

**Applicant Organization:** Shasta Community Health Center

**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

| Page                               |         | Last Updated |
|------------------------------------|---------|--------------|
| 1A. SF-424 Application Type        |         | 09/23/2026   |
| Renewal Project Application FY2026 | Page 54 | 09/25/2026   |

|                                                        |                   |
|--------------------------------------------------------|-------------------|
| 1B. SF-424 Legal Applicant                             | 09/22/2026        |
| 1C. SF-424 Application Details                         | No Input Required |
| 1D. SF-424 Congressional District(s)                   | 09/23/2026        |
| 1E. SF-424 Compliance                                  | 09/22/2026        |
| 1F. SF-424 Declaration                                 | 09/22/2026        |
| 1G. HUD 2880                                           | 09/23/2026        |
| 1H. HUD-50070                                          | 09/23/2026        |
| 1I. Cert. Lobbying                                     | 09/22/2026        |
| 1J. SF-LLL                                             | 09/23/2026        |
| 1K. SF-424B                                            | 09/23/2026        |
| Submission Without Changes                             | 09/23/2026        |
| Recipient Performance                                  | 09/23/2026        |
| Renewal Grant Consolidation or Renewal Grant Expansion | 09/22/2026        |
| 2A. Subrecipients                                      | No Input Required |
| 3A. Project Detail                                     | 09/23/2026        |
| 3B. Description                                        | 09/25/2026        |
| 3C. Dedicated Plus                                     | 09/22/2026        |
| 4A. Services                                           | 09/23/2026        |
| 4B. Housing Type                                       | 09/23/2026        |
| 5A. Households                                         | 09/23/2026        |
| 5B. Subpopulations                                     | No Input Required |
| 6A. Funding Request                                    | 09/22/2026        |
| 6C. Rental Assistance                                  | 09/23/2026        |
| 6D. Match                                              | 09/23/2026        |
| 6E. Summary Budget                                     | No Input Required |
| Indirect Cost Information                              | 09/25/2026        |
| 7A. Attachment(s)                                      | No Input Required |
| 7A. In-Kind Match MOU Attachment                       | No Input Required |
| 7B. Certification                                      | 09/23/2026        |

|  |
|--|
|  |
|--|

## 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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: 09/25/2026

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:** Lutheran Social Services
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000531
- c. Unique Entity Identifier:** MX21UM9KNGL1

### d. Address

**Street 1:** 1465 Civic Court Drive

**Street 2:**

**City:** Concord

**County:**

**State:** California

**Country:** United States

**Zip / Postal Code:** 94520

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Kate

**Middle Name:**

**Last Name:** Hutchinson

**Suffix:**

**Title:** Deputy Director

**Organizational Affiliation:** Lutheran Social Services

**Telephone Number:** (530) 601-0024

**Extension:**

**Fax Number:** (916) 453-2904

**Email:** [Khutchinson@lssnorcal.org](mailto:Khutchinson@lssnorcal.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:** CPD-2600-DC-0025

**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: True North Transitional Housing

16. Congressional District(s):

16a. Applicant: CA-003, CA-006, CA-007, CA-009

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

17. Proposed Project

a. Start Date: 07/01/2027

b. End Date: 06/30/2028

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? a. Yes

If "YES", enter the date this application was made available to the State for review: 08/26/2027

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: Dr.

First Name: Carol

Middle Name:

Last Name: Roberts

Suffix:

Title: CEO

Telephone Number: (925) 825-1060  
(Format: 123-456-7890)

Fax Number: (916) 453-2904  
(Format: 123-456-7890)

Email: CRoberts@lssnorcal.org

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

Date Signed: 09/25/2026

## 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Number: 2501-0044 Expiration Date: 02/28/2027

### Applicant/Recipient Information

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

**Agency Legal Name:** Lutheran Social Services

**Prefix:** Dr.

**First Name:** Carol

**Middle Name:**

**Last Name:** Roberts

**Suffix:**

**Title:** CEO

**Organizational Affiliation:** Lutheran Social Services

**Telephone Number:** (925) 825-1060

**Extension:** 78

**Email:** CRoberts@lssnorcal.org

**City:** Concord

**County:**

**State:** California

**Country:** United States

**Zip/Postal Code:** 94520

**2. Employer ID Number (EIN):** 94-6000531

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

**4. Amount of HUD Assistance Requested/Received: \$337,449.00**

(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 |
|------------------------------------------|--------------------|-----------------------------|----------------------------|
| NA                                       | NA                 | \$0.00                      | NA                         |
|                                          |                    |                             |                            |
|                                          |                    |                             |                            |
|                                          |                    |                             |                            |
|                                          |                    |                             |                            |

**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: Carol Roberts, CEO

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

Date Signed: 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Lutheran Social Services  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(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: Dr.

First Name: Carol

Middle Name

Last Name: Roberts

Suffix:

Title: CEO

Telephone Number: (925) 825-1060  
(Format: 123-456-7890)

Fax Number: (916) 453-2904  
(Format: 123-456-7890)

Email: CRoberts@lssnorcal.org

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

Date Signed: 09/25/2026

## 11. 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:** Lutheran Social Services

**Name / Title of Authorized Official:** Carol Roberts, CEO

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

**Date Signed:** 09/25/2026

## 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. 06/30/2028)

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: Lutheran Social Services

Street 1: 1465 Civic Court Drive

Street 2:

City: Concord

County:

State: California

Country: United States

Zip / Postal Code: 94520

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. ☒

---

**Authorized Representative**

**Prefix:** Dr.

**First Name:** Carol

**Middle Name:**

**Last Name:** Roberts

**Suffix:**

**Title:** CEO

**Telephone Number:** (925) 825-1060  
**(Format: 123-456-7890)**

**Fax Number:** (916) 453-2904  
**(Format: 123-456-7890)**

**Email:** CRoberts@lssnorcal.org

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

**Date Signed:** 09/25/2026

## IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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: Lutheran Social Services

Prefix: Dr.

First Name: Carol

**Middle Name:**

**Last Name:** Roberts

**Suffix:**

**Title:** CEO

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

**Date Signed:** 09/25/2026



## 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.

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

## 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: \$337,449**

| Organization             | Type                               | Sub-Award Amount |
|--------------------------|------------------------------------|------------------|
| Lutheran Social Services | M. Nonprofit with 501C3 IRS Status | \$337,449        |

## 2A. Project Subrecipients Detail

a. Organization Name: Lutheran Social Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status  
If "Other" specify:

c. Employer or Tax Identification Number: 94-1659687

d. Unique Entity Identifier: MX21UM9KNGL1

e. Physical Address

Street 1: 2450 Alhambra Avenue

Street 2:

City: Sacramento

State: California

Zip Code: 95817

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

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

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

i. Expected Sub-Award Amount: \$337,449

j. Contact Person

Prefix: Dr.

**First Name:** Carol  
**Middle Name:**  
**Last Name:** Roberts  
**Suffix:**  
**Title:** CEO  
**E-mail Address:** CRoberts@lssnorcal.org  
**Confirm E-mail Address:** CRoberts@lssnorcal.org  
**Phone Number:** 925-825-1060  
**Extension:**  
**Fax Number:**

## **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.**

LSS has extensive experience administering and managing federally funded housing and supportive services programs, with a demonstrated history of meeting program requirements, maintaining regulatory compliance, and achieving positive outcomes for individuals and families experiencing homelessness. LSS has successfully managed funding from HUD, CoC programs, ESG, and other federal, state, and local funding sources while ensuring responsible stewardship of public funds.

LSS has established financial management systems, internal controls, and oversight procedures that ensure federal funds are expended in accordance with all applicable regulations, grant agreements, and Uniform Guidance requirements. Program and fiscal staff work collaboratively to monitor expenditures, track performance measures, maintain supporting documentation, and submit accurate and timely financial and programmatic reports. The agency undergoes regular financial audits and monitoring reviews and has consistently demonstrated sound fiscal management practices.

For True North Transitional Housing Program, LSS will leverage its extensive experience operating scattered-site housing programs and providing comprehensive, trauma-informed supportive services to individuals experiencing homelessness. The agency has long-standing relationships with private landlords throughout Shasta County, allowing participants to quickly access safe, affordable, and well-maintained housing. LSS staff are experienced in housing navigation, landlord engagement, lease-up coordination, housing stabilization, and ongoing tenancy support.

LSS has successfully implemented housing programs that integrate case management, employment services, life skills training, financial literacy, behavioral health coordination, substance use recovery support, and connections to mainstream resources. Staff utilize evidence-based and client-centered practices, including motivational interviewing, strengths-based case management, and trauma-informed care to help participants achieve housing stability and long-term self-sufficiency.

True North Transitional Housing will build upon this proven foundation by providing up to 24 months of transitional housing and individualized supportive services to eight households referred through Shasta County's Coordinated Entry System. Participants will receive intensive housing stabilization services, employment and vocational assistance, budgeting and financial coaching, education support, transportation assistance, and connections to healthcare and behavioral health services. LSS will collaborate closely with community partners, including Workforce Development, the Department of Rehabilitation, CalAIM providers, behavioral health agencies, and local landlords to ensure participants have access to comprehensive services that support successful exits to permanent housing. TH is currently not provided in Shasta County and this model will offer Shasta County homeless residents a path to self sufficiency.

LSS has a strong track record of achieving positive housing outcomes and maintaining high-quality program performance. Through ongoing quality assurance, regular supervision, HMIS data monitoring, participant feedback, and continuous program evaluation, the agency consistently measures progress toward performance goals and makes data-informed improvements. This experience positions LSS to effectively administer federal funding for True North Transitional Housing.

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

Lutheran Social Services of Northern California (LSS) has extensive experience leveraging Federal, State, local, and private funding sources to maximize resources and expand housing opportunities and supportive services for individuals and families experiencing homelessness. The agency strategically combines multiple funding streams to provide comprehensive, client-centered services while ensuring compliance with the requirements of each funding source.

LSS currently administers and coordinates programs supported by federal funding, including U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) grants and Emergency Solutions Grant (ESG) funding, while also utilizing State of California resources such as California Advancing and Innovating Medi-Cal (CalAIM) housing and Enhanced Care Management (ECM) services. These funding sources are complemented by local government contracts, Continuum of Care partnerships, philanthropic grants, and private donations that allow the agency to address gaps in housing and supportive services.

For True North Transitional Housing Program, LSS will leverage these existing partnerships and funding opportunities to enhance participant outcomes beyond what is supported through the requested grant. Eligible participants will be connected to CalAIM housing supports, including housing navigation, tenancy sustaining services, and Enhanced Care Management. Participants will also be linked to employment and vocational resources through Workforce Development programs and the California Department of Rehabilitation, increasing access to job training, education, and employment opportunities.

LSS maintains strong collaborative relationships with local landlords, property management companies, behavioral health providers, substance use treatment agencies, educational institutions, healthcare providers, food assistance programs, transportation providers, and other community-based organizations throughout Solano County. These partnerships provide participants with access to additional services and resources that extend the impact of grant funding while reducing barriers to long-term housing stability.

The agency also leverages unrestricted organizational funds, volunteer services, and in-kind contributions to strengthen program operations. These resources support participant needs that may not be fully covered by grant funding, including move-in assistance, household supplies, transportation, life skills programming, employment supports, and other flexible services that promote successful housing outcomes.

By coordinating and braiding multiple funding sources and community resources, LSS maximizes the effectiveness of every grant dollar while providing participants with comprehensive housing stabilization services. This integrated approach has enabled the agency to sustain high-quality programs, expand service capacity, and improve long-term outcomes for individuals and families experiencing homelessness.

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



Lutheran Social Services of Northern California (LSS) maintains a comprehensive financial management structure designed to ensure the responsible stewardship of public and private funds while maintaining full compliance with Federal, State, and local funding requirements. The agency has established policies and procedures that provide strong internal controls, fiscal accountability, and transparent financial oversight using Generally Accepted Accounting Principles (GAAP).

Financial operations are overseen by the agency's executive leadership and finance department, which includes experienced accounting and fiscal staff responsible for budgeting, accounts payable and receivable, payroll, grant accounting, financial reporting, and regulatory compliance. Program Managers work closely with the finance department to monitor program budgets, review expenditures, and ensure that all costs are allowable, reasonable, necessary, and properly allocated in accordance with grant requirements and applicable federal regulations.

LSS utilizes an established accounting system that tracks revenues and expenditures by funding source and program, allowing for accurate financial reporting and effective monitoring of grant performance. Financial reports are reviewed regularly to compare actual expenditures against approved budgets, identify variances, and ensure that program spending remains aligned with funding requirements. This process enables timely budget adjustments and supports sound fiscal decision-making throughout the grant period.

The agency maintains written financial policies governing procurement, purchasing, expense approvals, segregation of duties, cash management, record retention, and documentation of expenditures. Multiple levels of review and approval are required for financial transactions to reduce risk and ensure accountability. Supporting documentation is maintained for all expenditures and is available for monitoring and audit purposes.

LSS undergoes regular independent financial audits and complies with all applicable federal and state financial reporting requirements. The agency has experience successfully managing multiple grants simultaneously and has established systems to ensure that funds are expended appropriately, financial records are accurate, and reporting deadlines are consistently met.

For True North Transitional Housing Program, these financial management systems will ensure that grant funds are managed efficiently and transparently, expenditures are monitored throughout the project period, and all financial reporting and compliance requirements are met. LSS's strong fiscal infrastructure provides confidence that public funds will be managed responsibly while supporting high-quality housing and supportive services for program participants.

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: Training, Employment and Community Help, Inc.

3. Project Name: True North Transitional Housing

4. Project Status: Standard

5. Component Type: TH

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

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

8. 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

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

10. Will this project include replacement reserves in the Operating budget? No

11. 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.

True North Transitional Housing Program is a scattered-site transitional housing program operated by LSS that will provide safe, stable housing and comprehensive supportive services to eight households experiencing homelessness in Shasta County. The program will serve participants referred through the Shasta County Coordinated Entry System, ensuring that individuals with the greatest housing needs receive timely access to housing and services.

Participants may receive transitional housing for up to 24 months while working toward permanent housing and increased self-sufficiency. Housing units will be located in Redding. LSS maintains long-standing partnerships with private landlords throughout the county, allowing the program to secure safe, quality, and affordable housing that meets applicable health and safety standards and supports participant choice whenever possible.

