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.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to 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.
- 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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.
- 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 2022 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: 09/02/2022
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: Lane County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002303
   c. Unique Entity Identifier: XCLAXTCSJF71
   d. Address
      Street 1: 1132 Lawrence St.
      Street 2: 
      City: Eugene
      County: Lane
      State: Oregon
      Country: United States
      Zip / Postal Code: 97401
   e. Organizational Unit (optional)
      Department Name: Health and Human Services
      Division Name: Human Services
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
      First Name: Amanda
      Middle Name: 
      Last Name: Borta
      Suffix: 
      Title: Sr. Program Services Coordinator
      Organizational Affiliation: Lane County
      Telephone Number: (541) 682-6526
      Extension: 
Fax Number: (541) 682-9834
Email: amanda.borta@lanecountyor.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-6600-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number: Title:
14. Area(s) affected by the project (state(s) only): Oregon
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Lane County Coordinated Entry (DV)

16. Congressional District(s):
   16a. Applicant: OR-004
   16b. Project: OR-004
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2023
   b. End Date: 06/30/2024

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: X

21. Authorized Representative

Prefix: Mr.
First Name: Steve
Middle Name:
Last Name: Mokrohisky
Suffix:
Title: County Administrator

Telephone Number: (541) 682-3688
(Format: 123-456-7890)
Fax Number: (541) 682-4616
(Format: 123-456-7890)

Email: steve.mokrohisky@lanecountyor.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/02/2022
Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: Lane County
   Prefix: Mr.
   First Name: Steve
   Middle Name: 
   Last Name: Mokrohisky
   Suffix: 
   Title: County Administrator

Organizational Affiliation: Lane County

Telephone Number: (541) 682-3688

Extension:

   Email: steve.mokrohisky@lanecountyor.gov
   City: Eugene
   County: Lane
   State: Oregon
   Country: United States
   Zip/Postal Code: 97401

2. Employer ID Number (EIN): 93-6002303

3. HUD Program: Continuum of Care Program
4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project:  $90,263.00

(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.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lane County 1132 Lawrence St. Eugene, OR</td>
<td>Local government funds</td>
<td>$152,735.00</td>
<td>Administrative Match</td>
</tr>
<tr>
<td>97401 Room 560</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Oregon, Oregon Housing and Community Services, Salem OR</td>
<td>Emergency Housing Assistance (EHA)</td>
<td>$201,329.00</td>
<td>HMIS Activities</td>
</tr>
</tbody>
</table>

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.
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).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity.</td>
<td>NA</td>
<td>$0.00</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

Note: If there are no other people included, write NA in the boxes.

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 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.

I AGREE: X

Name / Title of Authorized Official: Steve Mokrohisky, County Administrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 09/02/2022
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lane County
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:

<table>
<thead>
<tr>
<th>I certify that the above named Applicant will or will continue to provide a drug-free workplace by:</th>
<th>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;</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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 —</td>
</tr>
<tr>
<td>b. Establishing an on-going drug-free awareness program to inform employees —</td>
<td></td>
</tr>
</tbody>
</table>
(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. | (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 drug-free workplace through implementation of paragraphs a. thru f. |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — |
(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; |

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.
I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

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: Mr.
First Name: Steve
Middle Name
Last Name: Mokrohisky
Suffix:
Title: County Administrator
Telephone Number: (541) 682-3688
(Format: 123-456-7890)
Fax Number: (541) 682-4616
(Format: 123-456-7890)
Email: steve.mokrohisky@lanecountyor.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/02/2022
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: Lane County

Name / Title of Authorized Official: Steve Mokrohisky, County Administrator

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

Date Signed: 09/02/2022
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?

Yes

1. Type of Federal Action: Grant
2. Status of Federal Action: Application
3. Report Type: Initial Filing
4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: OR-004
6. Federal Department/Agency: Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)
9. Award Amount: $90,263.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):
Smith Dawson Andrews
1025 Connecticut NW
Washington DC
10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

James Smith

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: Mr.
First Name: Steve
Middle Name: 
Last Name: Mokrohisky
Suffix: 
Title: County Administrator
Telephone Number: (541) 682-3688
(Format: 123-456-7890)
Fax Number: (541) 682-4616
(Format: 123-456-7890)
Email: steve.mokrohisky@lanecountyor.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/02/2022
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 handicap; (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. §§239d-3 and 239 ss-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.

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).


