



2000 Crawford, Suite 700
Houston, Texas 77002
713-739-7514
Fax 713-739-8038
www.homelesshouston.org

Coalition for the Homeless of Houston/Harris County
Department of Housing and Urban Development (HUD)
Continuum of Care (CoC) Program
Coordinated Access System Memorandum of Understanding (MOU) between
The Coalition for the Homeless Houston/Harris County (CFTH), and
Fort Bend County, Texas (Project Applicant)

PURPOSE

The Department of Housing and Urban Development (HUD)'s new regulations requires that all Continuums of Care (CoCs) develop and implement a coordinated access and assessment system for all CoC funded programs. A Coordinated Access System (CAS) is a *centralized or coordinated process designed to coordinate program participant intake, coordinate assessments, and coordinate the provision of referrals to housing, income and healthcare*. The CAS will enable clients to move quickly through the system and be matched to the best intervention strategy that will permanently and effectively end their homelessness. The CAS will also reduce duplication of efforts, reduce returns to homelessness, and assist with ending homelessness.

In order to accomplish effective coordination with mainstream and homeless services, formal agreements dictating client eligibility, intake, service provision expectations, and staffing are being developed with mainstream and homeless service providers on behalf of the system of homeless providers. The agreements will also ensure that all providers are using the system in an open, transparent, and consistent way.

GENERAL PROVISIONS

CFTH WILL:

1. Serve as the Lead Agency in the Continuum of Care (COC);
2. Maintain the Homeless Management Information System (HMIS), including the CAS Workflow;
3. Coordinate the system of homeless and homelessness prevention services in the Harris, Fort Bend and Montgomery County continuum area;
4. Provide lead staff to guide the CAS Workgroup and any relevant subgroups;
5. Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are experiencing homelessness;
6. Develop and implement policies and procedures on how the CAS will be operated;
7. Provide guidance and supervision to CAS staff;
8. Evaluate performance and progress of the CAS and make adjustments as necessary.
9. Oversee the Case Conferences and Appeals process as necessary.

PROJECT APPLICANT WILL:

1. Comply by business rules developed for the CAS;
2. Accept client referrals for PSH and/or RRH services through the CAS only;
3. Enter and maintain timely client data in HMIS;
4. Updated all CAS referrals within 24 hours;
5. Name a designated staff contact for the CAS.

CONFIDENTIALITY

All parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes or regulations pertaining to the confidentiality of client records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement for any purpose connected with the parties' contract responsibilities, except with the written consent of such recipient, recipient's attorney, or recipient's parent or guardian.

EQUAL OPPORTUNITY

All parties agree to be bound by and abide by all applicable anti-discrimination statutes, regulations, policies, and procedures as may be applicable under any Federal or State contracts, statutes, or regulations, or otherwise as presently or hereinafter adopted by the agency.

TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency and entity.

This MOU shall be reviewed and revised as needed to further implementation of strategic and long-term goals of the project.

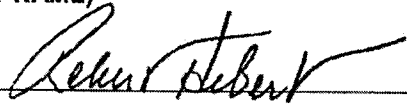
This MOU can be expanded, modified, or amended, as needed, at any time by the consent of all agencies.

This MOU shall be in effect until the end of this project unless terminated by mutual agreement in writing prior to the project end date.

Fort Bend County, Texas

(AGENCY NAME)

By: _____



Name: _____

Robert E. Hebert

Title: _____

County Judge

Date: _____

August 15, 2017

**COALITION FOR THE HOMELESS OF
HOUSTON/HARRIS COUNTY**

By: _____

Name: Eva Thibaudeau - Graczyk

Title: Director of Programs/The Way Home CoC
Lead Agency Representative

Date: September 28, 2017

The Way Home

General Project Eligibility Threshold Requirements 2017 Continuum of Care Competition

This notice is to inform the Houston/Harris County CoC that the applicant agency,
Fort Bend County, Texas

Name of Agency

Shelter Plus Care TX0353L6E001705

Name of Project & Grant Number (TX#####)

HUD will review all projects to determine if they meet the following eligibility threshold requirements on a pass/fail standard. If HUD determines that the applicable standards are not met for a project, the project will be rejected from the competition. Any project requesting renewal funding will be considered as having met these requirements through its previously approved grant application unless information to the contrary is received (e.g., monitoring findings, results from investigations by the Office of Inspector General, the recipient routinely does not draw down funds from LOCCS at least once per quarter, consistently late APRs). Approval of new and renewal projects is not a determination by HUD that a recipient is in compliance with applicable fair housing and civil requirements.