True North Transitional Housing combines housing with individualized, trauma-informed, client-centered supportive services designed to address the barriers that contribute to housing instability. Each participant will be assigned a Housing Navigator/Case Manager who will work collaboratively to develop and implement individualized service plans based on participant strengths, goals, and needs. Participants will be required to engage in a minimum of 20 hours per week of customized supportive services, with reasonable accommodations and exemptions provided for individuals who are employed, age 62 or older, or have documented disabilities, consistent with program requirements. This requirement will be included in the service agreement signed by the participant at intake.

Supportive services include housing search and placement assistance, tenancy education, landlord mediation, budgeting and financial literacy, employment readiness, job search assistance, vocational training, educational support, transportation assistance, life skills development, benefits acquisition, healthcare coordination, behavioral health referrals, substance use recovery support, crisis intervention, and connections to mainstream community resources. Participants will also be linked to Enhanced Care Management (ECM), CalAIM housing supports, Workforce Development services, the Department of Rehabilitation, behavioral health providers, and other community partners to ensure coordinated, comprehensive care.

The program emphasizes housing stability, economic mobility, and long-term independence through strengths-based, and trauma-informed approach. Staff utilize evidence-based practices, such as motivational interviewing to promote participant engagement and remove barriers to permanent housing.

LSS will monitor participant progress through regular case management meetings, individualized goal planning, HMIS data collection, and ongoing quality assurance activities. Program performance will be evaluated using measurable outcomes, including housing retention, exits to permanent housing, employment and income growth, and increased participant self-sufficiency. Client outcomes are projected to include 90% transition to permanent housing within 24 months, stable income and connection with health care.

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                                     |                                        |                                        |                                        |
| Begin program participant enrollment                                                                        | 45                                     |                                        |                                        |                                        |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 60                                     |                                        |                                        |                                        |
| Leased or rental assistance units or structure, and supportive services near 100% capacity                  | 150                                    |                                        |                                        |                                        |
| Closing on purchase of land, structure(s), or execution of structure lease                                  |                                        |                                        |                                        |                                        |
| Start rehabilitation                                                                                        |                                        |                                        |                                        |                                        |
| Complete rehabilitation                                                                                     |                                        |                                        |                                        |                                        |
| Start new construction                                                                                      |                                        |                                        |                                        |                                        |
| Complete new construction                                                                                   |                                        |                                        |                                        |                                        |

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

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 Abuse                   | <input checked="" type="checkbox"/> |
| Youth (under 25)                        | <input type="checkbox"/> | Mental Illness                    | <input checked="" type="checkbox"/> |
| Families                                | <input type="checkbox"/> | HIV/AIDS                          | <input type="checkbox"/>            |
|                                         |                          | Chronic Homeless                  | <input checked="" type="checkbox"/> |
|                                         |                          | Other<br>(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

## 3C. Project Expansion Information

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

## 4A. Supportive Services for Participants

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?

Lutheran Social Services of Northern California (LSS) has extensive experience operating housing programs that successfully assist individuals and families experiencing homelessness in obtaining and maintaining permanent housing. Through its administration of Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), Transitional Housing (TH), and other housing stabilization programs, LSS has developed the expertise, community partnerships, and service delivery model necessary to help participants achieve permanent housing as quickly as possible.

LSS operated a 2-year transitional housing program, funded by HUD through the Sacramento CoC, for many years. This program converted to a RRH program. LSS also operates a 2 year transitional housing program for youth involved in the foster care system.

LSS utilizes a comprehensive, client-centered approach that combines housing assistance with intensive case management, employment and vocational services, life skills development, behavioral health coordination, substance use recovery support, financial literacy, and connections to mainstream resources. Staff work collaboratively with each participant to develop individualized housing stabilization plans with measurable goals and timelines that focus on overcoming barriers to permanent housing and increasing income and self-sufficiency.

The agency has demonstrated success in helping participants exit homelessness through coordinated housing navigation, landlord engagement, and ongoing tenancy support. LSS maintains strong relationships with private landlords throughout Solano County, allowing participants to access housing opportunities more quickly and increasing the likelihood of successful long-term housing retention. Partnerships with Workforce Development, the Department of Rehabilitation, CalAIM providers, behavioral health agencies, educational institutions, and other community organizations further strengthen participants' ability to secure employment, increase income, and transition to permanent housing.

For True North Transitional Housing Program, participants will receive individualized case management beginning at program entry, with permanent housing planning incorporated into every service plan. Staff will regularly assess participant progress, update goals, and provide targeted interventions to address barriers related to employment, income, credit, benefits, transportation, healthcare, and housing. Housing search activities and permanent housing planning will begin well before program exit to ensure participants are prepared to successfully transition into permanent housing within the 24-month program timeframe.

LSS will monitor participant outcomes through HMIS, regular case reviews, supervisory oversight, and ongoing quality assurance to ensure progress toward established performance goals. True North Transitional Housing is designed to achieve at least a 90 percent permanent housing exit rate within 24 months while increasing employment and earned income through coordinated vocational services and individualized support. By combining stable housing, comprehensive supportive services, and strong community partnerships, LSS has the experience and organizational capacity to help participants successfully exit homelessness and achieve long-term housing stability.



**1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.**

Lutheran Social Services of Northern California (LSS) has successfully operated housing and homelessness programs that focus on helping individuals and families achieve permanent housing and increased self-sufficiency. Through its experience administering Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), Transitional Housing (TH), and other housing stabilization programs, LSS has established effective practices for assisting participants in exiting homelessness through stable housing, employment, and coordinated supportive services.

True North Transitional Housing Program has been intentionally designed to ensure that participants successfully transition to permanent housing within the program's maximum 24-month timeframe. Beginning at program enrollment, each participant will work with a Housing Navigator/Case Manager and a Vocational/Case Manager to develop an individualized housing stability plan that includes measurable goals related to permanent housing, employment, income, education, and overall self-sufficiency. Progress toward these goals will be reviewed regularly and adjusted as needed to ensure participants remain on track for successful program completion.

Permanent housing planning begins immediately upon entry into the program rather than near program exit. Staff provide ongoing housing search assistance, landlord engagement, tenancy preparation, financial literacy, budgeting, credit improvement, and benefits coordination while helping participants identify affordable housing opportunities throughout Solano County. LSS's established relationships with local landlords and property managers support timely placement into permanent housing.

To increase earned income, participants receive individualized employment services, including career assessment, resume development, job readiness training, vocational counseling, employment search assistance, interview preparation, and connections to Workforce Development programs, the Department of Rehabilitation, educational institutions, and local employers. Participants are also connected to CalAIM Enhanced Care Management, healthcare providers, behavioral health services, and other community resources that reduce barriers to employment and long-term housing stability. Program performance will be monitored through HMIS and ongoing case reviews to track participant outcomes, housing status, income growth, and service engagement. Supervisory oversight, quality assurance activities, and data-driven performance monitoring will ensure that program goals are consistently evaluated and addressed throughout the grant period.

True North Transitional Housing is committed to achieving the required performance benchmarks by ensuring that at least 50 percent of participants exit to a positive housing destination within 24 months and at least 50 percent of participants exit the program with employment income, as documented in HMIS or other approved data systems. LSS's proven housing stabilization model, experienced staff, and strong network of community partnerships position the agency to successfully meet and sustain these outcomes.

**1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)**

True North Transitional Housing Program will provide comprehensive, participant-centered supportive services designed to help individuals and families obtain, maintain, and successfully transition to permanent housing. Lutheran Social Services of Northern California (LSS) will deliver many of these services directly while leveraging long-standing partnerships with community organizations to ensure participants have access to a full continuum of care.

Each participant will be assigned both a Housing Navigator/Case Manager who will work collaboratively to complete comprehensive assessments, develop individualized service plans, coordinate services, monitor progress, and provide ongoing support throughout program participation. Case management will include housing stabilization planning, crisis intervention, benefits assistance, landlord mediation, tenancy education, budgeting and financial literacy, transportation coordination, life skills development, and referrals to community resources.

LSS will provide direct housing navigation services, including housing search assistance, landlord engagement, lease-up coordination, move-in support, tenancy sustaining services, and eviction prevention strategies. Participants will receive education on tenant rights and responsibilities, household management, and financial planning to strengthen their ability to maintain permanent housing.

Behavioral healthcare services will be coordinated through established partnerships with local behavioral health providers, substance use treatment agencies, and CalAIM Enhanced Care Management (ECM) providers. Participants will have access to mental health counseling, psychiatric services, substance use disorder treatment, recovery support, crisis services, primary healthcare, and care coordination based on their individual needs. LSS staff will provide ongoing coordination and warm handoffs to ensure participants remain engaged in recommended services.

Employment and educational services will be delivered through the community partners, including Workforce Development programs, the California Department of Rehabilitation, adult education providers, and local employers. Services will include career assessments, employment readiness training, resume development, interview preparation, job search assistance, vocational training, educational planning, and support for obtaining and maintaining employment.

Participants will also be connected to mainstream resources and community partners that provide public benefits assistance, food resources, transportation assistance, legal services, healthcare, financial counseling, and other supportive services necessary to promote long-term housing stability and self-sufficiency.

LSS utilizes a coordinated, multidisciplinary approach to service delivery that emphasizes collaboration among providers, regular case conferencing, participant choice, and individualized planning. Staff monitor participant engagement, service utilization, and progress through ongoing case management, supervisory review, and HMIS documentation to ensure services effectively address barriers to housing stability.

By combining direct services with a strong network of community partnerships, True North Transitional Housing will ensure participants have access to the

comprehensive support services.

**2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.**

True North Transitional Housing Program will supplement grant-funded services by leveraging a broad network of Federal, State, local, and private resources to provide participants with comprehensive support that promotes housing stability, improved health outcomes, and economic self-sufficiency. Lutheran Social Services of Northern California (LSS) has established partnerships with public agencies, healthcare providers, community-based organizations, educational institutions, and employment programs that expand the services available to participants beyond those funded through this grant.

Upon program enrollment, each participant will complete a comprehensive assessment to identify eligibility for mainstream benefits and supportive services. Program staff will assist participants in applying for and maintaining benefits including Medi-Cal, Medicare (when eligible), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), CalFresh (SNAP), CalWORKs, General Assistance, Women, Infants, and Children (WIC), unemployment benefits, and other public assistance programs that increase financial stability and reduce barriers to maintaining housing.

Participants who are eligible for Medi-Cal will be connected to CalAIM Enhanced Care Management (ECM) and Community Supports, including housing navigation, tenancy sustaining services, and care coordination. LSS will also coordinate with local healthcare providers, behavioral health agencies, substance use treatment providers, and Federally Qualified Health Centers to ensure participants have access to primary care, mental health services, substance use treatment, medication management, and other healthcare services necessary to support long-term housing stability.

Employment and income growth will be supported through partnerships with Workforce Development programs, the California Department of Rehabilitation, adult education providers, community colleges, vocational training programs, and local employers. Participants will receive assistance with employment readiness, career planning, job placement, vocational training, educational advancement, and retention services to increase earned income and improve long-term economic stability.

LSS will also leverage relationships with local food banks, transportation providers, legal aid organizations, childcare resources, faith-based organizations, and other community partners to address participants' basic needs and remove barriers that could jeopardize housing stability. Private donations, unrestricted agency funds, volunteer support, and in-kind contributions will further supplement grant-funded services by assisting with move-in needs, household goods, transportation assistance, emergency expenses, and other participant needs that may not be fully covered through public funding.

Through coordinated service planning, ongoing case management, and strong cross-system collaboration, True North will maximize the use of available public and private resources to ensure participants receive the comprehensive supports necessary to obtain permanent housing, increase income, improve health outcomes, and maintain long-term housing stability.

### 3. TH Service Requirements

#### 3a. How will this projects assess the service needs of program participants?

Upon entry into the program, participants will meet with a Housing Navigator/Case Manager to complete a comprehensive intake and needs assessment. The assessment will evaluate housing history, income and employment, education, benefits eligibility, physical and behavioral health needs, substance use concerns, transportation, legal issues, financial stability, family composition, life skills, and other factors that may affect housing stability. Program staff will also identify participant strengths, personal goals, natural supports, and community resources that can be incorporated into the participant's individualized service plan.

Assessment information will be used to develop a personalized housing stabilization and service plan that establishes measurable goals, identifies priority service needs, and outlines the specific supportive services necessary to help participants obtain and maintain permanent housing. Participants will actively participate in developing their service plans to ensure services reflect their preferences, priorities, and readiness for change.

Service needs will be reassessed on an ongoing basis through regular case management meetings, home visits, progress reviews, and participant feedback. As participants achieve goals or experience changes in circumstances, service plans will be updated to reflect new needs, emerging barriers, and progress toward permanent housing, employment, education, and increased self-sufficiency.

When specialized needs are identified, staff will coordinate referrals and warm handoffs to community partners, including behavioral health providers, healthcare providers, substance use treatment programs, Workforce Development services, the California Department of Rehabilitation, CalAIM Enhanced Care Management providers, legal services, and other community resources. Staff will monitor participant engagement with these services and coordinate care to ensure participants receive timely and appropriate support.

Participant progress, assessments, service plans, referrals, and outcomes will be documented in HMIS and reviewed regularly through supervisory oversight and quality assurance activities. This ongoing assessment process ensures that services remain responsive to participant needs, promotes housing stability, and supports successful transitions to permanent housing within the program's 24-month timeframe.

**3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?**

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

True North Transitional Housing Program is designed to provide individualized, participant-centered services that promote housing stability, self-sufficiency, and successful transitions to permanent housing. Each participant will work collaboratively with a Housing Navigator/Case Manager to develop an individualized service plan that reflects their strengths, goals, needs, and barriers to housing stability. The service plan will identify a combination of services, activities, and employment that collectively result in at least 20 hours of meaningful engagement per week for all participants, except those who are age 62 or older or who qualify for an exemption due to a disability as defined in 24 CFR 8.3 or 24 CFR 578.3.

Participants will engage in a customized combination of activities based on their individual goals and circumstances. Eligible activities may include case management appointments, housing search and housing stabilization services, budgeting and financial literacy education, life skills development, employment readiness workshops, resume development, job search activities, vocational training, educational programs, GED or post-secondary education, volunteer service, community service, counseling, behavioral health treatment, substance use recovery services, medical appointments, peer support groups, parenting education, transportation training, and community-building activities. Participants who obtain employment may count work hours toward meeting the required weekly engagement requirement.

