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.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2021 Project Application will be imported into the FY 2022 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2022 CoC Program Competition NOFA.
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: 08/31/2022
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: OR0010
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name: 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:
1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: McKenzie Rapid Re-housing Project

16. Congressional District(s):
   a. Applicant: OR-004
      (for multiple selections hold CTRL key)
   b. 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: 08/31/2022
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: $809,618

5. State the name and location (street address, city and state) of the project or activity: McKenzie Rapid Re-housing Project 1132 Lawrence St. Eugene Oregon
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.

<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 97401 Room 560</td>
<td>Local government funds</td>
<td>$152,735.00</td>
<td>Administrative Match</td>
</tr>
<tr>
<td>State of Oregon, Oregon Housing and Community Services, Salem OR</td>
<td>Emergency Housing Assistance (EHA)</td>
<td>201329.0</td>
<td>HMIS Activities</td>
</tr>
</tbody>
</table>

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></td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

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: 08/31/2022
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:

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

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

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

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

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

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: 08/31/2022
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: 08/31/2022
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.

5. **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)
8. **Federal Action Number:** FR-6400-N-25
9. **Award Amount:** $771,264.00

10a. **Name and Address of Lobbying Registrant (if individual, last name, first name, MI):**

Smith, Dawson, and Andrews

1150 Connecticut Ave NW, Suite 1025
Washington DC 20036
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. X

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 Official: Considered signed upon submission in e-snaps.
Date Signed: 08/31/2022
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. §§280 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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

Renewal Project Application FY2022 Page 19 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: 08/31/2022
Information About Submission without Changes

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

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

The data from previously submitted new and renewal project applications can be imported into a FY 2022 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

E-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2022 CoC Competition.
1. Are the requested renewal funds reduced from the previous award due to reallocation?  No

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

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

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td></td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 6 - Budget Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Funding Request</td>
<td></td>
</tr>
<tr>
<td>6C. Rental Assistance</td>
<td></td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 7 - Attachment(s) &amp; Certification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7A. Attachment(s)</td>
<td>X</td>
</tr>
</tbody>
</table>
You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Updated UEI for subrecipients and updated expected subawards.
- Updated Project Description, Households, Subpopulations, Beds/Units - grant consolidated previous FY. Updated to include both grants combined.
- Updated Indirect Cost Rate

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

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

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

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

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.
Overall, subrecipient agencies continued to struggle in terms of finding housing for households enrolled in RRH due to the lack of inventory and rapidly rising rents in the area, in addition to continued struggles with maintaining staff. Many agencies in the community have had significant staffing shortages and have not been able to fill the positions for long periods of time, resulting in funds allocated to staffing remaining unspent. Staffing shortages also resulted in delays with taking on new participants and getting participants housed. These factors contribute to the spending issues within McKenzie. We are in the process of making necessary adjustments to the grant in order to achieve full spending.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the budget data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

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

If "No" click on "Next" or "Save & Next" below to move to the next screen.
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: $790,441

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ShelterCare</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$388,734</td>
</tr>
<tr>
<td>Catholic Community Services</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$264,251</td>
</tr>
<tr>
<td>Looking Glass Youth and Family Services Inc.</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$137,456</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: ShelterCare

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

c. Employer or Tax Identification Number: 23-7115003

d. Unique Entity Identifier: H36JN49MN6N3

e. Physical Address
   Street 1: 499 W.4th Ave.
   Street 2:
   City: Eugene
   State: Oregon
   Zip Code: 97401

f. Congressional District(s): OR-004
   (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: $388,734

j. Contact Person
   Prefix: Ms.
   First Name: Michelle
Middle Name: 
Last Name: Hankes 
Suffix: 
Title: Executive Director 
E-mail Address: mhankes@sheltercare.org 
Confirm E-mail Address: mhankes@sheltercare.org 
Phone Number: 541-686-1262 
Extension: 
Fax Number: 541-686-0359 

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

2A. Project Subrecipients Detail

a. Organization Name: Catholic Community Services 

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

c. Employer or Tax Identification Number: 93-0409105 

d. Unique Entity Identifier: VACNC1MH5R74 

e. Physical Address 
   Street 1: 1025 G St. 
   Street 2: 
       City: Springfield 
       State: Oregon 
       Zip Code: 97477
f. Congressional District(s): OR-004
   (for multiple selections hold CTRL key)

   g. Is the subrecipient a Faith-Based Organization? Yes

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

   i. Expected Sub-Award Amount: $264,251

   j. Contact Person
      Prefix: Ms.
      First Name: Sue
      Middle Name:
      Last Name: Paiement
      Suffix:
      Title: Executive Director
      E-mail Address: spaiement@ccslc.org
      Confirm E-mail Address: spaiement@ccslc.org
      Phone Number: 541-345-3628
      Extension:
      Fax Number: 541-744-2272