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: X

Authorized Representative for: Lane County
Prefix: Mr.
First Name: Steve

New Project Application FY2022 Page 20 09/15/2022
Middle Name:

Last Name: Mokrohisky

Suffix:

Title: County Administrator

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

Date Signed: 09/02/2022
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.
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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 applicant, Lane County, has been lead agency and successfully administering HUD CoC grants since 1994. LC currently administers the Emergency Solutions Grant, HOME Tenant Based Assistance, Community Development Block Grant, State of Oregon housing programs and numerous other federal, state and local funded housing projects. LC also administered the American Recovery and Reinvestment Act Homeless Prevention and Rapid Rehousing funds and most recently, American Rescue Plan Act funds. Lane County is responsible for efficiently managing and coordinating resources from city, county, state and federal grants in the area of human services. LC manages the competitive selection processes, monitors sub-recipients’ performance and adherence to program and fiscal grant requirements, completes reports to funding agencies, and provides technical assistance to non-profits and community partners. LC acts as an umbrella applicant of grants with multiple partners and are the regional administrator for the HMIS system. LC collects and analyzes program and client data to determine program effectiveness and to submit performance reports. Lane County, through its Human Services Division (HSD), has provided housing and human services on behalf of Lane County and the cities of Eugene and Springfield since 1972 through partnerships with other public, private nonprofit, and private community-based organizations, schools, utilities and hospitals. The CoC program is operated by the Housing & Human Services Section of the Division. The Human Services Division is administratively a division of the Lane County Department of Health & Human Services. Lane County Health and Human Services is a Department within Lane County, Oregon local government. Regionally, over 58,000 low-income residents are served annually through programs, contractual agreements and partnerships with 40 public and private human service and housing agencies. LC has exceptional experience in developing and operating programs to meet the health and human service needs of the populations targeted in this application.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.
As the applicant, the Lane County has a 44-year history of integrating and leveraging local, state and federal funding sources resources, while engaging business, private and philanthropic sectors as partners to improve outcomes for people experiencing and at risk of homelessness. Lane County coordinates and integrates services maximizing the use of public sector resources and leveraging private sector resources to meet human needs. LC provides the community with access to state and federal grants, leveraging local resources. LC staff work to continually identify all federal, state, and local funds to support the core components of a comprehensive, high-quality CoC system. Innovative funding strategies have always been an important building block. In this way, LC is able to use categorical funding for homeless programs at both the federal and state levels and meld them while leveraging private sector resources to perform the challenging work of comprehensive system building.

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

As a county governmental organization, Lane County (the applicant), has a very sophisticated financial accounting system in place. Lane County follows the well-established Lane County financial policies and procedures manual, which was approved by the governing board to document the financial policies by which the organization operates in accordance with Generally Accepted Accounting Principles. The policies are also reviewed during the annual financial audit for consistency with GAAP and for compliance with OMB Uniform Guidance. As a division of the Lane County Department of Health and Human Services, the Human Services Division has a clear separation of duties regarding collection, posting, and depositing of receipts, accounts payable, bank reconciliations, and check signing. The organization’s accounting system is more than adequate to track all revenue sources and expenditures in sufficient detail to obtain financial data on each program and each service within a program.

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: OR-500 - Eugene, Springfield/Lane County CoC

2. CoC Collaborative Applicant Name: Lane County

3. Project Name: Lane County Coordinated Entry (DV)

4. Project Status: Standard

5. Component Type: SSO

5a. Select the type of SSO Project: Coordinated Entry

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No
3B. Project Description

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

The Lane County Coordinated Entry (CE) Domestic Violence Bonus (DV) Supportive Services Only (SSO) Project will be utilized to address inadequacies of the current CE system in meeting the needs of survivors of domestic violence, dating violence, sexual assault or stalking. Currently, identifying survivors who provide consent receive a warm handoff to survivor-focused agency and access point in their community. Providing direct support in the moment would require additional coordinated entry staffing and funding for ongoing victim-centered training and technical assistance and ideally, CE and DV services would be co-located.

The proposed CE-DV SSO project would fund a 0.5FTE coordinated entry staff member to focus on bridging the gap between CE and victim services providers. Activities of the staff would include conducting front door assessments for survivors using a trauma-informed, victim centered approach; providing trainings and technical assistance to victim services providers regarding coordinated entry pathways to housing and supports; decreasing barriers to accessing housing for DV survivors; improve best practices through updated CE policies and procedures related to serving DV survivors; and ongoing continuous quality improvement that incorporates input from victim service providers, individuals with lived experience, and other stakeholders. An estimated 100 survivors will be assessed during the course of the grant.

The following outcomes are expected:
- Coordinated Entry staff will conduct Coordinated Entry assessments with 100 survivors of domestic violence over the term of the grant.
- 100% of assessed households will report having a positive assessment experience via post-assessment survey.
- At least 60% of clients engaged will be connected to basic need supports and housing pathways.
- Coordinated Entry staff will conduct 8 trainings for providers over the course of the grant period with the intent of decreasing barriers to access housing for DV survivors.