The Housing Navigator/Case Manager and Vocational/Case Manager will regularly monitor each participant's engagement, review progress toward individualized goals, and adjust service plans as participants' needs evolve. Participants who secure employment or enroll in educational or vocational programs will receive ongoing coaching and support to promote retention and continued progress toward economic self-sufficiency and permanent housing.

True North Transitional Housing recognizes that participants have unique strengths, challenges, and recovery journeys. Rather than requiring every participant to complete identical activities, the program emphasizes individualized engagement that is meaningful, goal-oriented, and directly connected to each participant's housing stability plan. Services are delivered using strengths-based, trauma-informed practices that encourage participant choice, build self-confidence, and foster long-term independence.

Participants who are age 62 or older or who have qualifying physical, developmental, or other disabilities will receive individualized service plans that reflect their abilities, goals, and needs, consistent with program requirements and applicable federal regulations. Reasonable accommodations will be provided to ensure equitable access to housing and supportive services while promoting the highest level of independence possible.

Through ongoing case management, multidisciplinary coordination, and strong partnerships with healthcare providers, behavioral health agencies, Workforce Development programs, educational institutions, and community organizations, True North Transitional Housing will ensure participants remain actively engaged in services that support housing stability, increased income, improved well-being, and successful exits to permanent housing.



|                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.                                                                                                                                   | <input checked="" type="checkbox"/> |
| 5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements. | <input checked="" type="checkbox"/> |

6. 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            |  | Subrecipient | Quarterly |
| Assistance with Moving Costs           |  | Subrecipient | As needed |
| Case Management                        |  | Subrecipient | Weekly    |
| Child Care                             |  | Non-Partner  | As needed |
| Education Services                     |  | Partner      | As needed |
| Employment Assistance and Job Training |  | Partner      | As needed |
| Food                                   |  | Subrecipient | As needed |
| Housing Search and Counseling Services |  | Subrecipient | As needed |
| Legal Services                         |  | Non-Partner  | As needed |
| Life Skills Training                   |  | Subrecipient | Weekly    |
| Mental Health Services                 |  | Partner      | As needed |
| Outpatient Health Services             |  | Partner      | As needed |
| Outreach Services                      |  | Subrecipient | As needed |
| Substance Abuse Treatment Services     |  | Partner      | As needed |
| Transportation                         |  | Subrecipient | As needed |
| Utility Deposits                       |  | Subrecipient | As needed |

## 4B. Housing Type and Location

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

Total Units: 12

Total Beds: 12

| Housing Type                    | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | ---                  | 12    | 12   | 0                 |

## 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 program participants at the selected housing site.

2a. Units: 12

2b. Beds: 12

### 3. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving 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: 2400 Washington Avenue

Street 2:

City: Redding

State: California

ZIP Code: 96001

\*4. 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)

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                |                                                             | 12                                           |                                          | 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                 |                                                             | 12                                           |                                          | 12    |
| Persons ages 18-24                  |                                                             |                                              |                                          | 0     |
| Accompanied Children under age 18   |                                                             |                                              |                                          | 0     |
| Unaccompanied Children under age 18 |                                                             |                                              |                                          | 0     |
| Total Persons                       | 0                                                           | 12                                           | 0                                        | 12    |

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   |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Persons ages 18-24    |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Children under age 18 |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Total Persons         | 0                 | 0           | 0                 | 0                       | 0        | 0              | 0         | 0                   | 0                        | 0                                                 |

### Persons in Households without Children

| Characteristics     | 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 | 12                |             |                   | 4                       |          | 5              | 3         |                     |                          |                                                   |
| Persons ages 18-24  |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Total Persons       | 12                | 0           | 0                 | 4                       | 0        | 5              | 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, 2027? Yes

4. Select a grant term: 1 Year

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

|                                             |                                     |
|---------------------------------------------|-------------------------------------|
| Acquisition/Rehabilitation/New Construction | <input type="checkbox"/>            |
| Leased Units                                | <input checked="" type="checkbox"/> |
| Leased Structures                           | <input type="checkbox"/>            |
| Rental Assistance                           | <input type="checkbox"/>            |
| Supportive Services                         | <input checked="" type="checkbox"/> |
| Operating                                   | <input checked="" type="checkbox"/> |
| HMIS                                        | <input type="checkbox"/>            |
| VAWA                                        | <input checked="" 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? No  
(13 to 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: | \$174,528 |
| Grant Term:                        | 1 Year    |
| Total Request for Grant Term:      | \$174,528 |
| Total Units:                       | 12        |

The number of beds for which funding has been requested in the Leased Units budget is 12.

| FMR Area             | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
|----------------------|-----------------------|-----------------------------------|------------------------|
| CA - Redding, CA ... | 12                    | \$174,528                         | \$174,528              |



## 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<br>(Applicant) |   | FMR<br>(Applicant) | HUD Paid Rent<br>(Applicant) |   | 12 months |   | Total request<br>(Applicant) |
|----------------------------------------------|--------------------------------|---|--------------------|------------------------------|---|-----------|---|------------------------------|
| 0 Bedroom                                    |                                | x | \$1,172            |                              | x | 12        | = | \$0                          |
| 1 Bedroom                                    | 12                             | x | \$1,212            | \$1,212                      | x | 12        | = | \$174,528                    |
| 2 Bedroom                                    |                                | x | \$1,590            |                              | x | 12        | = | \$0                          |
| 3 Bedroom                                    |                                | x | \$2,211            |                              | x | 12        | = | \$0                          |
| 4 Bedroom                                    |                                | x | \$2,667            |                              | x | 12        | = | \$0                          |
| 5 Bedroom                                    |                                | x | \$3,067            |                              | x | 12        | = | \$0                          |
| 6 Bedroom                                    |                                | x | \$3,467            |                              | x | 12        | = | \$0                          |
| 7 Bedroom                                    |                                | x | \$3,867            |                              | x | 12        | = | \$0                          |
| 8 Bedroom                                    |                                | x | \$4,267            |                              | x | 12        | = | \$0                          |
| 9 Bedroom                                    |                                | x | \$4,667            |                              | x | 12        | = | \$0                          |
| Total units and annual assistance requested: | 12                             |   |                    |                              |   |           |   | \$174,528                    |
| Grant term:                                  |                                |   |                    |                              |   |           |   | 1 Year                       |
| Total request for grant term:                |                                |   |                    |                              |   |           |   | \$174,528                    |

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<br>(max 400 characters)                                                                                                                                                                                   | Annual Assistance<br>Requested |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Assessment of Service Needs           |                                                                                                                                                                                                                                    | \$0                            |
| 2. Assistance with Moving Costs          | Cost of a moving van @ \$500 x 5 clients = \$2,500                                                                                                                                                                                 | \$2,500                        |
| 3. Case Management                       | 1FTE Case Manager salary and benefits = \$74,646, phone for Case Manager to communicate with participants = \$600, Cost of transportation for Case Manager to visit clients = \$1,200desk and equipment for Case Manager = \$3,500 | \$79,946                       |
| 4. Child Care                            |                                                                                                                                                                                                                                    | \$0                            |
| 5. Education Services                    | Cost of materials to assist clients in completing education                                                                                                                                                                        | \$1,000                        |
| 6. Employment Assistance                 | Cost of materials to teach clients vocational skills                                                                                                                                                                               | \$1,000                        |
| 7. Food                                  | Food for four events a year = \$800, Emergency food for clients @ \$400 x 12 clients = \$4,800                                                                                                                                     | \$4,698                        |
| 8. Housing/Counseling Services           |                                                                                                                                                                                                                                    | \$0                            |
| 9. Legal Services                        |                                                                                                                                                                                                                                    | \$0                            |
| 10. Life Skills                          | Cost of materials to teach life skills classes                                                                                                                                                                                     | \$1,000                        |
| 11. Mental Health Services               |                                                                                                                                                                                                                                    | \$0                            |
| 12. Outpatient Health Services           |                                                                                                                                                                                                                                    | \$0                            |
| 13. Outreach Services                    |                                                                                                                                                                                                                                    | \$0                            |
| 14. Substance Abuse Treatment Services   |                                                                                                                                                                                                                                    | \$0                            |
| 15. Transportation                       | Bus passes and ride share services for clients to attend appointments for health, benefits and employment                                                                                                                          | \$3,000                        |
| 16. Utility Deposits                     |                                                                                                                                                                                                                                    | \$0                            |
| 17. Operating Costs                      |                                                                                                                                                                                                                                    | \$0                            |
| <b>Total Annual Assistance Requested</b> |                                                                                                                                                                                                                                    | <b>\$93,144</b>                |
| <b>Grant Term</b>                        |                                                                                                                                                                                                                                    | <b>1 Year</b>                  |
| <b>Total Request for Grant Term</b>      |                                                                                                                                                                                                                                    | <b>\$93,144</b>                |

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<br>(max 400 characters)   | Annual Assistance<br>Requested |
|-----------------------------------|----------------------------------------------------|--------------------------------|
| 1. Maintenance/Repair             | Cost of making repairs and turning apartment units | \$5,000                        |
| 2. Property Taxes and Insurance   |                                                    | \$0                            |
| 3. Replacement Reserve            |                                                    | \$0                            |
| 4. Building Security              |                                                    | \$0                            |
| 5. Electricity, Gas, and Water    | Cost of utilities for 12 apartments                | \$21,600                       |
| 6. Furniture                      | Cost of furnishing 12 apartments @ \$1,000 / unit  | \$12,000                       |
| 7. Equipment (lease, buy)         |                                                    | \$0                            |
| Total Annual Assistance Requested |                                                    | \$38,600                       |
| Grant Term                        |                                                    | 1 Year                         |
| Total Request for Grant Term      |                                                    | \$38,600                       |

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

## VAWA Budget

### VAWA Budget

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 new 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: | \$500                       |
| Estimated budget amount for VAWA Confidentiality Requirements:    |                             |

**Applicant:** LSS NorCal  
**Project:** True North Transitional Housing

083856989  
237944

|                              |        |
|------------------------------|--------|
| CoC VAWA BLI Total:          | \$500  |
| Grant Term                   | 1 Year |
| Total Request for Grant Term | \$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:    | \$28,800 |
| Total Amount of In-Kind Commitments: | \$17,000 |
| Total Amount of All Commitments:     | \$45,800 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

Client rent

1b. Estimate the amount of program income that will be used as Match for this project: \$28,800

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.

| Type    | Source  | Name of Source       | Amount of Commitments |
|---------|---------|----------------------|-----------------------|
| Cash    | Private | Client Rents         | \$28,800              |
| In-Kind | Private | Higher Ground Cou... | \$10,000              |
| In-Kind | Private | Empire Recovery      | \$7,000               |



## Sources of Match Detail

1. Type of Match commitment: Cash  
2. Source: Private  
3. Name of Source: Client Rents  
(Be as specific as possible and include the office  
or grant program as applicable)  
4. Amount of Written Commitment: \$28,800

## Sources of Match Detail

1. Type of Match commitment: In-Kind  
2. Source: Private  
3. Name of Source: Higher Ground Counseling  
(Be as specific as possible and include the office  
or grant program as applicable)  
4. Amount of Written Commitment: \$10,000

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

## Sources of Match Detail

1. Type of Match commitment: In-Kind  
2. Source: Private  
3. Name of Source: Empire Recovery  
(Be as specific as possible and include the office  
or grant program as applicable)  
4. Amount of Written Commitment: \$7,000

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

## 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<br>(Light gray fields are available for entry<br>of the previous grant agreement, GIW,<br>approved GIW Change Form, or reduced by reallocation) | Annual Assistance<br>Requested<br>(Applicant) | Grant Term<br>(Applicant) | Applicant<br>CoC Program<br>Costs Requested |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------------------------------------|
| 1a. Acquisition (Screen 6B)                                                                                                                                    |                                               |                           | \$0                                         |
| 1b. Rehabilitation (Screen 6B)                                                                                                                                 |                                               |                           | \$0                                         |
| 1c. New Construction (Screen 6B)                                                                                                                               |                                               |                           | \$0                                         |
| 2a. Leased Units (Screen 6C)                                                                                                                                   | \$174,528                                     | 1 Year                    | \$174,528                                   |
| 2b. Leased Structures (Screen 6D)                                                                                                                              | \$0                                           | 1 Year                    | \$0                                         |
| 3. Rental Assistance (Screen 6E)                                                                                                                               | \$0                                           | 1 Year                    | \$0                                         |
| 4. Supportive Services (Screen 6F)                                                                                                                             | \$93,144                                      | 1 Year                    | \$93,144                                    |
| 5. Operating (Screen 6G)                                                                                                                                       | \$38,600                                      | 1 Year                    | \$38,600                                    |
| 6. HMIS (Screen 6H)                                                                                                                                            | \$0                                           | 1 Year                    | \$0                                         |
| 7. VAWA                                                                                                                                                        | \$500                                         | 1 Year                    | \$500                                       |
| 8. Rural<br>(Only for HUD CoC Program approved rural areas)                                                                                                    | \$0                                           | 1 Year                    | \$0                                         |
| 9. Sub-total of CoC Program Costs Requested                                                                                                                    |                                               |                           | \$306,772                                   |
| 10. Admin<br>(Up to 10% of Sub-total in #9)                                                                                                                    |                                               |                           | \$30,677                                    |
| 11. HUD funded Sub-total + Admin. Requested                                                                                                                    |                                               |                           | \$337,449                                   |
| 12. Cash Match (From Screen 6I)                                                                                                                                |                                               |                           | \$28,800                                    |
| 13. In-Kind Match (From Screen 6I)                                                                                                                             |                                               |                           | \$17,000                                    |
| 14. Total Match (From Screen 6I)                                                                                                                               |                                               |                           | \$45,800                                    |
| 15. Total Project Budget for this grant, including Match                                                                                                       |                                               |                           | \$383,249                                   |

Click the 'Save' button to automatically calculate totals.

## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Applicant Name:** Lutheran Social Services of Northern California

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

**Submission Type:** Update

**Effective Date:** 09/24/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*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; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:** Dr.