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

2A. Project Subrecipients Detail

   a. Organization Name: Looking Glass Youth and Family Services Inc.
b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 93-0605174

d. Unique Entity Identifier: SY8MKFRK8P98

e. Physical Address
   Street 1: 1790 W. 11th Ave
   Street 2: Suite 200
   City: Eugene
   State: Oregon
   Zip Code: 97402

f. Congressional District(s): OR-004
   (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: $137,456

j. Contact Person
   Prefix: Mr.
   First Name: Craig
   Middle Name:
   Last Name: Opperman
   Suffix:
   Title: Executive Director
   E-mail Address: craig.opperman@lookingglass.us
Confirm E-mail Address: craig.opperman@lookingglass.us
Phone Number: 541-686-2688
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): OR0010
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: OR-500 - Eugene, Springfield/Lane County CoC

3. CoC Collaborative Applicant Name: Lane County

4. Project Name: McKenzie Rapid Re-housing Project

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project: RRH

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

McKenzie Rapid Rehousing is a rapid rehousing project which facilitates the movement of homeless individuals and families to permanent housing. Homeless individuals and families may participate in McKenzie Rapid Rehousing up to 24 months and receive supportive services that enable them to live more independently. McKenzie Rapid Rehousing serves at least 18 households without children and 33 households with children at any given point in time. The homeless individuals and families have multiple barriers to housing stability including low income, lack of sufficient education or training for the current marketplace and a lack of economic assets. These households have challenges that are essential to housing stability in the areas of childcare, transportation, medical services, crisis intervention issues and supports around continuing education and obtaining or maintaining employment. After an assessment is completed, a housing stability and rental assistance plan is developed to address the barriers identified and move toward self-sufficiency. Through supportive on-going case management, connections to mainstream resources, home visits and assistance in connecting to all appropriate community resources, the individual or family becomes self-sufficient. Households are continually assessed using a Progressive Engagement approach so as to provide the least amount of assistance needed to reach self-sufficiency in housing. McKenzie RRH providers coordinate with McKinney Vento Homeless School liaisons, Community Health Centers of Lane County, DHS, Lane County Work Source, and numerous local property management companies. Expected outcomes include 80% of participants will exit to permanent housing during the operating year and 55% of adults will increase their total income (from all sources) by the end of operating year or program exit.

2. 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>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td>Mental Illness</td>
</tr>
</tbody>
</table>

Applicant: Lane County
Project: McKenzie Rapid Re-housing Project
030786248 194580
3. Housing First

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

Yes

3b. Does the project enroll program participants who have the following barriers?

Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area
- None of the above

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

Yes
4A. Supportive Services for Program 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 program participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes
4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? Yes

4a. 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: 51
Total Beds: 109

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>---</td>
<td>51</td>
<td>109</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.
   a. Units: 51
   b. Beds: 109

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

   Street 1: 125 E. 8th Ave.
   Street 2: 
     City: Eugene
     State: Oregon
     ZIP Code: 97401

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

   419039 Lane County, 410426 Eugene, 411290 Springfield
5A. Program 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.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>33</td>
<td>18</td>
<td>0</td>
<td>51</td>
</tr>
<tr>
<td>Total Persons</td>
<td>91</td>
<td>18</td>
<td>0</td>
<td>109</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program 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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veteran s (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Total Persons</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>22</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>51</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veteran s (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veteran s (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Describe the unlisted subpopulations referred to above:
Households or household members who do not have a disability or domestic violence.
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? 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.

a. Please complete the indirect cost rate schedule 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>DHS</td>
<td>16%</td>
<td>$4,437,888</td>
<td>Approved Rate</td>
</tr>
</tbody>
</table>

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

5. Select the costs for which funding is requested:

Rental Assistance X
Supportive Services X
HMIS
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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>OR - Eugene-Springfield, OR MSA (4103...</td>
<td>42</td>
<td>$453,192</td>
</tr>
<tr>
<td>TRA</td>
<td>OR - Eugene-Springfield, OR MSA (4103...</td>
<td>9</td>
<td>$80,700</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $533,892
Total Units: 51
### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** OR - Eugene-Springfield, OR MSA (4103999999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** Yes

