

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Fort Bend County

Program/Activity Receiving Federal Grant Funding

Continuum of Care/Shelter Plus Care

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.:

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

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

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

Fort Bend County  
Community Development Department  
301 Jackson St.  
Houston, TX 77469

Check here  if there are workplaces on file that are not identified on the attached sheets.

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)

Name of Authorized Official

Robert E. Hebert

Title

County Judge

Signature

X 

Date

July 25, 2016




# The Way Home

- housing even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.
- iii. Persons exiting institutions where they resided for 90 days or less and came from the streets, emergency shelter, or safe havens immediately prior to entering the institution are also eligible for permanent supportive housing.
  - b. The only persons who may be served by dedicated or prioritized permanent supportive housing beds are persons experiencing chronic homelessness as defined in 24 CFR 578.3, including individuals, families, and unaccompanied youth.
    - i. The Way Home CoC Policy is that all PSH units must prioritize 100% of beds for chronically homeless clients on unit turnover.
    - ii. The Way Home CoC Policy also requires that all vacancies in PSH be reported to Coordinated Access and the only persons who may be housed in PSH projects are those referred through The Way Home Coordinated Access's system.
  - c. Rapid rehousing projects originally funded to serve individuals and families, including unaccompanied youth, coming from the streets or emergency shelters or fleeing domestic violence situations and other persons meeting the criteria of paragraph (4) of the definition of homeless, must continue to do so.
  - d. New Rapid Rehousing projects created through reallocation or through the permanent housing bonus may only serve individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelters or fleeing domestic violence situations or other persons who qualify under paragraph (4) of the definition of homelessness.
  - e. Renewal projects originally funded under the Samaritan Housing Initiative must continue to exclusively serve chronically homeless individuals and families, unless there are no chronically homeless individuals and families within the CoC geographic area that can be served by the project. CoCs should not hold units vacant, but instead should prioritize other vulnerable and eligible households as outlined in Notice CPD-14-012.
  - f. Renewal projects originally funded under the Permanent Supportive Housing Bonus in previous years must continue to serve the homeless population in accordance with the respective NOFA under which it was originally awarded.
  - g. Renewal projects that indicated they would prioritize chronically homeless persons in beds that become available through turnover in non-dedicated permanent supportive housing projects must continue to do so.
- 5) The project must be cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.
  - 6) Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that meets the needs of the local HMIS.

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- 7) Renewal projects must agree to operate the project according to Housing First principles: perspective clients should not be denied entry because of lack of credit, income or resources; clients cannot be required to provide evidence of sobriety prior to entry; screening because of criminal background issues cannot be on a blanket basis but, if used, must be based on a case by case assessment of individual need and potential risk to project; persons may not be terminated for failure to participate in supportive services or to comply with a services or treatment plan; all permanent housing residents must be provided a one-year lease that can only be terminated pursuant to a court ordered eviction; and participants must be referred to appropriate permanent housing as quickly as possible.

<b>Print Name of Agency Board of Directors Approved Signatory:</b> Robert E. Hebert	<b>Signature of Agency Board of Directors Approved Signatory:</b> 
<b>Title:</b> Fort Bend County Judge	<b>Date:</b> July 26, 2016

**CoC Lead Agency Comments:**

<b>Print Name of The Way Home CoC Representative:</b> Kelli King-Jackson	<b>Signature of The Way Home CoC Private Funder Representative:</b>
<b>Title:</b> CoC Steering Committee Private Funder Representative	<b>Date:</b>

**Renewal projects not meeting the above thresholds will not be included in the 2016 NOFA application. Funding assigned to these projects will be reallocated.**

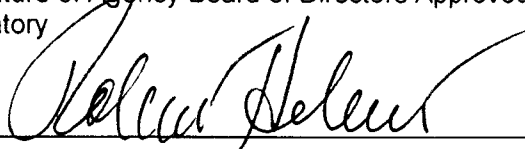
# The Way Home

## FY2016 Continuum of Care Competition Accessing Mainstream Resources Declaration

Fort Bend County Shelter Plus Care  
(Agency & Project Name)

Indicate Yes or No if your agency is implementing the following activities.

Activity	Yes or No
1a. Homeless assistance provider collaborates with healthcare organizations to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act, etc.)	Yes
1b. Please list the healthcare organizations your agency/project collaborate with: Access Health, Fort Bend County Indigent Care and Harris County Hospital District	
2a. Homeless assistance provider supplies transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	Yes
2b. Educational Materials <input checked="" type="checkbox"/> In-Person Trainings <input type="checkbox"/> None <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Other (List) <input type="checkbox"/>	
3a. Homeless assistance provider uses a single application form for four or more mainstream programs.	Yes
4a. Homeless assistance providers have staff systematically follow-up to ensure mainstream services are received.	Yes
4b. How often does staff follow up? Annually <input type="checkbox"/> Every 6 Months <input checked="" type="checkbox"/> Other(Explain) <input type="checkbox"/>	
5a. Homeless assistance providers have SOAR-trained staff provide clients with technical assistance with obtaining SSI/SSDI?	Yes

Print Name of Agency Board of Directors Approved Signatory: Robert E. Hebert	Signature of Agency Board of Directors Approved Signatory 
Title Fort Bend County Judge	Date July 27, 2016

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Fort Bend County 301 Jackson St.		2. Social Security Number or Employer ID Number: 74-6001969
3. HUD Program Name Continuum of Care CoC Program		4. Amount of HUD Assistance Requested/Received \$253,837
5. State the name and location (street address, City and State) of the project or activity: 301 Jackson St., Richmond, Texas 77469		

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

## 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/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
U.S. Dept. of Housing and Urban Development	CDBG (formula)	\$10,000.00	Program Administration

(Note: Use Additional pages if necessary.)

## Part III Interested Parties.

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
N/A			

(Note: Use Additional pages if necessary.)

## 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 certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 7/26/16
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X