**First Name:** Carol

**Middle Name:**

**Last Name:** Roberts

**Suffix:**

**Title:** CEO

**Telephone Number:** (925) 825-1060  
(Format: 123-456-7890)

**Fax Number:**  
(Format: 123-456-7890)

**Email:** CRoberts@lssnorcal.org

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

**Date Signed:** 09/25/2026

## 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:

## 7A. In-Kind MOU Attachment

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



## 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:** Carol Roberts

**Date:** 09/25/2026

**Title:** CEO

**Applicant Organization:** Lutheran Social Services

**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.

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           | 09/21/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/25/2026        |
| 1E. SF-424 Compliance                | 09/25/2026        |
| 1F. SF-424 Declaration               | 09/22/2026        |
| 1G. HUD 2880                         | 09/22/2026        |
| 1H. HUD 50070                        | 09/22/2026        |
| 1I. Cert. Lobbying                   | 09/22/2026        |
| 1J. SF-LLL                           | 09/25/2026        |
| IK. SF-424B                          | 09/22/2026        |
| 1L. SF-424D                          | 09/22/2026        |
| 2A. Subrecipients                    | 09/25/2026        |
| 2B. Experience                       | 09/22/2026        |
| 3A. Project Detail                   | 09/22/2026        |
| 3B. Description                      | 09/22/2026        |
| 3C. Expansion                        | 09/22/2026        |
| 4A. Services                         | 09/23/2026        |
| 4B. Housing Type                     | 09/22/2026        |
| 5A. Households                       | 09/22/2026        |
| 5B. Subpopulations                   | No Input Required |
| 6A. Funding Request                  | 09/22/2026        |
| 6C. Leased Units                     | 09/22/2026        |
| 6F. Supp Srvcs Budget                | 09/25/2026        |
| 6G. Operating                        | 09/25/2026        |

|                                |         |            |
|--------------------------------|---------|------------|
| New Project Application FY2026 | Page 73 | 09/25/2026 |
|--------------------------------|---------|------------|

|                                   |                   |
|-----------------------------------|-------------------|
| <b>VAWA Budget</b>                | No Input Required |
| <b>6I. Match</b>                  | 09/22/2026        |
| <b>6J. Summary Budget</b>         | No Input Required |
| <b>Indirect Cost Information</b>  | 09/25/2026        |
| <b>7A. Attachment(s)</b>          | No Input Required |
| <b>7A. In-Kind MOU Attachment</b> | No Input Required |
| <b>7D. Certification</b>          | 09/22/2026        |

## 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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: 09/25/2026

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:** The Good News Rescue Mission
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-1652602
- c. Unique Entity Identifier:** GPUJZBT31LA4

### d. Address

**Street 1:** 2842 South Market St.

**Street 2:**

**City:** Redding

**County:** Shasta

**State:** California

**Country:** United States

**Zip / Postal Code:** 96001

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:**

**First Name:** Jessica

**Middle Name:**

**Last Name:** Rydquist

**Suffix:**

**Title:** Grant Specialist

**Organizational Affiliation:** The Good News Rescue Mission

**Telephone Number:** (530) 242-5920

**Extension:**

**Applicant:** Good News Rescue Mission  
**Project:** Shasta Street Outreach Project

94-1652602  
238256

---

**Fax Number:**

**Email:** jrydquist@gnrm.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:** CPD-2600-DC-0025

**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: Shasta Street Outreach Project

16. Congressional District(s):

16a. Applicant: CA-001

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

17. Proposed Project

a. Start Date: 01/01/2027

b. End Date: 06/30/2028

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? c. Program is not covered by E.O. 12372.

## 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:**

**First Name:** Justin

**Middle Name:**

**Last Name:** Wandro

**Suffix:**

**Title:** Chief Impact Officer

**Telephone Number:** (530) 242-5920  
(Format: 123-456-7890)

**Fax Number:** (530) 242-5924  
(Format: 123-456-7890)

**Email:** justin@gnrm.org

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

**Date Signed:** 09/25/2026

## 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Number: 2501-0044 Expiration Date: 02/28/2027

### Applicant/Recipient Information

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

**Agency Legal Name:** The Good News Rescue Mission

**Prefix:**

**First Name:** Justin

**Middle Name:**

**Last Name:** Wandro

**Suffix:**

**Title:** Chief Impact Officer

**Organizational Affiliation:** The Good News Rescue Mission

**Telephone Number:** (530) 242-5920

**Extension:**

**Email:** justin@gnrm.org

**City:** Redding

**County:** Shasta

**State:** California

**Country:** United States

**Zip/Postal Code:** 96001

**2. Employer ID Number (EIN):** 94-1652602

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

**4. Amount of HUD Assistance Requested/Received:** \$164,360.00

(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. 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:** Justin Wandro, Chief Impact Officer

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

**Date Signed:** 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** The Good News Rescue Mission  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(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:**

**First Name:** Justin

**Middle Name**

**Last Name:** Wandro

**Suffix:**

**Title:** Chief Impact Officer

**Telephone Number:** (530) 242-5920  
(Format: 123-456-7890)

**Fax Number:** (530) 242-5924  
(Format: 123-456-7890)

**Email:** justin@gnrm.org

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

**Date Signed:** 09/25/2026

## 11. 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 Good News Rescue Mission

**Name / Title of Authorized Official:** Justin Wandro, Chief Impact Officer

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

**Date Signed:** 09/25/2026

## 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. 06/30/2028)

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 Good News Rescue Mission

**Street 1:** 2842 South Market St.

**Street 2:**

**City:** Redding

**County:** Shasta

**State:** California

**Country:** United States

**Zip / Postal Code:** 96001

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. ☒

---

**Authorized Representative**

**Prefix:**

**First Name:** Justin

**Middle Name:**

**Last Name:** Wandro

**Suffix:**

**Title:** Chief Impact Officer

**Telephone Number:** (530) 242-5920  
(Format: 123-456-7890)

**Fax Number:** (530) 242-5924  
(Format: 123-456-7890)

**Email:** justin@gnrm.org

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

**Date Signed:** 09/25/2026

## IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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: The Good News Rescue Mission

Prefix:

First Name: Justin

**Applicant:** Good News Rescue Mission  
**Project:** Shasta Street Outreach Project

94-1652602  
238256

---

**Middle Name:**

**Last Name:** Wandro

**Suffix:**

**Title:** Chief Impact Officer

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

**Date Signed:** 09/25/2026

## 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.

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

## 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.**

The Good News Rescue Mission (GNRM) has extensive experience administering complex public and private grants, including state, city, and federally regulated funding streams that require strict adherence to fiscal, regulatory, and performance standards. GNRM currently manages over \$20 million in active grants and contracted funding.

GNRM has successfully managed grants and contracts from the City of Redding; the NorCal CoC HHAP allocation; California's Encampment Resolution Funds (ERF); the California Department of Health Care Services (DHCS) PATH/CalAIM outreach and infrastructure funds; FHLBank's Affordable Housing Program (AHP), administered by federally regulated FHLBanks under FHFA oversight; the State of California's Behavioral Health Continuum Infrastructure Program (BHCIP) bond award; and multiple private foundation partners.

GNRM's Finance Department uses a GAAP-compliant accounting system with grant-specific cost centers, enabling precise allocation of personnel costs, operating expenses, match contributions, and in-kind services. Monthly drawdowns and reimbursement requests are prepared only after verifying expenses for allowability, allocability, and proper documentation. GNRM undergoes an independent annual audit, consistently receiving unmodified ("clean") audit opinions, and has no history of repayment demands or unresolved audit findings.

GNRM undergoes routine fiscal and programmatic monitoring from the City of Redding, FHLBank AHP, and the State of California's BHCIP bond program, and has maintained strong compliance throughout, responding promptly and fully whenever clarification or corrective documentation has been requested.

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

GNRM's funding model is built on combining a strong private philanthropic base with public grant dollars, rather than depending on any single source. GNRM's core operations are funded primarily by more than 5,000 individual donors, families, churches, and businesses, providing a stable foundation that GNRM draws on to match and supplement federal, state, and local awards. This is demonstrated directly in GNRM's current portfolio: City of Redding CDBG and site preparation funding, NorCal CoC HHAP allocations, California's Encampment Resolution Fund, DHCS PATH/CalAIM outreach and infrastructure funds, FHLBank's Affordable Housing Program, and the State's BHCIP bond award for the Adult Rehabilitation Facility all operate alongside GNRM's donor-funded general operations. In this application, GNRM directly leverages private funds by contributing \$42,000 in donor-funded wages and benefits as match, exceeding the required 25% threshold, so that federal outreach dollars are paired with GNRM's own resources rather than standing alone. This same model, combining federal, state, local, and private streams around a single program, is how GNRM has structured every major initiative currently underway, including the Veda Street Village microshelter community and its CalAIM Enhanced Care Management expansion into Lassen, Siskiyou, and Del Norte counties.

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

GNRM's Finance Department operates a GAAP-compliant accounting system with grant-specific cost centers, allowing precise allocation of personnel costs, operating expenses, match contributions, and in-kind services across every funding source GNRM manages. Monthly drawdowns and reimbursement requests are prepared only after expenses are verified for allowability, allocability, and documentation, and GNRM undergoes an independent annual audit, consistently receiving unmodified, clean audit opinions with no history of repayment demands or unresolved findings. Fiscal oversight sits with a nine-member Board of Directors carrying fiduciary responsibility, supported by a conflict-of-interest policy and transparent financial reporting available upon request. GNRM's administrative overhead runs approximately 5 to 10 percent of program budgets, and the organization undergoes routine fiscal and programmatic monitoring from funders including the City of Redding, FHLBank AHP, and California's BHCIP bond program, maintaining strong compliance and responding fully whenever clarification or corrective documentation has been requested.

**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:** Training, Employment and Community Help, Inc.

**3. Project Name:** Shasta Street Outreach Project

**4. Project Status:** Standard

**5. Component Type:** SSO

**5a. Select the type of SSO Project:** Street Outreach

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

**7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?** No

**8. 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

**9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

**11. 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.

The Good News Rescue Mission (GNRM) requests \$184,360 in FY2026 CoC Program funding to continue and strengthen its Street Outreach Project serving unsheltered individuals throughout Shasta County. The project fields a three-person outreach team, two full-time outreach workers and a 0.10 FTE program manager, that engages people directly in encampments and public spaces on a consistent, repeated-contact basis, building the trust needed to reach even the highest-barrier participants. Every contact is assessed using the CoC's standardized tool and entered into HMIS, so outreach functions as a Coordinated Entry access point from first contact rather than after a separate intake step.

The project operates within GNRM's broader service continuum, allowing outreach staff to move participants directly into care rather than relying solely on outside referrals. This includes GNRM's status as a contracted Enhanced Care Management provider under CalAIM, an on-campus residential recovery program, academic and job readiness services, and the Journey Home program for family and support-network reunification. Outreach staff coordinate closely with the Shasta County Sheriff's Office and the Redding Police Department's Crisis Intervention Response Team, including during encampment operations, connecting individuals to shelter and services ahead of enforcement action without impeding law enforcement's role.

The total project cost is \$249,360, with GNRM contributing \$65,000 in matching wages and benefits, exceeding the required 25% match. Funding supports outreach worker wages and benefits, a leased outreach vehicle, shared office space at GNRM's existing Shasta County facility, vehicle operations and field IT for HMIS data entry, client engagement supplies, and program administration.

The need is documented locally: Shasta County's 2026-2029 Integrated Plan, drawing on the 2024 Point-in-Time Count, reports a countywide rate of 78 people experiencing homelessness per 10,000 residents, with Native American and Alaska Native residents at 336 per 10,000. Last year, GNRM's outreach work helped more than 50 unsheltered individuals in Shasta County move directly into permanent housing, and moved additional participants into transitional programs. Building on that track record, over the grant term this project commits to: engaging at least 75 unsheltered individuals and entering each into HMIS and Coordinated Entry; exiting at least 70% of enrolled participants to positive destinations (emergency shelter, treatment, transitional housing, or permanent housing), with at least 40% exiting to permanent destinations, including unsubsidized placements such as rentals without ongoing subsidy and permanent reunification with family or friends through GNRM's Journey Home program; connecting at least 70% of enrolled participants to a primary care provider; and helping at least 50% of participants who exit increase income through employment.

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                                                                       | 60                                     |                                        |                                        |                                        |
| Begin program participant enrollment                                                                        | 90                                     |                                        |                                        |                                        |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90                                     |                                        |                                        |                                        |
| Leased or rental assistance units or structure, and supportive services near 100% capacity                  | 120                                    |                                        |                                        |                                        |
| Closing on purchase of land, structure(s), or execution of structure lease                                  |                                        |                                        |                                        |                                        |
| Start rehabilitation                                                                                        |                                        |                                        |                                        |                                        |
| Complete rehabilitation                                                                                     |                                        |                                        |                                        |                                        |
| Start new construction                                                                                      |                                        |                                        |                                        |                                        |
| Complete new construction                                                                                   |                                        |                                        |                                        |                                        |

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

NA

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 checked="" type="checkbox"/> | Survivors                         | <input type="checkbox"/> |
| Veterans                                | <input type="checkbox"/>            | Substance Abuse                   | <input type="checkbox"/> |
| Youth (under 25)                        | <input type="checkbox"/>            | Mental Illness                    | <input type="checkbox"/> |
| Families                                | <input type="checkbox"/>            | HIV/AIDS                          | <input type="checkbox"/> |
|                                         |                                     | Chronic Homeless                  | <input type="checkbox"/> |
|                                         |                                     | Other<br>(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

## 3C. Project Expansion Information

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

## **4A. Supportive Services for Participants**

**2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.**

GNRM is a contracted Enhanced Care Management provider under CalAIM, so outreach participants move directly into Medi-Cal-funded care coordination rather than receiving a cold referral. Primary care is on site: Shasta Community Health Center's HOPE program operates a clinic on the GNRM campus two days each week, giving outreach participants a same-campus connection to primary, dental, and vision care. Renewed Life Medical provides substance use disorder treatment, and Shasta County Behavioral Health provides mental health and crisis care, with GNRM's ECM care coordinators following participants through each handoff so connections are confirmed rather than assumed. Case managers enroll eligible participants in Medi-Cal, CalFresh, and SSI/SSDI as a standard part of housing navigation. For employment, GNRM partners with Shasta College's STEP-UP program and runs its own academic and job readiness program on campus. The project is also backed by more than 5,000 individual donors, who fund the \$42,000 wage match.