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>$625</td>
<td>$0</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1</td>
<td>$833</td>
<td>$0</td>
<td>12</td>
<td>$0</td>
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<tr>
<td>1 Bedroom</td>
<td>9</td>
<td>$958</td>
<td>$775</td>
<td>12</td>
<td>$83,700</td>
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<tr>
<td>2 Bedrooms</td>
<td>31</td>
<td>$1,254</td>
<td>$915</td>
<td>12</td>
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<tr>
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<td>$1,781</td>
<td>$1,159</td>
<td>12</td>
<td>$13,908</td>
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<tr>
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<td>$1,267</td>
<td>12</td>
<td>$15,204</td>
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<tr>
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<td>$0</td>
<td>12</td>
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<tr>
<td>6 Bedrooms</td>
<td>1</td>
<td>$2,760</td>
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<td>12</td>
<td>$0</td>
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<tr>
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<td>1</td>
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<td>$0</td>
<td>12</td>
<td>$0</td>
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<tr>
<td>8 Bedrooms</td>
<td>1</td>
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<td>$0</td>
<td>12</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
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<td>$3,756</td>
<td>$0</td>
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<td>$0</td>
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<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>42</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$453,192</strong></td>
</tr>
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</table>

**Grant Term:** 1 Year

**Total Request for Grant Term:** $453,192

Click the 'Save' button to automatically calculate totals.

---

### Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA
**Metropolitan or non-metropolitan fair market rent area:**

OR - Eugene-Springfield, OR MSA (4103999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? **Yes**

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$625</td>
<td>$618</td>
<td>x 12</td>
<td>= $0</td>
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<tr>
<td>0 Bedroom</td>
<td>1</td>
<td>$833</td>
<td>$525</td>
<td>x 12</td>
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<td>8</td>
<td>$958</td>
<td>$775</td>
<td>x 12</td>
<td>= $74,400</td>
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<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,254</td>
<td>$1,249</td>
<td>x 12</td>
<td>= $0</td>
</tr>
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<td>3 Bedrooms</td>
<td>x</td>
<td>$1,781</td>
<td>$1,781</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,146</td>
<td>$2,130</td>
<td>x 12</td>
<td>= $0</td>
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<tr>
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<tr>
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<td>$2,768</td>
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<tr>
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<td>x</td>
<td>$3,112</td>
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<td>x 12</td>
<td>= $0</td>
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<td>8 Bedrooms</td>
<td>x</td>
<td>$3,434</td>
<td>$3,408</td>
<td>x 12</td>
<td>= $0</td>
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<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$3,756</td>
<td>$3,727</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 9

**Grant Term** 1 Year

**Total Request for Grant Term** $80,700

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

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

Summary for Match

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of Cash Commitments:</td>
<td>$202,406</td>
</tr>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$202,406</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>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Looking Glass, La...</td>
<td>$20,895</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Looking Glass - 4...</td>
<td>$5,421</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Catholic Communit...</td>
<td>$30,976</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Catholic Communit...</td>
<td>$33,309</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Lane County Heal...</td>
<td>$4,795</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>ShelterCare - Pri...</td>
<td>$64,285</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Looking Glass</td>
<td>$791</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Looking Glass - T...</td>
<td>$4,516</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>ShelterCare - Loc...</td>
<td>$8,594</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>ShelterCare - Pri...</td>
<td>$23,294</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>ShelterCare - Pri...</td>
<td>$1,011</td>
</tr>
<tr>
<td>Cash</td>
<td>Private</td>
<td>Catholic Communit...</td>
<td>$1,778</td>
</tr>
<tr>
<td>Cash</td>
<td>Government</td>
<td>Looking Glass - U...</td>
<td>$2,741</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Looking Glass, Lane County HSC local gov't funds
4. Amount of Written Commitment: $20,895

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
4. Amount of Written Commitment: $5,421

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Catholic Community Services, Human Services Division General Fund
4. Amount of Written Commitment: $30,976

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Catholic Community Services General Fund
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $33,309

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: Lane County Health and Human Services General Fund
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $4,795

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: ShelterCare - Private
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $64,285

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Looking Glass
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $791
Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Looking Glass - Trillium
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $4,516

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: ShelterCare - Local Government Funds
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $8,594

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: ShelterCare - Private
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $23,294

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: ShelterCare - Private
   (Be as specific as possible and include the office or grant program as applicable)
   4. Amount of Written Commitment: $1,011

Sources of Match Detail

1. Type of Match Commitment: Cash
   2. Source: Private
   3. Name of Source: Catholic Community Services
      (Be as specific as possible and include the office or grant program as applicable)
   4. Amount of Written Commitment: $1,778

Sources of Match Detail

1. Type of Match Commitment: Cash
   2. Source: Government
      (Be as specific as possible and include the office or grant program as applicable)
   4. Amount of Written Commitment: $2,741
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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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.