We expect this project to positively impact the following system performance measures:
- Reduction in length of time homeless
- Increase placement into Permanent Housing
- Increase placement into PH from Street Outreach

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

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td>30</td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td></td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease</td>
<td></td>
</tr>
<tr>
<td>Start rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Complete rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Start new construction</td>
<td></td>
</tr>
<tr>
<td>Complete new construction</td>
<td></td>
</tr>
</tbody>
</table>

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

(Select ALL that apply)

<table>
<thead>
<tr>
<th>N/A - Project Serves All Subpopulations</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families</th>
<th>HIV/AIDS</th>
<th>Chronic Homeless</th>
<th>Other (Click ‘Save’ to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. As an SSO-Coodinated Entry project answer the following questions:

4a. Will the coordinated entry process cover the CoC’s entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Yes
4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Lane County Coordinated Entry utilizes a no wrong door approach partnering with six different agencies to serve as front door assessment sites and with four street outreach teams to also conduct assessments. Information regarding front door assessment options are shared on the county homelessness focused website, in well-established community resource guides and through 211info. All programs serving people at risk of homelessness or who are homeless are knowledgeable about the front door assessment sites and share information with their clients. Culturally specific agencies have also been briefed on front door assessments and locations where clients may receive them in their preferred language. The outreach teams are tasked with engaging those with the highest barriers to access services, particularly those in rural areas, with coordinated entry. Each outreach teams has a specific region in the community to focus on in order to more effectively engage with clients who have high barriers and be familiar with the area. They are able to conduct housing assessments and connect clients with other needed supports and resources.

4d. Will the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

Lane County currently utilizes the VI-SPDAT as its standardized tool for individuals and families. Depending on the household's score, they are deemed ineligible for permanent housing programs (low score), or deemed eligible and placed on the Rapid Re-housing (RRH) or Permanent Supportive Housing (PSH) Coordinated Waitlist (CWL). When a RRH or PSH referral opportunity arises referrals are made from the appropriate CWL using the household's VI-SPDAT score, their length of time homeless and their eligibility for the specific program. Case conferencing meetings are also utilized to assist with meeting eligibility, like proof of disability or documenting chronic homelessness status. All households may also utilize a Rapid Response program to problem solve around their housing challenges with a designated staff member and work to resolve them without formal program assistance.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following 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?
4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?  Yes
3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?  No
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

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

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

   Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

   Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

3a. Complete the indirect cost rate table below

<table>
<thead>
<tr>
<th>Cognizant Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Plan approved by cognizant agency or will use 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Human Services</td>
<td>16%</td>
<td>$4,437,888</td>
<td>Approved Rate</td>
</tr>
</tbody>
</table>

4. Select a grant term: 1 Year

5. Select the costs for which funding is requested:

   Supportive Services X

   HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No
## 6F. Supportive Services Budget

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>0.5FTE @ $52,500</td>
<td>$52,500</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td>Client Transportation (Bus $524/mo, Gas $1000/mo), Staff Mileage ($200/mo)</td>
<td>$20,688</td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>Office Supplies ($300), One-Time Office Costs ($600 Chair, $1750 Computer Equipment), Technology Services $5,500, Cell Phone $60/month</td>
<td>$8,870</td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested** $82,058  
**Grant Term** 1 Year  
**Total Request for Grant Term** $82,058

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount of Cash Commitments:</td>
<td>$22,566</td>
</tr>
<tr>
<td>Total Amount of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Amount of All Commitments:</td>
<td>$22,566</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Name of Source</th>
<th>Amount of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Lane County Gener...</td>
<td>$22,566</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Government
3. Name of Source: Lane County General Fund
4. Amount of Written Commitment: $22,566
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$82,058</td>
<td>1 Year</td>
<td>$82,058</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td>$82,058</td>
<td></td>
<td>$82,058</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$8,205</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td>$90,263</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$22,566</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$22,566</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total Budget</td>
<td>$112,829</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td>Indirect Cost Rate</td>
<td>08/31/2022</td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description:
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 1), 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.

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 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.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 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.

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 provide

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: Steve Mokrohisky
Date: 09/02/2022
Title: County Administrator
Applicant Organization: Lane County
PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant 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).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1F. SF-424 Declaration</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>1G. HUD 2880</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>1H. HUD 50070</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>1. Cert. Lobbying</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>1J. SF-LLL</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>IK. SF-424B</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>1L. SF-424D</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>2A. Subrecipients</strong></td>
<td>No Input Required</td>
</tr>
<tr>
<td><strong>2B. Experience</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>3A. Project Detail</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>3B. Description</strong></td>
<td>09/02/2022</td>
</tr>
<tr>
<td><strong>3C. Expansion</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>6A. Funding Request</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>6F. Supp Srvcs Budget</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>6I. Match</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>6J. Summary Budget</strong></td>
<td>No Input Required</td>
</tr>
<tr>
<td><strong>7A. Attachment(s)</strong></td>
<td>08/31/2022</td>
</tr>
<tr>
<td><strong>7D. Certification</strong></td>
<td>09/02/2022</td>
</tr>
</tbody>
</table>