**3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).**

GNRM's outreach model is built on consistent, repeated contact rather than waiting for participants to seek help. Staff work a defined route and schedule so participants know when to expect them, meeting immediate needs, food, water, weather-appropriate supplies, as the entry point into a longer engagement. Every contact receives a standardized assessment documented in HMIS, and participants are moved toward Coordinated Entry referral, treatment, and housing rather than left in an open-ended outreach relationship. For individuals who have historically avoided services, GNRM's staff are trained in de-escalation and trauma-informed engagement, and the same outreach worker stays with a participant across contacts, building the relationship continuity that high-barrier individuals need before they will accept help. When substance use or untreated behavioral health is the primary barrier, staff connect participants directly into GNRM's own residential recovery program or partner treatment providers, avoiding a waitlist handoff to an outside agency.

**4 Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.**

GNRM's outreach team coordinates directly with the Shasta County Sheriff's Office and the Redding Police Department's Crisis Intervention Response Team, including regular communication ahead of and during encampment operations, coordinated outreach in rural encampments, and collaborative problem-solving in high-impact areas. During encampment enforcement actions, GNRM routinely assists with site cleanup, emergency shelter placement, and transitional housing referral, serving as the bridge between enforcement and services rather than operating separately from it. Redding Police officers also have direct access to GNRM's Journey Home program, allowing them to refer individuals for family or support-network reunification when that is the person's best path to stability. Consistent with HUD's requirements, GNRM's outreach team does not interfere with or impede law enforcement's enforcement of local public camping or drug use laws.

5. Does the applicant have experience providing Yes  
outreach services, or a plan for providing  
outreach services, consistent with the activity  
description at 24 CFR 578.53(e)(13)

6. Describe a plan for or past work at helping people successfully exit from  
places not meant for human habitation to emergency shelter, treatment  
programs, transitional housing or permanent housing programs.

Housing navigation begins at first contact: outreach workers complete a standardized assessment in the field and enter it into HMIS, so participants are prioritized through Coordinated Entry from day one rather than after a separate intake process. The same team that engages a participant in an encampment carries them through the full sequence that follows, gathering documentation, attending CoC case conferencing, submitting housing applications, and following up until the person lands in shelter, treatment, or permanent housing, rather than handing them off and losing continuity. GNRM's own continuum backs this process directly: emergency shelter provides an immediate bridge while permanent options are pursued, and GNRM's on-campus residential recovery program offers a treatment pathway for participants whose primary barrier is untreated substance use. This is established practice with a track record behind it: last year, this work helped more than 75 unsheltered individuals in Shasta County move into housing.

6. 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-weekly     |
| Assistance with Moving Costs           |  | Applicant | Semi-annually |
| Case Management                        |  | Applicant | Weekly        |
| Child Care                             |  |           |               |
| Education Services                     |  |           |               |
| Employment Assistance and Job Training |  | Applicant | Bi-weekly     |
| New Project Application FY2026         |  | Page 32   | 09/25/2026    |

**Applicant:** Good News Rescue Mission  
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|                                        |
|----------------------------------------|
| Food                                   |
| Housing Search and Counseling Services |
| Legal Services                         |
| Life Skills Training                   |
| Mental Health Services                 |
| Outpatient Health Services             |
| Outreach Services                      |
| Substance Abuse Treatment Services     |
| Transportation                         |
| Utility Deposits                       |

|           |           |
|-----------|-----------|
| Applicant | Weekly    |
| Applicant | Monthly   |
|           |           |
| Applicant | Monthly   |
| Partner   | Bi-weekly |
|           |           |
| Applicant | Daily     |
| Partner   | Monthly   |
|           |           |
|           |           |

## 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                |                                                             | 50                                           |                                          | 50    |
|                                     |                                                             |                                              |                                          |       |
| 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                 |                                                             | 50                                           |                                          | 50    |
| Persons ages 18-24                  |                                                             |                                              |                                          | 0     |
| Accompanied Children under age 18   |                                                             |                                              |                                          | 0     |
| Unaccompanied Children under age 18 |                                                             |                                              |                                          | 0     |
| Total Persons                       | 0                                                           | 50                                           | 0                                        | 50    |

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   |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Persons ages 18-24    |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Children under age 18 |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Total Persons         | 0                 | 0           | 0                 | 0                       | 0        | 0              | 0         | 0                   | 0                        | 0                                                 |

### Persons in Households without Children

| Characteristics     | 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 | 20                |             |                   | 20                      |          | 10             |           |                     |                          |                                                   |
| Persons ages 18-24  |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Total Persons       | 20                | 0           | 0                 | 20                      | 0        | 10             | 0         | 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, 2027? Yes

4. Select a grant term: 1 Year

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

|                                             |                                     |
|---------------------------------------------|-------------------------------------|
| Acquisition/Rehabilitation/New Construction | <input type="checkbox"/>            |
| Leased Structures                           | <input type="checkbox"/>            |
| Supportive Services                         | <input checked="" type="checkbox"/> |
| HMIS                                        | <input type="checkbox"/>            |
| VAWA                                        | <input checked="" 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? Yes  
(13 to 18 months)

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

## 6F. Supportive Services Budget

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

| Eligible Costs                         | Quantity AND Description<br>(max 400 characters)                                                                                                                                                                                               | Annual Assistance<br>Requested |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Assessment of Service Needs         |                                                                                                                                                                                                                                                |                                |
| 2. Assistance with Moving Costs        |                                                                                                                                                                                                                                                |                                |
| 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             |                                                                                                                                                                                                                                                |                                |
| 12. Outpatient Health Services         |                                                                                                                                                                                                                                                |                                |
| 13. Outreach Services                  | 3 person outreach team. Wages, benefits, and program costs for a Shasta County street outreach team engaging unsheltered individuals in encampments and public spaces, connecting them to Coordinated Entry, housing, and mainstream services. | \$149,419                      |
| 14. Substance Abuse Treatment Services |                                                                                                                                                                                                                                                |                                |
| 15. Transportation                     |                                                                                                                                                                                                                                                |                                |
| 16. Utility Deposits                   |                                                                                                                                                                                                                                                |                                |
| 17. Operating Costs                    |                                                                                                                                                                                                                                                |                                |
| Total Annual Assistance Requested      |                                                                                                                                                                                                                                                | \$149,419                      |
| Grant Term                             |                                                                                                                                                                                                                                                | 1 Year                         |
| Total Request for Grant Term           |                                                                                                                                                                                                                                                | \$149,419                      |

Click the 'Save' button to automatically calculate totals.

## VAWA Budget

### VAWA Budget

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 new 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: |                             |
| Estimated budget amount for VAWA Confidentiality Requirements:    |                             |

**Applicant:** Good News Rescue Mission  
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|                              |        |
|------------------------------|--------|
| CoC VAWA BLI Total:          | \$0    |
| Grant Term                   | 1 Year |
| Total Request for Grant Term | \$0    |

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:    | \$42,000 |
| Total Amount of In-Kind Commitments: | \$0      |
| Total Amount of All Commitments:     | \$42,000 |

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 | Private | Private fundraisi... | \$42,000              |

## Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Private fundraising from the community.  
(Be as specific as possible and include the office  
or grant program as applicable)

4. Amount of Written Commitment: \$42,000



## 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<br>(Light gray fields are available for entry<br>of the previous grant agreement, GIW,<br>approved GIW Change Form, or reduced by reallocation) | Annual Assistance<br>Requested<br>(Applicant) | Grant Term<br>(Applicant) | Applicant<br>CoC Program<br>Costs Requested |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|---------------------------------------------|
| 1a. Acquisition (Screen 6B)                                                                                                                                    |                                               |                           | \$0                                         |
| 1b. Rehabilitation (Screen 6B)                                                                                                                                 |                                               |                           | \$0                                         |
| 1c. New Construction (Screen 6B)                                                                                                                               |                                               |                           | \$0                                         |
| 2a. Leased Units (Screen 6C)                                                                                                                                   | \$0                                           | 1 Year                    | \$0                                         |
| 2b. Leased Structures (Screen 6D)                                                                                                                              | \$0                                           | 1 Year                    | \$0                                         |
| 3. Rental Assistance (Screen 6E)                                                                                                                               | \$0                                           | 1 Year                    | \$0                                         |
| 4. Supportive Services (Screen 6F)                                                                                                                             | \$149,419                                     | 1 Year                    | \$149,419                                   |
| 5. Operating (Screen 6G)                                                                                                                                       | \$0                                           | 1 Year                    | \$0                                         |
| 6. HMIS (Screen 6H)                                                                                                                                            | \$0                                           | 1 Year                    | \$0                                         |
| &nbsp;7. VAWA                                                                                                                                                  | \$0                                           | 1 Year                    | \$0                                         |
| 8. Rural<br>(Only for HUD CoC Program approved rural areas)                                                                                                    | \$0                                           | 1 Year                    | \$0                                         |
| 9. Sub-total of CoC Program Costs Requested                                                                                                                    |                                               |                           | \$149,419                                   |
| 10. Admin<br>(Up to 10% of Sub-total in #9)                                                                                                                    |                                               |                           | \$14,941                                    |
| 11. HUD funded Sub-total + Admin. Requested                                                                                                                    |                                               |                           | \$164,360                                   |
| 12. Cash Match (From Screen 6I)                                                                                                                                |                                               |                           | \$42,000                                    |
| 13. In-Kind Match (From Screen 6I)                                                                                                                             |                                               |                           | \$0                                         |
| 14. Total Match (From Screen 6I)                                                                                                                               |                                               |                           | \$42,000                                    |
| 15. Total Project Budget for this grant, including Match                                                                                                       |                                               |                           | \$206,360                                   |

Click the 'Save' button to automatically calculate totals.

## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Applicant Name:** The Good News Rescue Mission

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional").

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

**Submission Type:** Initial Submission

**Effective Date:** 09/22/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*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; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:**

**First Name:** Justin

**Middle Name:**

**Last Name:** Wandro

**Suffix:**

**Title:** Chief Impact Officer

**Telephone Number:** (530) 242-5920  
(Format: 123-456-7890)

**Fax Number:** (530) 242-5924  
(Format: 123-456-7890)

**Email:** justin@gnrm.org

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

**Date Signed:** 09/22/2026

## 7A. Attachment(s)

| Document Type                           | Required? | Document Description | Date Attached |
|-----------------------------------------|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No        |                      |               |
| 2) Other Attachment(s)                  | No        | ECM Agreement        | 09/23/2026    |
| 3) Other Attachment(s)                  | No        |                      |               |

## Attachment Details

Document Description:

## Attachment Details

Document Description: ECM Agreement

## 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:** Justin Wandro

**Date:** 09/25/2026

**Title:** Chief Impact Officer

**Applicant Organization:** The Good News Rescue Mission

**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 |
| New Project Application FY2026 | Page 51 | 09/25/2026        |

|                                      |                   |
|--------------------------------------|-------------------|
| 1B. SF-424 Legal Applicant           | 09/22/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/22/2026        |
| 1E. SF-424 Compliance                | 09/22/2026        |
| 1F. SF-424 Declaration               | 09/22/2026        |
| 1G. HUD 2880                         | 09/22/2026        |
| 1H. HUD 50070                        | 09/22/2026        |
| 1I. Cert. Lobbying                   | 09/22/2026        |
| 1J. SF-LLL                           | 09/22/2026        |
| IK. SF-424B                          | 09/22/2026        |
| 1L. SF-424D                          | 09/22/2026        |
| 2A. Subrecipients                    | No Input Required |
| 2B. Experience                       | 09/24/2026        |
| 3A. Project Detail                   | 09/22/2026        |
| 3B. Description                      | 09/23/2026        |
| 3C. Expansion                        | 09/22/2026        |
| 4A. Services                         | 09/24/2026        |
| 5A. Households                       | 09/22/2026        |
| 5B. Subpopulations                   | No Input Required |
| 6A. Funding Request                  | 09/22/2026        |
| 6F. Supp Srvcs Budget                | 09/24/2026        |
| VAWA Budget                          | No Input Required |
| 6I. Match                            | 09/24/2026        |
| 6J. Summary Budget                   | No Input Required |
| Indirect Cost Information            | 09/22/2026        |
| 7A. Attachment(s)                    | 09/23/2026        |
| 7D. Certification                    | 09/22/2026        |

# ENHANCED CARE MANAGEMENT PROVIDER SERVICES AGREEMENT

Between

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**

And

**Good News Rescue Mission**

This Enhanced Care Management Provider Services Agreement (the “Agreement”) is entered into this December 1, 2024, by Partnership HealthPlan of California, a public entity referred to as (“**PARTNERSHIP**”) and between Good News Rescue Mission by and on behalf of its providers either employed and/or contracted (collectively, “**Provider**” or “**Provider Group**”). PARTNERSHIP and Provider are collectively referred to as the “Parties” and individually as a “Party.”

## **PROVIDER GROUPS**

If the undersigned Provider is a member of a Provider Group and is the authorized representative of this Provider Group, the signature affixed to this Agreement on behalf of the Provider Group certifies the following by his or her signature:

- (a) All members of the Provider Group have granted the authority to the undersigned Provider for the purpose of signing this Agreement on their behalf.
- (b) Each member of the Provider Group will be aware of and comply with the terms of the Agreement.

Upon reasonable request by PARTNERSHIP, the Provider Group agrees to provide certified copies of documents, including, but not limited to, Articles of Incorporation, Partnership Agreements or Member Provider Agreements, which will verify its legal and organizational status and operation as described above.

IN WITNESS WHEREOF, the subsequent Agreement between PARTNERSHIP and Provider is entered into by and between the Parties.

**PROVIDER**

Good News Rescue Mission

Signature: 

Printed Name: Joey Hughes

Title: Director of programs

Date: 09/13/24

**PARTNERSHIP**

Partnership HealthPlan of California

DocuSigned by:  
Signature: Katherine Barnes / On Behalf of Sonja  
08AC20F76F8240C...