- 1) Project applicants and potential subrecipients must meet the eligibility requirements of the CoC Program as described in 24 CFR part 578 and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
- 2) Project applicants and subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer Federal funds. Demonstrating capacity may include a description of the applicant/subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds for renewing projects or other Federal funds.
- 3) Project applicants must submit the required certifications as specified in this NOFA.
- 4) The population to be served must meet program eligibility requirements as described in the Act, and the project application must clearly establish eligibility of project applicants. This includes the following additional eligibility criteria for certain types of projects:
 - a. The only persons who may be served by any non-dedicated permanent supportive housing beds are homeless individuals and families who come from the streets, emergency shelters, safe havens, institutions, or transitional housing.
 - i. Homeless individuals and families coming from transitional housing must have originally come from the streets or emergency shelters.
 - ii. Homeless individuals and families with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions and are living in transitional housing are eligible for permanent supportive 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

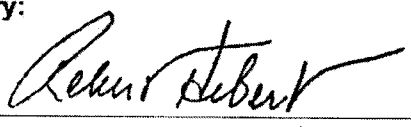
The Way Home

immediately prior to entering the institution are also eligible for permanent supportive housing.

- b. The only persons who may be served in DedicatedPLUS project are persons described in III.A.3.d. of this NOFA. Renewal PSH projects, including those where 100 percent of the beds are currently dedicated to individuals and families experiencing chronic homelessness, may change the classification of the project through the project application to DedicatedPLUS. Because DedicatedPLUS projects may serve the chronically homeless and other homeless persons described in III.A.3.d, some or all of the persons assisted by a DedicatedPLUS project at any given time may be chronically homeless.
 - 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, including new and renewal projects, may serve individuals and families, including unaccompanied youth, who meet the following criteria:
 - i. Residing in a place not meant for human habitation;
 - ii. Residing in an emergency shelter or coming directly from the streets;
 - iii. Persons who qualify under paragraph (4) of the definition of homelessness, including persons fleeing or attempting to flee domestic violence situations;
 - iv. Residing in a transitional housing project that was eliminated in the FY 2017 CoC Program Competition;
 - v. Residing in transitional housing funded by a Joint TH and PH-RRH component project (see Section III.A.3.h. of this NOFA); or
 - vi. Receiving services through a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
 - d. Renewal projects originally funded under the Permanent Supportive Housing Bonus or Samaritan Housing Initiative in previous years must continue to serve the homeless population in accordance with the respective NOFA under which it was originally awarded. However, where applicable, these renewal projects may change the classification of the project to DedicatedPLUS as defined in Section III.A.3.d. of this NOFA through the project application.
- 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.
 - 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

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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.

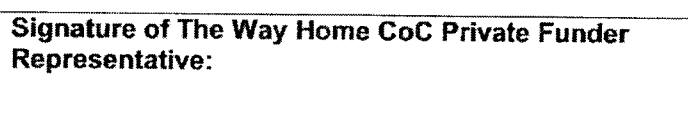
Print Name of Agency Board of Directors Approved Signatory: Robert Hebert	Signature of Agency Board of Directors Approved Signatory: 
Title: County Judge	Date: August 15, 2017

Sections below to be filled out by Lead Agency & Steering Committee

CoC Lead Agency Comments:

_____ Does meet the Project Eligibility Threshold

_____ Does NOT meet the Project Eligibility Threshold

Print Name of The Way Home CoC Representative: Kelli King-Jackson	Signature of The Way Home CoC Private Funder Representative: 
Title: CoC Steering Committee Private Funder Representative	Date: August 31, 2017

Renewal projects not meeting the above thresholds will not be included in the 2017 NOFA application. Funding assigned to these projects will be reallocated.

