



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Requested Board Meeting Date: February 16, 2016

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): City of Tucson

Project Title/Description:

Continuum of Care - Bridges Project

Purpose:

Provide employment assistance to the homeless population in Pima County

Procurement Method:

Program Goals/Predicted Outcomes:

Full-time employment opportunities for homeless people in Pima County. 80% of participants will maintain job retention at the six month interval.

Public Benefit:

Homeless population in Pima County will be reduced.

Metrics Available to Measure Performance:

Annual performance report generated through the Homeless Management Information System database.

Retroactive:

Yes, received the agreement from the city on January 15, 2016.

Original Information

Document Type: GTAW Department Code: CS Contract Number (i.e., 15-123): 16-057

Effective Date: 7/1/15 Termination Date: 6/30/16 Prior Contract Number (Synergen/CMS):

☐ Expense Amount: \$ ☒ Revenue Amount: \$ 71,051.00

Funding Source(s): U. S. Department of Housing and Urban Development awards passed through the City of Tucson

Cost to Pima County General Fund:

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

Vendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: Department Code: Contract Number (i.e., 15-123):

Amendment No.: AMS Version No.:

Effective Date: New Termination Date:

☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$

Funding Source(s):

Cost to Pima County General Fund:

Contact: Rise Hart

Department: Community Services, Employment and Training

Telephone: 724-5723

Department Director Signature/Date:

Charles E. Hart

1/29/16

Deputy County Administrator Signature/Date:

J. E. Hart

2-1-16

County Administrator Signature/Date:

(Required for Board Agenda/Addendum Items)

C. R. Hart

2/2/16

CONTINUUM OF CARE – BRIDGES PROJECT **INTERGOVERNMENTAL AGREEMENT**

CONTRACT PARTIES: This Agreement is made and entered into by and between the **City of Tucson**, a municipal corporation of the State of Arizona, hereinafter referred to as “**the City**,” and **Pima County**, a public body corporate of the State of Arizona, hereinafter referred to as “**the Subrecipient**” or “**the Agency**”. Subrecipient enters into this agreement on behalf of the Pima County Community Resources **Pima County Sullivan Jackson Employment Center**, located at: **400 E 26th Street, Tucson, Arizona 85713**.

WHEREAS, the City has received funding from the United States Department of Housing and Urban Development 2016 allocation for the Homeless Emergency Assistance and Rapid Transition to Continuum of Care Program, and

WHEREAS, the City has determined that the Sullivan Jackson Employment Center has the expertise to administer the **Continuum of Care Program, Bridges Project** and a primarily homeless clientele that will benefit from such a program.

NOW THEREFORE, in consideration of the mutual promises and considerations set forth below, the parties agree to the following:

CONTRACT TERMS

SCOPE OF SERVICES: The Subgrantee shall provide the services and activities described in Exhibit A. Furthermore, Exhibit A shall contain a description of the eligible and target population(s) and a schedule for service provision.

LENGTH OF AGREEMENT: The term of this Agreement shall run from **July 1, 2015 to June 30, 2016**.

CONTRACT AMOUNT: The City shall pay the Subgrantee the sum of **\$71,051**
(Supportive Services \$68,257, account #076-114-9629-268-SHB14P; and
Administration \$2,794 account #076-114-9629-ADMIN-268-SHB14P)

SOURCE OF FUNDS: The United States Department of Housing and Urban Development Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (Catalogue of Federal Domestic Assistance #14.267)

AGREEMENT DOCUMENTS: The following list constitutes the Contract Documents incorporated as a part of this Agreement:

General Conditions of the Contract

Exhibit A - Scope Services

Exhibit B - Project Budget

Exhibit C 1. Payment Request Form
 2. Monthly Financial Form

Exhibit D - Performance Measures Quarterly Report

Exhibit E 1. Eligibility by Program Component, Defining Homeless and Recordkeeping Requirements
 2. Homeless Certification Form
 3. Pima County HMIS Project Entry and Exit Forms
 4. Tenant Income Certification Form
 5. Income Limits
 6. Client Activity Monthly Report

Exhibit F - HMIS Memorandum Of Understanding

Exhibit G – Continuum of Care Interim Rule

HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT PROJECT COORDINATOR for this project is Dana Mellors, Community Development Division, whose phone number is 837-5343; the fax number is 791-2529.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement:

CITY OF TUCSON

Reviewed and Approved by Sally Stang,
Director and not Personally

Date: _____

Executed by Mayor of Tucson and not Personally

Date _____

Approved as to form – City Attorney's Office and
not Personally

Date _____

Countersigned – City Clerk and not Personally

Date: _____

PIMA COUNTY BOARD OF SUPERVISORS

Executed by Chairman, Pima County Board of
Supervisors and not Personally

Name and Title (typed/printed)

Date _____

Countersigned By Clerk of the Board of Supervisors
and not Personally

Date _____

 AS TO
FORM

Approved by Deputy, County Attorney's Office and
not Personally

Date: 1-25-16

APPROVED AS TO FORM

Pursuant to A.R.S. § 11-952 (D), the attorneys for the parties have determined that the foregoing Agreement is in proper form and is within the powers and authority granted under the laws of this State to the parties.