Printed Name: Sonja Bjork

Title: Chief Executive Officer

Date: 9/17/2024 | 1:44 PM PDT

Individuals in Group (if needed use additional sheet of paper):

PROVIDER Address for Notices:

Po Box 991626

Redding CA 96099

Attn: Joey or Tiffinni

*(remainder of this page is intentionally left blank)*

## 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 2026 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) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 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 2026 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: 09/25/2026

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:** Rebound Rebrand  
**b. Employer/Taxpayer Identification Number (EIN/TIN):** 41-2608195  
**c. Unique Entity Identifier:** PNU9K2BJ6CJ9

### d. Address

**Street 1:** 6158 Dolores Ave  
**Street 2:**  
**City:** Anderson  
**County:** Shasta  
**State:** California  
**Country:** United States  
**Zip / Postal Code:** 96007

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Mrs.  
**First Name:** Katelin  
**Middle Name:**  
**Last Name:** King  
**Suffix:**  
**Title:** Board Member  
**Organizational Affiliation:** Rebound Rebrand  
**Telephone Number:** (916) 538-8481  
**Extension:**

**Applicant:** Rebound Rebrand

41-2608195

**Project:** Transitional Housing for Justice-Involved Young Adults

238069

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**Fax Number:**

**Email:** katelinking2020@gmail.com



## 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:** CPD-2600-DC-0025

**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: Transitional Housing for Justice-Involved Young Adults

16. Congressional District(s):

16a. Applicant: CA-001

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

17. Proposed Project

a. Start Date: 03/01/2027

b. End Date: 02/01/2028

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:** Mrs.

**First Name:** Sarah

**Middle Name:**

**Last Name:** King

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 591-9596  
(Format: 123-456-7890)

**Fax Number:**  
(Format: 123-456-7890)

**Email:** sarahking.reboundrebrand@gmail.com

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

**Date Signed:** 09/25/2026

## 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Number: 2501-0044 Expiration Date: 02/28/2027

### Applicant/Recipient Information

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

**Agency Legal Name:** Rebound Rebrand

**Prefix:** Mrs.

**First Name:** Sarah

**Middle Name:**

**Last Name:** King

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Rebound Rebrand

**Telephone Number:** (530) 591-9596

**Extension:**

**Email:** sarahking.reboundrebrand@gmail.com

**City:** Anderson

**County:** Shasta

**State:** California

**Country:** United States

**Zip/Postal Code:** 96007

**2. Employer ID Number (EIN):** 41-2608195

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

**4. Amount of HUD Assistance Requested/Received:** \$165,000.00

(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. 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:** Sarah King, Executive Director

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

**Date Signed:** 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Rebound Rebrand  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(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:** Mrs.

**First Name:** Sarah

**Middle Name**

**Last Name:** King

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 591-9596  
(Format: 123-456-7890)

**Fax Number:**  
(Format: 123-456-7890)

**Email:** sarahking.reboundrebrand@gmail.com

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

**Date Signed:** 09/25/2026

## 11. 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:** Rebound Rebrand

**Name / Title of Authorized Official:** Sarah King, Executive Director

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

**Date Signed:** 09/25/2026

## 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. 06/30/2028)

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:** Rebound Rebrand

**Street 1:** 6158 Dolores Ave

**Street 2:**

**City:** Anderson

**County:** Shasta

**State:** California

**Country:** United States

**Zip / Postal Code:** 96007

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. ☒

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Sarah

**Middle Name:**

**Last Name:** King

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 591-9596  
(Format: 123-456-7890)

**Fax Number:**  
(Format: 123-456-7890)

**Email:** sarahking.reboundrebrand@gmail.com

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

**Date Signed:** 09/25/2026

## IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 07/31/2028

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:** Rebound Rebrand

**Prefix:** Mrs.

**First Name:** Sarah

**Applicant:** Rebound Rebrand

41-2608195

**Project:** Transitional Housing for Justice-Involved Young Adults

238069

---

**Middle Name:**

**Last Name:** King

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/25/2026



## 1L. SF-424D

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

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

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

## 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.**

Rebound Rebrand possesses direct administrative and programmatic experience implementing specialized supportive services and housing models for high-risk, system-impacted youth, significantly fortified by robust executive governance. Executive Director, Sarah King, holds a Bachelor of Arts in Organizational Communication (with a Minor in Spanish) and maintains an active Substance Use Disorder (SUD) counseling certification. Her professional background includes extensive, direct experience designing and delivering evidence-based interventions for at-risk populations. As the programmatic leader, Sarah ensures that all housing operations adhere to strict expectations of sobriety, active participation in classes, and commitment to work towards independent living and overall stability.

To guarantee maximum scoring capacity and total compliance for the proposed \$200,000 Transitional Housing Program, Sarah's clinical execution is directly aligned with the executive oversight of board member, Heather King. As a retired public High School Administrator and Director of Instruction, Heather brings decades of direct experience writing, executing, and auditing complex federal grants. This leadership intersection ensures that our multi-phase housing stabilization, recovery curriculum, and Coordinated Entry workflows are monitored against rigid HUD-compliant benchmarks, maintaining a targeted data-quality standard at or above 90% within the local Homeless Management Information System (HMIS) database.

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

Rebound Rebrand utilizes a disciplined fiscal diversification strategy to maximize the long-term sustainability of our programs and ensure total project financial feasibility. Our board-governed financial roadmap focuses on building a secure, multi-year funding pipeline by layering Federal, State, and local public resources alongside private sector commitments.

This leveraging framework is dual-managed by our executive and board leadership. Executive Director Sarah King utilizes her background in Organizational Communication and her deep connections within the local continuum to establish vital community resource-sharing networks. This directly complements board member Heather King's extensive professional experience overseeing multimillion-dollar public school district budgets and large-scale public revenue streams. Under their combined direction, the organization leverages local infrastructure to deliver holistic care without duplicating operational costs. We maintain active operational alignment and coordination paths with regional healthcare networks for Medi-Cal/Medicaid navigation, local counseling centers for behavioral health referrals, and regional workforce boards to provide WIOA-backed job training and placements. This public network is balanced by private foundation support, community donations, and a disciplined board policy to build permanent operating cash reserves.

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

Rebound Rebrand operates under a strict, fully transparent internal control structure explicitly mapped to satisfy Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200). Our day-to-day fiscal operations feature a dedicated Account/Grants Manager responsible for payroll processing, billing ledger tracking, procurement documentation, and formal financial reporting.

Executive Director Sarah King provides the first tier of internal fiscal oversight, leveraging her professional experience in contract management, budget monitoring, and program compliance to review and approve all localized service expenditures, ensuring zero prohibited or unallowable costs enter our billing cycles. Ultimate fiduciary accountability is maintained by our Board of Directors, uniquely anchored by Heather King's senior administrative background managing multimillion-dollar public education and instructional budgets. Her experience in public-sector auditing and asset allocation ensures our financial management structure maintains the highest standard of fiscal discipline. Rebound Rebrand adheres to rigorous, written internal policies that mandate the strict segregation of duties, cost allowability reviews, accurate time-and-effort logs, and secure, multi-step fund drawdown practices. Financial statements are routinely cross-examined by the board and further validated by our contracted independent accounting firm to guarantee that all grant funds remain completely audit-ready.

**4. Are there any unresolved HUD monitoring or  
OIG audit findings for any HUD grants (including  
ESG) under your organization?**

No

### 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: Training, Employment and Community Help, Inc.
3. Project Name: Transitional Housing for Justice-Involved Young Adults
4. Project Status: Standard
5. Component Type: TH
6. What type of CoC funding is this project applying for in this CoC Program Competition? Bonus
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No
8. 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
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
10. Will this project include replacement reserves in the Operating budget? No
11. 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.**

Rebound Rebrand requests \$180,000 to establish and operate a transitional housing project for justice-impacted young adults in Shasta County. The proposed budget prioritizes acquisition of an appropriate housing property, essential operating costs, direct supportive services, furnishings, technology, transportation, employment and education assistance, life-skills programming, and limited grant administration for one year. Following this first year of operations, Rebound Rebrand will apply for additional grants and select Partnership funding that requires a minimum of one year of operation to continue successful operations for the upcoming years.

**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                                     |                                        |                                        |                                        |
| Begin program participant enrollment                                                                        | 60                                     |                                        |                                        |                                        |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90                                     |                                        |                                        |                                        |
| Leased or rental assistance units or structure, and supportive services near 100% capacity                  | 90                                     |                                        |                                        |                                        |
| Closing on purchase of land, structure(s), or execution of structure lease                                  | 60                                     |                                        |                                        |                                        |
| Start rehabilitation                                                                                        | 0                                      |                                        |                                        |                                        |
| Complete rehabilitation                                                                                     | 0                                      |                                        |                                        |                                        |
| Start new construction                                                                                      | 0                                      |                                        |                                        |                                        |
| Complete new construction                                                                                   | 0                                      |                                        |                                        |                                        |

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

Rebound Rebrand is not requesting CoC Program funds for capital costs, including acquisition, rehabilitation, or new construction. The proposed project will lease an existing residential property to provide transitional housing and supportive services to eligible participants. Leasing costs will be requested under the applicable CoC Program leasing budget category.

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

**Other:** Justice-Impacted

**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



### 3C. Project Expansion Information

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

## **4A. Supportive Services for Participants**

**1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months?**

Although Rebound Rebrand is a new organization, its leadership brings relevant experience serving individuals with complex needs. Members of the leadership team have backgrounds in organizational communication, behavioral science, alcohol and drug studies, substance-use counseling, public-assistance eligibility, medical claims administration, program coordination, and direct service to at-risk and justice-impacted populations. The organization will provide resumes, licenses, certifications, and job descriptions documenting the qualifications of its key personnel.

**1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant.**

Rebound Rebrand has not previously operated a qualifying homelessness project; however, the organization has established a structured plan to support successful participant outcomes and has experienced leadership in place to implement and monitor the program. The Executive Director brings extensive professional experience working with vulnerable and high-risk populations, coordinating supportive services, developing individualized service plans, and connecting participants with housing, employment, education, behavioral health, and community-based resources. Within the first weeks of enrollment, the participant and case manager will develop an individualized housing and self-sufficiency plan. The plan will identify measurable goals, responsible parties, anticipated completion dates, and services needed to address barriers. Progress will be reviewed regularly and updated when circumstances change. Participants will receive instruction and coaching in budgeting, credit, savings, rental applications, tenant rights and responsibilities, communication with landlords, household cleanliness, food preparation, hygiene, transportation, appointment management, conflict resolution, and healthy roommate relationships. The dorm-style residential environment will give participants opportunities to practice these skills with staff support before moving into permanent housing. Housing planning will begin at intake rather than shortly before discharge. Staff will help participants obtain identification documents, resolve eligible debts or rental barriers, develop income, establish savings, organize financial records, improve credit readiness, and gather references. Participants will receive assistance searching for appropriate housing, completing applications, preparing for interviews with landlords, understanding leases, arranging utilities, and obtaining furnishings or move-in resources. Participant progress and outcomes will be documented in HMIS or another approved data system. Rebound Rebrand will regularly review employment income, housing destinations, length of stay, and other participant outcomes. If program data indicate that the project is not on track to meet the established benchmarks, program leadership will review barriers and adjust services, partnerships, and case-management strategies as needed.

**1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)**

Rebound Rebrand will outsource to local entities for services unprovided in-house, such as providing referrals as well as transportation to medical appointments, mental health appointments, job training, and other community resources that will aid in their ability to be self-sufficient and prepared to live independently.

**2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.**

Transportation will be provided by Rebound Rebrand, as well as Partnership Transportation to ensure all clients get to all medical appointments, and local agencies that will aid clients in self-sufficiency, i.e DMV-ID and Driver's License, SMART Workforce Center and Department of Rehabilitation for job trainings, Social Security Agency if the client is unable to work due to medical incapacity, Shasta College, mental health providers, Primary Care, IOP, MAT, etc.

### 3. TH Service Requirements

#### 3a. How will this projects assess the service needs of program participants?

Rebound Rebrand will use standardized intake and assessment processes to identify participants' housing, employment, education, behavioral-health, recovery, transportation, e organization and independent-living needs. Individualized goals will be reviewed regularly and documented through case notes and progress tracking. Program performance will be measured through housing exits, employment and income growth, education or training participation, benefits enrollment, service engagement, and participant progress toward self-sufficiency.

#### 3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3?

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

Clients will be expected to engage in at least 20 hours per week of approved activities that support housing stability, recovery, employment, education, and self-sufficiency, consistent with the application's certification requirements. Approved activities may include employment, job search, vocational training, postsecondary education, GED preparation, counseling, substance-use treatment, recovery meetings, case management, healthcare appointments, benefits enrollment, financial-literacy instruction, independent-living classes, community service, and other activities included in the participant's individualized service plan.

During intake, each participant will work with program staff to develop an individualized weekly schedule based on personal goals, abilities, employment status, education needs, health needs, and documented limitations. Activities will be recorded through attendance logs, case notes, employment or education verification, appointment records, and weekly progress reviews.

Staff will use encouragement, problem solving, reminders, transportation assistance, and modifications to address barriers before considering corrective action. Participants with documented disabilities, medical conditions, or other approved exceptions will receive reasonable accommodations and individualized participation expectations consistent with applicable law.

Repeated nonparticipation will be addressed through a progressive engagement process. Staff will meet with the participant, identify barriers, revise the service plan when appropriate, provide written expectations, and offer opportunities to reengage. Discharge will not occur automatically because of a single missed activity or setback. Participants will receive written notice, access to a grievance or appeal process, and assistance identifying alternative housing or services whenever possible.