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<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$533,892</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$237,372</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$771,264</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$38,354</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$809,618</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$202,406</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$202,406</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$1,012,024</td>
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7A. Attachment(s)

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<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td>Non Profit Document</td>
<td>08/03/2017</td>
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<tr>
<td>2) Other Attachment</td>
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<td>Indirect Cost Rate</td>
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<tr>
<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description: Non Profit Documentation SC-CCS-LG

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description:
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 578.33(d) 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.
20-Year Operation Rule.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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.

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: Steve Mokrohisky
Date: 08/31/2022
Title: County Administrator

Applicant Organization: Lane County

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

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
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<tr>
<td>1C. SF-424 Application Details</td>
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<td>08/31/2022</td>
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Applicant: Lane County
Project: McKenzie Rapid Re-housing Project

Renewal Project Application FY2022 Page 57 09/15/2022
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
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<tr>
<td>1E. SF-424 Compliance</td>
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<td>1F. SF-424 Declaration</td>
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<td>1G. HUD-2880</td>
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<td>1H. HUD-50070</td>
<td>08/31/2022</td>
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<td>08/31/2022</td>
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<td>2A. Subrecipients</td>
<td>08/31/2022</td>
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<td>3A. Project Detail</td>
<td>08/31/2022</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/31/2022</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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<td>6A. Funding Request</td>
<td>08/31/2022</td>
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<tr>
<td>6C. Rental Assistance</td>
<td>08/31/2022</td>
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<tr>
<td>6D. Match</td>
<td>08/31/2022</td>
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<tr>
<td>6E. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/31/2022</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/31/2022</td>
</tr>
</tbody>
</table>
McKenzie Rapid Rehousing

Non-Profit Documentation

Three Subrecipients:

- Catholic Community Services
- Looking Glass Youth and Family Services
- ShelterCare
Non Profit Documentation:

Catholic Community Services of Lane County, Inc.
CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

CATHOLIC COMMUNITY SERVICES OF LANE COUNTY, INC.
was
incorporated
under the Oregon
Nonprofit Corporation Act
on
November 4, 1953
and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

KATE BROWN, Secretary of State

By
Debra L. Virag
July 26, 2011

Come visit us on the Internet at http://www.filinginoregon.com
FAX (503) 378-4381
Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201  

Date: June 4, 2014

United States Conference of Catholic Bishops  
3211 4th Street, NE  
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2014, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the Official Catholic Directory for 2014, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the Official Catholic Directory for 2014 are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included
In your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Tamara Ripperda
Director, Exempt Organizations
The Official Catholic Directory

Anno Domini
2014

Published Annually by
P.J. Kennedy & Sons
Non Profit Documentation:

Looking Glass Youth and Family Services
CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL. KREILING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

LOOKING GLASS YOUTH AND FAMILY SERVICES, INC.

was
incorporated
under the Oregon
Nonprofit Corporation Act
on
February 24, 1971
and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

PHIL. KREILING, Secretary of State

By

Marilyn B. Smith
February 23, 1998

1901
<table>
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<tr>
<th>Name</th>
<th>Legal Name (Doing Business As)</th>
<th>City</th>
<th>State</th>
<th>Deductibility Status</th>
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<td>Eugene</td>
<td>OR, United States</td>
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Results are displayed by name. Click on the head to sort the column. Clicking on the head a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.
Internal Revenue Service

Date: December 4, 2003

Locking Glass Youth and Family Services, Inc
72 3 Centennial Loop
Eugene, OR 97401-2440

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Shirley Rudolph 31-03949
Customer Service Specialist
Toll Free Telephone Number:
8 a.m. to 4:30 p.m. EST
877-829-5500
Fax Number:
513-283-3758
Federal Identification Number:
93-0605174

Dear Sir or Madam:

This is in response to your request of December 4, 2003, regarding your organization's tax-exempt status.

In March 1976 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on information subsequently submitted, we classified your organization as one that is a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(3) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift taxes purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. This law also requires organizations that received recognition of exemption on July 16, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 16, 1987, and had a copy of their exemption application on July 16, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing.

For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1990 - 17.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

[Signature]

John E. Ricketts, Director, TE/GS
Customer Account Services
Non-Profit Documentation

ShelterCare
CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, PHIL KEISLING, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

LANE SHELTERCARE INC.

was
incorporated
under the Oregon
Nonprofit Corporation Act
on
December 2, 1970
and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

PHIL KEISLING, Secretary of State

By

Debbie Virag
March 6, 1998

[Seal of Oregon]
Internal Revenue Service

Date: August 20, 2001

Sheltercare
P.O. Box 23338
Eugene, OR 97402

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization’s determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in February 1987 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.
Sheltercare
23-7115003

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services