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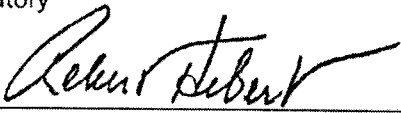
FY2017 Continuum of Care Competition
 Accessing Mainstream Resources Declaration

Fort Bend County, TX - 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: Gold card clinics, MHMR, Legacy, Access Health and FBC Indigent care	
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 checked="" 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 checked="" type="checkbox"/> Every 6 Months <input 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 County Judge	Date August 15, 2017

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:** 08/15/2017

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** TX0353

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

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

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Fort Bend County, Texas

b. Employer/Taxpayer Identification Number (EIN/TIN): 74-6001969

	c. Organizational DUNS:	081497075	PLUS 4	
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d. Address

Street 1: 301 Jackson

Street 2: Suite 602

City: Richmond

County: Fort Bend County

State: Texas

Country: United States

Zip / Postal Code: 77469

e. Organizational Unit (optional)

Department Name: Community Development

Division Name:

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

Prefix: Ms.

First Name: Marilyn

Middle Name:

Last Name: Kindell

Suffix:

Title: Director

Organizational Affiliation: Fort Bend County, Texas

Telephone Number: (281) 341-4410

Extension:
Fax Number: (281) 341-3762
Email: marilynn.kindell@fortbendcountytexas.gov

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Shelter Plus Care Renewal FY2017

16. Congressional District(s):

a. Applicant: TX-014, TX-022, TX-009
(for multiple selections hold CTRL key)

b. Project: TX-014, TX-022, TX-009
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2017

b. End Date: 09/30/2018

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: The Honorable

First Name: Robert

Middle Name: E.

Last Name: Hebert

Suffix:

Title: County Judge

Telephone Number: (281) 341-8608
(Format: 123-456-7890)

Fax Number: (281) 341-8609
(Format: 123-456-7890)

Email: ann.werlein@fortbendcountytexas.gov

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

Date Signed: 08/15/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Fort Bend County, Texas

Prefix:

First Name: Robert

Middle Name: E.

Last Name: Hebert

Suffix:

Title: County Judge

Organizational Affiliation: Fort Bend County, Texas

Telephone Number: (281) 341-8608

Extension:

Email: ann.werlein@fortbendcountytexas.gov

City: Richmond

County: Fort Bend County

State: Texas

Country: United States

Zip/Postal Code: 77469

2. Employer ID Number (EIN): 74-6001969

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$253,837.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Shelter Plus Care Renewal FY2017 301 Jackson Richmond Texas

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
U.S. Dept of Housing and Urban Development	Grant	\$10,000.00	Program Administration

Part III Interested Parties

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2017		Page 9		08/15/2017

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Robert Hebert, County Judge

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

Date Signed: 08/15/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Fort Bend County, Texas

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

accurate.

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

Authorized Representative

Prefix: The Honorable

First Name: Robert

Middle Name: E.

Last Name: Hebert

Suffix:

Title: County Judge

Telephone Number: (281) 341-8608
(Format: 123-456-7890)

Fax Number: (281) 341-8609
(Format: 123-456-7890)

Email: ann.werlein@fortbendcountytexas.gov

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

Date Signed: 08/15/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: Fort Bend County, Texas

Name / Title of Authorized Official: Robert Hebert, County Judge

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

Date Signed: 08/15/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

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

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

Legal Name: Fort Bend County, Texas

Street 1: 301 Jackson

Street 2: Suite 602

City: Richmond

County: Fort Bend County

State: Texas

Country: United States

Zip / Postal Code: 77469

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: The Honorable

First Name: Robert

Middle Name: E.

Last Name: Hebert

Suffix:

Title: County Judge

Telephone Number: (281) 341-8608
(Format: 123-456-7890)

Fax Number: (281) 341-8609
(Format: 123-456-7890)

Email: ann.werlein@fortbendcountytexas.gov

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

Date Signed: 08/15/2017

Additional Information

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



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

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

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

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$245,719

Organization	Type	Type	Sub-Award Amount
Fort Bend County Women's Center	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$245,719

2A. Project Subrecipients Detail

a. Organization Name: Fort Bend County Women's Center

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 76-0032451

	* d. Organizational DUNS:	134245419	PLUS 4	
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e. Physical Address

Street 1: 501 E. Highway 90A

Street 2:

City: Richmond

State: Texas

Zip Code: 77469

f. Congressional District(s): TX-022
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$245,719

j. Contact Person

Prefix: Ms.