- |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements.                                                                                                                                   | <input checked="" type="checkbox"/> |
| 5. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements. | <input checked="" type="checkbox"/> |

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

## 4B. Housing Type and Location

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

Total Units: 1

Total Beds: 10

| Housing Type                   | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|--------------------------------|----------------------|-------|------|-------------------|
| Single family homes/townhou... | ---                  | 1     | 10   | 0                 |

## 4B. Housing Type and Location Detail

**1. Housing Type:** Single family homes/townhouses/duplexes

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

**2a. Units:** 1

**2b. Beds:** 10

### **3. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving 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:** 6158 Dolores Ave

**Street 2:**

**City:** Anderson

**State:** California

**ZIP Code:** 96007

**\*4. 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)**

069103 Tehama County, 069089 Shasta County



## 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                | 0                                                           | 10                                           | 0                                        | 10    |
|                                     |                                                             |                                              |                                          |       |
| Characteristics                     | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Persons over age 24                 | 0                                                           | 5                                            |                                          | 5     |
| Persons ages 18-24                  | 0                                                           | 5                                            |                                          | 5     |
| Accompanied Children under age 18   | 0                                                           |                                              | 0                                        | 0     |
| Unaccompanied Children under age 18 |                                                             |                                              | 0                                        | 0     |
| Total Persons                       | 0                                                           | 10                                           | 0                                        | 10    |

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   |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Persons ages 18-24    |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Children under age 18 |                   |             |                   |                         |          |                |           |                     |                          |                                                   |
| Total Persons         | 0                 | 0           | 0                 | 0                       | 0        | 0              | 0         | 0                   | 0                        | 0                                                 |

### Persons in Households without Children

| Characteristics     | 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 |                   |             |                   | 1                       |          | 1              |           | 1                   | 1                        | 1                                                 |
| Persons ages 18-24  |                   |             |                   | 1                       |          | 1              |           | 1                   | 1                        | 1                                                 |
| Total Persons       | 0                 | 0           | 0                 | 2                       | 0        | 2              | 0         | 2                   | 2                        | 2                                                 |

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                                                 |

**Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:**

Justice-impacted and LGBTQ subpopulations are not listed but included.

**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, 2027? Yes

4. Select a grant term: 1 Year

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

|                                             |                                     |
|---------------------------------------------|-------------------------------------|
| Acquisition/Rehabilitation/New Construction | <input type="checkbox"/>            |
| Leased Units                                | <input checked="" type="checkbox"/> |
| Leased Structures                           | <input type="checkbox"/>            |
| Rental Assistance                           | <input type="checkbox"/>            |
| Supportive Services                         | <input checked="" type="checkbox"/> |
| Operating                                   | <input checked="" type="checkbox"/> |
| HMIS                                        | <input checked="" type="checkbox"/> |
| VAWA                                        | <input checked="" 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? No  
(13 to 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: | \$36,804 |
| Grant Term:                        | 1 Year   |
| Total Request for Grant Term:      | \$36,804 |
| Total Units:                       | 1        |

The number of beds for which funding has been requested in the Leased Units budget is 5.

| FMR Area             | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
|----------------------|-----------------------|-----------------------------------|------------------------|
| CA - Redding, CA ... | 1                     | \$36,804                          | \$36,804               |

## 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<br>(Applicant) |   | FMR<br>(Applicant) | HUD Paid Rent<br>(Applicant) |   | 12 months |   | Total request<br>(Applicant) |
|----------------------------------------------|--------------------------------|---|--------------------|------------------------------|---|-----------|---|------------------------------|
| 0 Bedroom                                    |                                | x | \$1,172            |                              | x | 12        | = | \$0                          |
| 1 Bedroom                                    |                                | x | \$1,212            |                              | x | 12        | = | \$0                          |
| 2 Bedroom                                    |                                | x | \$1,590            |                              | x | 12        | = | \$0                          |
| 3 Bedroom                                    |                                | x | \$2,211            |                              | x | 12        | = | \$0                          |
| 4 Bedroom                                    |                                | x | \$2,667            |                              | x | 12        | = | \$0                          |
| 5 Bedroom                                    | 1                              | x | \$3,067            | \$3,067                      | x | 12        | = | \$36,804                     |
| 6 Bedroom                                    |                                | x | \$3,467            |                              | x | 12        | = | \$0                          |
| 7 Bedroom                                    |                                | x | \$3,867            |                              | x | 12        | = | \$0                          |
| 8 Bedroom                                    |                                | x | \$4,267            |                              | x | 12        | = | \$0                          |
| 9 Bedroom                                    |                                | x | \$4,667            |                              | x | 12        | = | \$0                          |
| Total units and annual assistance requested: | 1                              |   |                    |                              |   |           |   | \$36,804                     |
| Grant term:                                  |                                |   |                    |                              |   |           |   | 1 Year                       |
| Total request for grant term:                |                                |   |                    |                              |   |           |   | \$36,804                     |

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<br>(max 400 characters)                                                                                                                                                                                          | Annual Assistance<br>Requested |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Assessment of Service Needs         | 250 staff hours at \$30/hr for participant intake, individualized needs assessment, service planning, reassessment, and referrals                                                                                                         | \$7,500                        |
| 2. Assistance with Moving Costs        |                                                                                                                                                                                                                                           |                                |
| 3. Case Management                     | 1000 staff hours at \$28/hr providing individualized case management, goal setting, service coordination, progress monitoring, and transition planning                                                                                    | \$28,000                       |
| 4. Child Care                          |                                                                                                                                                                                                                                           |                                |
| 5. Education Services                  | 160 staff hours @ \$25/hr (\$4,000), plus \$3,900 in participant education support and \$2,250 in eligible technology/materials for enrollment, education navigation, testing, credentials, training, and educational activities.         | \$10,150                       |
| 6. Employment Assistance               | 240 staff hours @ \$25/hr (\$6,000), plus \$3,900 in participant employment support and \$2,250 in eligible technology/materials for resumes, applications, interview preparation, job readiness, credentials, and employment activities. | \$12,150                       |
| 7. Food                                | Twelve months at \$650/month for groceries, meals, and basic food assistance for program participants.                                                                                                                                    | \$7,800                        |
| 8. Housing/Counseling Services         | 240 staff hours @ \$25/hr for housing stability planning, housing search, applications, landlord coordination, budgeting, housing counseling, and transition planning to permanent housing.                                               | \$6,000                        |
| 9. Legal Services                      |                                                                                                                                                                                                                                           |                                |
| 10. Life Skills                        | 300 staff hours @ \$25/hr providing individual and group life-skills instruction including budgeting, cooking, household management, communication, healthy routines, tenancy skills, independent living, and community integration.      | \$7,500                        |
| 11. Mental Health Services             |                                                                                                                                                                                                                                           |                                |
| 12. Outpatient Health Services         |                                                                                                                                                                                                                                           |                                |
| 13. Outreach Services                  |                                                                                                                                                                                                                                           |                                |
| 14. Substance Abuse Treatment Services |                                                                                                                                                                                                                                           |                                |
| 15. Transportation                     | 1 annual participant transportation pool for eligible bus passes, approved mileage, and local transportation related to employment, education, healthcare, counseling, housing appointments, and supportive services.                     | \$5,396                        |
| 16. Utility Deposits                   |                                                                                                                                                                                                                                           |                                |
| 17. Operating Costs                    |                                                                                                                                                                                                                                           |                                |
| Total Annual Assistance Requested      |                                                                                                                                                                                                                                           | \$84,496                       |
| Grant Term                             |                                                                                                                                                                                                                                           | 1 Year                         |
| Total Request for Grant Term           |                                                                                                                                                                                                                                           | \$84,496                       |

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<br>(max 400 characters)                                                                                                                                | Annual Assistance<br>Requested |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Maintenance/Repair             | Twelve months at \$600/month for routine maintenance and minor repairs not included in the property lease.                                                                      | \$7,200                        |
| 2. Property Taxes and Insurance   | Twelve months of insurance coverage directly associated with the leased transitional housing property and program operations                                                    | \$7,000                        |
| 3. Replacement Reserve            |                                                                                                                                                                                 |                                |
| 4. Building Security              | 1 annual allowance for eligible safety and security expenses including locks, alarms, common/exterior-area security equipment, fire-safety equipment, and related installation. | \$4,000                        |
| 5. Electricity, Gas, and Water    | Twelve months at approximately \$500/month for electric, gas, water, sewer, and other eligible residential utilities.                                                           | \$6,000                        |
| 6. Furniture                      | Initial furnishings for up to 10 residents and common areas, including beds, dressers, tables, seating, and household furniture                                                 | \$10,000                       |
| 7. Equipment (lease, buy)         |                                                                                                                                                                                 |                                |
| Total Annual Assistance Requested |                                                                                                                                                                                 | \$34,200                       |
| Grant Term                        |                                                                                                                                                                                 | 1 Year                         |
| Total Request for Grant Term      |                                                                                                                                                                                 | \$34,200                       |

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

## 6H. HMIS Budget

### Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

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

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount funds requested for each activity.

**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<br>(max 400 characters)                                                      | Annual Assistance<br>Requested |
|------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Equipment                       | 2 laptops dedicated to HMIS data entry, reporting, and participant record management                  | \$1,000                        |
| 2. Software                        | 12 months of software/licensing required to securely access, manage, and report HMIS data             | \$500                          |
| 3. Services                        |                                                                                                       |                                |
| 4. Personnel                       | 40 hours annually of at \$25/hour for HMIS data entry, data quality review, reporting, and compliance | \$1,000                        |
| 5. Space & Operations              |                                                                                                       |                                |
| Total Annual Assistance Requested: |                                                                                                       | \$2,500                        |
| Grant Term:                        |                                                                                                       | 1 Year                         |
| Total Request for Grant Term:      |                                                                                                       | \$2,500                        |

Click the 'Save' button to automatically calculate totals.

## VAWA Budget

### VAWA Budget

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 new 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: | \$0                         |
| Estimated budget amount for VAWA Confidentiality Requirements:    | \$0                         |

**Applicant:** Rebound Rebrand

41-2608195

**Project:** Transitional Housing for Justice-Involved Young Adults

238069

|                              |        |
|------------------------------|--------|
| CoC VAWA BLI Total:          | \$0    |
| Grant Term                   | 1 Year |
| Total Request for Grant Term | \$0    |

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:    | \$41,250 |
| Total Amount of In-Kind Commitments: | \$0      |
| Total Amount of All Commitments:     | \$41,250 |

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 | Private | Rebound Rebrand | \$41,250              |

## Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Rebound Rebrand  
(Be as specific as possible and include the office  
or grant program as applicable)
4. Amount of Written Commitment: \$41,250

## 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<br>(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)                                                                                                                             | \$36,804                                | 1 Year                 | \$36,804                              |
| 2b. Leased Structures (Screen 6D)                                                                                                                        | \$0                                     | 1 Year                 | \$0                                   |
| 3. Rental Assistance (Screen 6E)                                                                                                                         | \$0                                     | 1 Year                 | \$0                                   |
| 4. Supportive Services (Screen 6F)                                                                                                                       | \$84,496                                | 1 Year                 | \$84,496                              |
| 5. Operating (Screen 6G)                                                                                                                                 | \$34,200                                | 1 Year                 | \$34,200                              |
| 6. HMIS (Screen 6H)                                                                                                                                      | \$2,500                                 | 1 Year                 | \$2,500                               |
| 7. VAWA                                                                                                                                                  | \$0                                     | 1 Year                 | \$0                                   |
| 8. Rural<br>(Only for HUD CoC Program approved rural areas)                                                                                              | \$0                                     | 1 Year                 | \$0                                   |
| 9. Sub-total of CoC Program Costs Requested                                                                                                              |                                         |                        | \$158,000                             |
| 10. Admin<br>(Up to 10% of Sub-total in #9)                                                                                                              |                                         |                        | \$7,000                               |
| 11. HUD funded Sub-total + Admin. Requested                                                                                                              |                                         |                        | \$165,000                             |
| 12. Cash Match (From Screen 6I)                                                                                                                          |                                         |                        | \$41,250                              |
| 13. In-Kind Match (From Screen 6I)                                                                                                                       |                                         |                        | \$0                                   |
| 14. Total Match (From Screen 6I)                                                                                                                         |                                         |                        | \$41,250                              |
| 15. Total Project Budget for this grant, including Match                                                                                                 |                                         |                        | \$206,250                             |

Click the 'Save' button to automatically calculate totals.



## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Applicant Name:** Rebound Rebrand

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

**Submission Type:** Initial Submission

**Effective Date:** 07/30/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*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; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:** Mrs.

**First Name:** Sarah

**Middle Name:**

**Last Name:** King

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 591-9596  
(Format: 123-456-7890)

**Fax Number:**  
(Format: 123-456-7890)

**Email:** sarahking.reboundrebrand@gmail.com

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

**Applicant:** Rebound Rebrand

41-2608195

**Project:** Transitional Housing for Justice-Involved Young Adults

238069

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**Date Signed:** 07/30/2026

## 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:** Sarah King

**Date:** 09/25/2026

**Title:** Executive Director

**Applicant Organization:** Rebound Rebrand

**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           | 09/21/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/22/2026        |
| 1E. SF-424 Compliance                | 09/22/2026        |
| 1F. SF-424 Declaration               | 09/22/2026        |
| 1G. HUD 2880                         | 09/22/2026        |
| 1H. HUD 50070                        | 09/22/2026        |
| 1I. Cert. Lobbying                   | 09/22/2026        |
| 1J. SF-LLL                           | 09/22/2026        |
| 1K. SF-424B                          | 09/22/2026        |
| 1L. SF-424D                          | 09/23/2026        |
| 2A. Subrecipients                    | No Input Required |
| 2B. Experience                       | 09/23/2026        |
| 3A. Project Detail                   | 09/23/2026        |
| 3B. Description                      | 09/23/2026        |
| 3C. Expansion                        | 09/22/2026        |
| 4A. Services                         | 09/23/2026        |
| 4B. Housing Type                     | 09/23/2026        |
| 5A. Households                       | 09/23/2026        |
| 5B. Subpopulations                   | 09/23/2026        |
| 6A. Funding Request                  | 09/23/2026        |
| 6C. Leased Units                     | 09/24/2026        |
| 6F. Supp Srvcs Budget                | 09/24/2026        |
| 6G. Operating                        | 09/24/2026        |
| 6H. HMIS Budget                      | 09/24/2026        |

|                                  |                   |
|----------------------------------|-------------------|
| <b>VAWA Budget</b>               | No Input Required |
| <b>6I. Match</b>                 | 09/24/2026        |
| <b>6J. Summary Budget</b>        | No Input Required |
| <b>Indirect Cost Information</b> | 09/23/2026        |
| <b>7A. Attachment(s)</b>         | No Input Required |
| <b>7D. Certification</b>         | 09/23/2026        |

## Before Starting the Project Application

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

Things to Remember:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2026 CoC Program grant competition.
  - 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 2026 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program Competition 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.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2026 CoC Program NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/25/2026

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Training, Employment and Community Help, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-2578204
- c. Unique Entity Identifier:** PP9YF9RNPXD2

### d. Address

**Street 1:** 112 E 2nd St  
**Street 2:**  
**City:** Alturas  
**County:** Modoc  
**State:** California  
**Country:** United States  
**Zip / Postal Code:** 96101

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:**  
**First Name:** Jamie  
**Middle Name:**  
**Last Name:** Northrup  
**Suffix:**  
**Title:** Program Director  
**Organizational Affiliation:** Training, Employment and Community Help, Inc.  
**Telephone Number:** (530) 233-3111  
**Extension:**  
**Fax Number:** (530) 233-4744

**Email:** [jnorthrup@teachinc.org](mailto:jnorthrup@teachinc.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:** CPD-2600-DC-0025

**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:** CoC Planning Project Application FY2026

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

**a. Applicant:** CA-001

**b. Project:** CA-002, CA-001  
(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 11/01/2026

**b. End Date:** 10/31/2027

**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? c. Program is not covered by E.O. 12372.

## 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:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 09/25/2026

## 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:** Training, Employment and Community Help, Inc.

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Training, Employment and Community Help, Inc.