First Name: Vita

Middle Name:

Last Name: Goodell

Suffix:

Title: Executive Director

E-mail Address: vgoodell@fortbendwomenscenter.org

Confirm E-mail Address: vgoodell@fortbendwomenscenter.org

Phone Number: 281-232-5041

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Recipient Performance

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

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

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

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

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

3A. Project Detail

1. Expiring Grant Number: TX0353

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

2a. CoC Number and Name: TX-700 - Houston, Pasadena, Conroe/Harris, Fort Bend, Montgomery, Counties CoC

2b. CoC Collaborative Applicant Name: Coalition for the Homeless of Houston/Harris County

3. Project Name: Shelter Plus Care Renewal FY2017

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

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

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

Fort Bend County (FBC) is requesting renewal funding for tenant-based rental assistance to provide permanent housing units to 20 victims (5 individuals and 15 families), of domestic violence who have documented mental illnesses and their families. The tenant-based rental assistance will be in the form of monthly rent, security deposit and utility costs. The application is also requesting administrative costs for the project. The project will be implemented through a partnership with the FBC Womens Center. The program will connect clients to needed services after first ensuring the stability of housing. The clients are dealing with the stress and remnants of emotional and physical violence and are working toward building a safer and better life. The outcomes/goals of the S + C Program are to assist clients to:

- 1) Increase their housing stability - 80% of clients;
- 2) Increase their skills and/or income - 90% of clients;
- and 3) Obtain greater self-sufficiency.

Population Focus: Domestic Violence with documented mental illness
Housing Location and Type: Scattered Sites in Harris and Fort Bend Counties.
Housing First will be used to assist clients with housing stability needs. As housing stabilizes it will allow the clients' mental health condition to be controlled and managed in a less stressful environment. Staff will work with clients to make appointments with psychiatrists to receive proper medical care for the diagnosed disability and conduct follow-up sessions with the client to provide therapy and monitor medication. Staff will provide outreach to clients choosing not to see a therapist to continue to build and improve communication. Since under Housing First services are voluntary and not tied to whether they remained housed, the client will be encouraged to continue to access services. Case management staff will work with clients as needed to obtain mainstream benefits not obtained while the client was in the emergency shelter. After mainstream benefits are secured, staff will monitor, to ensure that the clients are continuing to receive mainstream benefits. Staff will assist the clients with scheduling appointments with SSI/SSDI Outreach, Access and Recovery and/or the local MHMR authority. Upon request, staff will accompany clients to appointments to assist clients in obtaining resources for their unmet needs as they arise. In addition, staff will work with employers and education specialists to seek out assistance for the clients. The County has only 2 shelters and there is a great need for shelter/rental assistance. Data will be entered in a comparable database that complies with HUD's HMIS requirements. FBC has a lack of rental assistance for homeless persons that are domestic violence who are mentally disabled. The program will seek to remove any barriers to accessing housing and services. Participants will only be terminated for lease

violations. CoC support is needed in this area. The project participates in the Coordinated Assessment System.

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

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

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

Other:

3. Housing First

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

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

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

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>

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

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

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

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% DedicatedPLUS Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.

4A. Supportive Services for Participants

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

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

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

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

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

2b. Use of a single application form for four or more mainstream programs? Yes

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

are received and renewed?

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

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

4B. Housing Type and Location

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

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

Total Units: 20

Total Beds: 40

Total Dedicated CH Beds: 0

Housing Type	Units	Beds
Scattered-site apartments (...)	20	40

4B. Housing Type and Location Detail

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

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

a. Units: 20

b. Beds: 40

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

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

4. Address:

Street 1: 501 E. Highway 90A

Street 2:

City: Richmond

State: Texas

ZIP Code: 77469

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

489157 Fort Bend County, 482514 Houston

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	15	5	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	15	5		20
Adults ages 18-24	0	0		0
Accompanied Children under age 18	20		0	20
Unaccompanied Children under age 18			0	0
Total Persons	35	5	0	40