**Telephone Number:** (530) 233-3111

**Extension:** 102

**Email:** cmadison@teachinc.org

**City:** Alturas

**County:** Modoc

**State:** California

**Country:** United States

**Zip/Postal Code:** 96101

**2. Employer ID Number (EIN):** 94-2578204

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

**4. Amount of HUD Assistance Requested/Received: \$52,474.00**

(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. 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:** Carol Madison, Executive Director

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

**Date Signed:** 09/25/2026

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Training, Employment and Community Help, Inc.  
**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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Sites for Work Performance.

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

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

**First Name:** Carol

**Middle Name**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 09/25/2026

## 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: ☒

**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:** Training, Employment and Community Help, Inc.

**Name / Title of Authorized Official:** Carol Madison, Executive Director

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

**Date Signed:** 09/25/2026

## 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. 02/28/2026)

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: Training, Employment and Community Help, Inc.

Street 1: 112 E 2nd St

Street 2:

City: Alturas

County: Modoc

State: California

Country: United States

Zip / Postal Code: 96101

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. ☒

**Authorized Representative**

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 09/25/2026

## IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

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: Training, Employment and Community Help, Inc.

Prefix:

First Name: Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/25/2026

## 1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination

X

2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”

X

## 2A. Project Detail

1. **CoC Number and Name:** CA-516 - Redding/Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra Counties CoC
2. **Collaborative Applicant Name:** Training, Employment and Community Help, Inc.
3. **Project Name:** CoC Planning Project Application FY2026
4. **Component Type:** CoC Planning Project Application



## 2B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:**

Planning grant funds will be used to support the NorCal Continuum of Care in carrying out its responsibilities under 24 CFR 578.7 by providing staff support, coordination, and planning activities that strengthen the CoC and improve the regional homeless response system.

Funds will support the administration and coordination of the Executive Board, General Membership, and CoC Committees, including meeting preparation, agendas, minutes, public notices, and ongoing communication with members and community partners. Planning funds will also support implementation of the CoC's strategic priorities by identifying system gaps, strengthening partnerships across the region, and coordinating efforts to improve housing and services for people experiencing homelessness.

Planning activities will include improving HMIS participation and data quality, reviewing system performance, supporting project and program monitoring, and using data to identify areas for improvement and guide funding decisions. Funds will also support coordination of the annual HUD CoC Program Competition, as well as the development and review of state, federal, and local funding opportunities that benefit the NorCal region.

Overall, planning funds will help the CoC continue building a coordinated, data-informed system that strengthens collaboration among partners and improves outcomes for individuals and families experiencing homelessness throughout the NorCal region.

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

Months 1-3: Continue coordinating Executive Board, General Membership, and Committee meetings while carrying out regular planning activities. Review system performance, HMIS data quality, and project performance to identify trends, service gaps, and areas for improvement. Begin planning for upcoming funding opportunities and establish priorities for the year.

Months 4-6: Continue monitoring system and project performance, work with partners to address identified needs, and provide technical assistance as needed. Coordinate planning efforts with local providers, jurisdictions, and other stakeholders to strengthen regional collaboration and improve system effectiveness.

Months 7-9: Continue CoC governance, system planning, monitoring, and data quality activities. Review progress toward identified priorities and adjust planning activities as needed. Prepare for upcoming federal, state, and local funding opportunities and coordinate with CoC partners to identify regional needs and funding priorities.

Months 10-12: Continue ongoing CoC planning and coordination activities, evaluate progress made during the grant period, and identify priorities for the following year. Complete required reporting and documentation and ensure planning activities and outstanding tasks are completed or incorporated into ongoing CoC work.

The Collaborative Applicant will manage planning activities through established CoC governance and administrative processes. Staff will maintain work plans, calendars, meeting schedules, funding deadlines, and other tracking tools to monitor progress and ensure required activities are completed timely. Progress will be reviewed regularly by staff and, when appropriate, through the Executive Board and CoC committees. Ongoing communication with CoC partners, review of HMIS and program performance data, and monitoring of applicable HUD requirements and deadlines will be used to identify issues early and make adjustments as needed to ensure effective and timely completion of the proposed work.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Requested planning funds will help the NorCal Continuum of Care maintain and strengthen its ability to evaluate the performance and outcomes of CoC- and ESG-funded projects. Funds will support staff time needed to review HMIS data, project performance, data quality, and required performance reports to identify trends, gaps, and areas where additional support or improvement may be needed.

The CoC will use available data and performance information to evaluate whether projects are effectively serving people experiencing homelessness and contributing to regional system goals. This information will also support monitoring, funding decisions, and ongoing system planning.

Planning funds will further support coordination with project recipients and community partners to address identified data quality or performance concerns, provide technical assistance when needed, and promote consistent reporting across the region. Maintaining this ongoing review process will allow the CoC to identify concerns earlier, track progress over time, and use reliable data to guide improvements to both individual projects and the overall homeless response system.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| Participates in CoC meetings:        | <input checked="" type="checkbox"/> |
| Votes, including electing Coc Board: | <input type="checkbox"/>            |
| Sits on CoC Board:                   | <input type="checkbox"/>            |
| None:                                | <input type="checkbox"/>            |

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? No

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

## 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

| Name of Committee            | Role of the Committee<br>(max 750 characters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Meeting<br>Frequency | Name of Individuals and/or<br>Organizations Represented                                                                                                                                                                 |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HMIS/CES Committee           | The HMIS/CES Committee supports CoC-wide planning and policy development related to HMIS and CES. The Committee reviews system performance and data quality, identifies areas for improvement, develops and recommends policies and procedures, and promotes consistent practices across the CoC. The Committee also reviews applicable requirements, addresses system-level issues, and makes recommendations to the Executive Board to strengthen data quality, system coordination, and overall performance. | Monthly              | T.E.A.C.H., Siskiyou, Lassen, Modoc, Sierra, Del Norte and Shasta Counties, PCIRC, Mission Possible, Shasta Community Health Center, Salvation Army, GNRM, LSS NorCal, New Life, Nation's Finest and Pit River Tribe.   |
| Project Evaluation Committee | The Project Evaluation Committee supports CoC-wide planning by reviewing project and system performance data to identify trends, gaps, and opportunities for improvement. The Committee evaluates project outcomes and data quality, develops performance measures and evaluation processes, and uses findings to inform recommendations to the Executive Board. Its work supports data-informed planning, ongoing performance improvement, and funding and policy decisions across the CoC.                    | Bi-Monthly           | T.E.A.C.H., ICA, Siskiyou, Lassen, Del Norte, Sierra and Shasta Counties, PCIRC, Mission Possible, Shasta Community Health Center, NVCSS, New Life, Nation's Finest, Salvation Army, GNRM and Pit River.                |
| PIT/HIC Committee            | The PIT/HIC Committee coordinates CoC-wide planning for the annual PIT Count and HIC. The Committee develops and reviews methodologies, policies, procedures, timelines, training, and data collection strategies to promote consistent implementation across the CoC. The Committee reviews results and data quality, identifies opportunities for improvement, and uses findings to inform CoC planning, funding priorities, and recommendations to the Executive Board.                                      | Monthly              | T.E.A.C.H., SimTech Solutions, Siskiyou, Lassen, Del Norte, Sierra and Shasta Counties, PCIRC, Ready for Life, Good News Rescue Mission, New Life Discovery Project, Nation's Finest, Faith Works and Redding Pathways. |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                         |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                         |

## 4A. Sources of Match

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

### Summary for Match

|                                      |          |
|--------------------------------------|----------|
| Total Amount of Cash Commitments:    | \$13,119 |
| Total Amount of In-Kind Commitments: | \$0      |
| Total Amount of All Commitments:     | \$13,119 |

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

| Type | Source     | Contributor          | Value of Commitments |
|------|------------|----------------------|----------------------|
| Cash | Government | State of CA HHAP ... | \$13,119             |

## Sources of Match Details

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of source: State of CA HHAP Funding  
(Be as specific as possible and include the office  
or grant program as applicable)
4. Amount of Written Commitment: \$13,119

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

2. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

| Eligible Costs:                                          | Quantity AND Description<br>(max 400 characters)                                                                                                                                                                                                                           | Annual Assistance Requested (Applicant) |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. Coordination Activities                               | CoC meetings: Executive Board (9x/yr), General Membership (2x/yr), and committees (30+ meetings/yr). Staff time for agendas, minutes, public notices, member communications, and partner coordination across 7 counties.                                                   | \$20,000                                |
| 2. Project Evaluation                                    | Rating & Ranking and Program Evaluation Committee meetings (8x/yr). Staff time to review HMIS data, APRs, and system performance measures, develop scoring tools, and evaluate project outcomes to inform funding decisions.                                               | \$8,000                                 |
| 3. Project Monitoring Activities                         | Annual monitoring and oversight of CoC-funded projects, HHAP subrecipients, and No Place Like Home grants, including desk reviews, site visits, and follow-up on findings.                                                                                                 | \$5,000                                 |
| 4. Participation in the Consolidated Plan                | State ESG CoC allocation (~40 hrs/yr): coordinate CoC recommendations and subrecipient budgets for HCD's ESG program under the State Consolidated Plan, Executive Board review/approval, HMIS data support for ESG reporting, and coordination with HCD on ESG monitoring. | \$1,500                                 |
| 5. CoC Application Activities                            | Manage all CoC NOFO required activities and application consultants: annual Collaborative Application, local competition, rating/ranking, public notices, and Priority Listing.                                                                                            | \$9,000                                 |
| 6. Determining Geographical Area to Be Served by the CoC | Northern CA region including Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra, and Siskiyou counties. Staff time to review geographic coverage and coordinate with jurisdictions.                                                                                          | \$1,000                                 |
| 7. Developing a CoC System                               | Policy development, program updates, and performance reviews, including updates to CoC policies and procedures and written standards for administering assistance.                                                                                                         | \$5,000                                 |
| 8. HUD Compliance Activities                             | Monitoring CoC compliance with 24 CFR 578 and NOFO requirements, including governance charter review, HMIS/CES policy compliance, and required HUD reporting.                                                                                                              | \$2,974                                 |
| Total Costs Requested                                    |                                                                                                                                                                                                                                                                            | \$52,474                                |
| Cash Match                                               |                                                                                                                                                                                                                                                                            | \$13,119                                |
| In-Kind Match                                            |                                                                                                                                                                                                                                                                            | \$0                                     |
| Total Match                                              |                                                                                                                                                                                                                                                                            | \$13,119                                |
| Total Budget                                             |                                                                                                                                                                                                                                                                            | \$65,593                                |

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



## Indirect Cost Information

Indirect Cost Information Form  
OMB Number: 2501-0044  
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: Training, Employment and Community Help, Inc.

### Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

|                                                                                                                                                                                                                                                                                                                                                                       |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| The Applicant/Recipient will not charge indirect costs using an indirect cost rate.                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>            |
| The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.                                                                                                                                                                                  | <input checked="" type="checkbox"/> |
| The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs. | <input type="checkbox"/>            |

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost rate information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional").

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

**Submission Type:** Update

**Effective Date:** 08/05/2026

**Certification of Authorized Representative for the Applicant/Recipient:**

X

**\*\* Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:**

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this

**\*\*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; 24 CFR § 28.10(b)(iii)).**

**Authorized Representative:**

**Prefix:**

**First Name:** Carol

**Middle Name:**

**Last Name:** Madison

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (530) 233-3111  
(Format: 123-456-7890)

**Fax Number:** (530) 233-4744  
(Format: 123-456-7890)

**Email:** cmadison@teachinc.org

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

**Date Signed:** 08/05/2026

## 5A. Attachment(s)

| Document Type          | Required? | Document Description | Date Attached |
|------------------------|-----------|----------------------|---------------|
| 1. Other Attachment(s) | No        |                      |               |
| 2. Other Attachment(s) | No        |                      |               |

## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 5B. 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:** Carol Madison

**Date:** 09/25/2026

**Title:** Executive Director

**Applicant Organization:** Training, Employment and Community Help, Inc.

**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

## 6A. Submission Summary

| Page                                 | Last Updated      |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type          | No Input Required |
| 1B. SF-424 Legal Applicant           | 08/04/2026        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/06/2026        |
| 1E. SF-424 Compliance                | 08/06/2026        |
| 1F. SF-424 Declaration               | 08/06/2026        |
| 1G. HUD 2880                         | 08/06/2026        |
| 1H. HUD 50070                        | 08/06/2026        |
| 1I. Cert. Lobbying                   | 08/06/2026        |



|                               |                   |
|-------------------------------|-------------------|
| 1J. SF-LLL                    | 08/06/2026        |
| IK. SF-424B                   | 08/06/2026        |
| 2A. Project Detail            | 08/06/2026        |
| 2B. Description               | 09/22/2026        |
| 3A. Governance and Operations | 09/25/2026        |
| 3B. Committees                | 09/25/2026        |
| 4A. Match                     | 09/25/2026        |
| 4B. Funding Request           | 09/25/2026        |
| Indirect Cost Information     | 08/06/2026        |
| 5A. Attachment(s)             | No Input Required |
| 5B. Certification             | 09/24/2026        |