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24		0	0	0	0	15	15		0	0
Adults ages 18-24		0							0	0
Children under age 18	0				0	0	20	0	0	0
Total Persons	0	0	0	0	0	15	35	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0		0	0	0	5	5	0	0	0
Adults ages 18-24		0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	0	0	5	5	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

5C. Outreach for Participants

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

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6C. Rental Assistance Budget

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

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:		\$237,600	
Total Units:		20	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	TX - Houston-The Woodlands-Sugar Land...	20	\$237,600

Rental Assistance Budget Detail

Type of Rental Assistance: TRA


Metropolitan or non-metropolitan fair market rent area: TX - Houston-The Woodlands-Sugar Land, TX HUD Metro FMR Area (4807199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$513	\$513	x		=	\$0
0 Bedroom		x	\$684	\$684	x		=	\$0
1 Bedroom	5	x	\$773	\$773	x		=	\$46,380
2 Bedrooms	10	x	\$948	\$948	x		=	\$113,760
3 Bedrooms	5	x	\$1,291	\$1,291	x		=	\$77,460
4 Bedrooms		x	\$1,650	\$1,650	x		=	\$0
5 Bedrooms		x	\$1,897	\$1,897	x		=	\$0
6 Bedrooms		x	\$2,145	\$2,145	x		=	\$0
7 Bedrooms		x	\$2,393	\$2,393	x		=	\$0
8 Bedrooms		x	\$2,640	\$2,640	x		=	\$0
9 Bedrooms		x	\$2,888	\$2,888	x		=	\$0
Total Units and Annual Assistance Requested	20							\$237,600
Grant Term								1 Year
Total Request for Grant Term								\$237,600

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$63,460
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$63,460

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Fort Bend County ...	08/01/2016	\$63,460

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Fort Bend County Women's Center - Staff for Support Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/01/2016
- 6. Value of Written Commitment:** \$63,460

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$237,600
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$237,600
7. Admin (Up to 10%)	\$16,237
8. Total Assistance plus Admin Requested	\$253,837
9. Cash Match	\$63,460
10. In-Kind Match	\$0
11. Total Match	\$63,460
12. Total Budget	\$317,297

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/15/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Documentation of Eligibility of FBC

Attachment Details

Document Description: Match Documentation

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Robert Hebert

Date: 08/15/2017

Title: County Judge

Applicant Organization: Fort Bend County, Texas

PHA Number (For PHA Applicants Only):

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

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

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

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

6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

DV outreach will be entered on the appropriate screen.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2017
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1E. SF-424 Compliance	08/14/2017
1F. SF-424 Declaration	08/14/2017
1G. HUD-2880	08/14/2017
1H. HUD-50070	08/14/2017
1I. Cert. Lobbying	08/14/2017
1J. SF-LLL	08/14/2017
2A. Subrecipients	08/14/2017
2B. Recipient Performance	08/14/2017
3A. Project Detail	08/14/2017
3B. Description	08/14/2017
3C. Dedicated Plus	08/15/2017
4A. Services	08/14/2017
4B. Housing Type	08/14/2017
5A. Households	08/14/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/15/2017
6A. Funding Request	08/14/2017
6C. Rental Assistance	08/14/2017
6D. Match	08/14/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2017
7B. Certification	08/15/2017
Submission Without Changes	08/15/2017

INTERNAL REVENUE SERVICE
District Director

DEPARTMENT OF THE TREASURY
1100 Commerce St., Dallas, TX 75242

Fort Bend County Womens Center, Inc.
P.O. Box 183
Richmond, TX 77406-0183

Person to Contact:
Barbara Mitchell

Telephone Number:
(214) 767-6023

Refer Reply to:
Mail Code 4940 DAL

Date:
February 29, 1996

Employer Identification Number:
76-0032451

Dear Sir or Madam:

Our records show that Fort Bend County Womens Center, Inc. is exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code. This exemption was granted November 1982 and remains in full force and effect. Contributions to your organization are deductible in the manner and to the extent provided by section 170 of the Code.

We have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 170(b)(1)(A)(vi).

This letter may used to verify tax-exempt status.

If we may be of further assistance, please contact the person whose name and telephone number are shown above.

Sincerely Yours,

Wanda K. Mann

Wanda K. Mann
Manager, Employee Plans
and Exempt Organizations
Customer Service Section