GENERAL CONDITIONS

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1. SCOPE OF SERVICES: The Subgrantee shall provide those services as described in Exhibit A, attached hereto and by this reference made a part hereof.

2. ACTIVITIES FUNDED: The City shall provide funding for the services described in Exhibit A, Scope of Services, if, when and to the extent that adequate federal grant or other funds are available; and continued activities under this Agreement are conditioned upon continued full and timely City receipt of grant or other funds.

3. BUDGET: The City shall provide funding in accordance with this Agreement and Exhibit B, which are attached hereto and by this reference incorporated herein, unless sub-sequently amended. Only eligible expenditures (pursuant to OMB Circular A-122 cost principles for non-profit organizations) made under, as a part of and on behalf of the project can be reimbursed to the Subgrantee by the City. No deviation from the approved project budget may be made by the Subgrantee without prior written authorization from the City. If the City determines payments exceeded

actual project costs, the Subgrantee shall promptly refund the excess amount to the City.

4. BILLINGS: The Subgrantee shall submit a billing to the Community Services Department not more often than monthly. At a minimum subgrantee must submit a request for payment not less than quarterly. Funds not requested quarterly may be subject to reallocation. Each billing shall include a statement and description of all expenses to be reimbursed by the City.

5. RECORDS: The Subgrantee shall maintain and retain thorough records of all project business transactions and activities for at least four years from the end of the contract year in which they (transactions, activities and expenditures) took place. It shall give the City and the U.S. Department of Housing and Urban Development, through any authorized representatives, access to and the right to examine and copy all records, books, papers or documents relating to or arising from all Subgrantee operations funded in whole or in part under this Agreement, during the term of this Agreement and for a period of four (4) years following the termination of this Agreement.

6. REPORTS: The City will require written reports on a monthly, quarterly and/or annual basis; such reports shall be submitted by the Subgrantee to the City in a form determined by the City within designated timeframes as established by the City. (Unless otherwise later modified in writing by the City.)

7. MONITORING: The City shall have the authority to monitor Subgrantees to ensure compliance with applicable federal and local requirements and achievement of program performance goals; and the Subgrantee shall take all reasonable measures and efforts to cooperate with the City in its efforts to monitor contract compliance and service delivery.

8. INFORMATION: Subject to such rules, regulations and restrictions of confidentiality that may apply by law to the parties and their personnel and clients, the City and the U.S. Department of Housing and Urban Development shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, any reports, data, materials or other information prepared under or in conjunction with this Agreement.

9. AUDIT: The Subgrantee shall provide the City with a copy of any financial audit of the subject program, or portion thereof. Any such audit shall be

prepared by an independent auditor in compliance with guidelines for financial and compliance audits of federally assisted programs as contained within OMB Circular A-133 "Audits of States, Local Governments, and Non-Profit Organizations" as may be revised or amended.

10. CONFLICT OF INTEREST: The Subgrantee shall establish safeguards to prohibit its employees, board members, advisors and agents from using their positions for any purposes that are or give the appearance of being, motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties. Said safeguards should be substantially designed and executed to prevent actual violations of applicable conflicts of interest laws. The Subgrantee shall disclose in writing to the City any conflict of interest or potential conflict of interest described above, immediately upon discovery of such. This Agreement is subject to cancellation for conflict of interest pursuant to A.R.S. § 38-511, the pertinent provisions of which are incorporated into and made part of this Agreement as if set forth in full.

11. INDEPENDENT CONTRACTOR: For the purpose of this Agreement, it is understood that the parties are independent contractors and no employee or agent of one is, for any purpose of this Agreement, an employee or agent of the other. Nothing contained herein, or any of the obligations of the parties hereunder, shall in any manner inure to the benefit of third parties, unless otherwise agreed to in writing by authorized officers of the Parties.

12. INDEMNIFICATION: To the extent permitted by law, each party (as "Indemnitor") agrees to indemnify, defend, and hold harmless the other party (as "Indemnitee"), from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to to indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, it's officers, officials, agents, employees, or volunteers.

13. INSURANCE: As required by the City's Risk Manager, the Subgrantee shall maintain loss insurance as follows:

<u>Coverage Afforded</u>	<u>Limits of Liability</u>
1. Worker's Compensation	Statute
2. Comprehensive General Liability Insurance - Including Personal Injury Coverage (City as additional insured)	\$1,000,000 Bodily Injury plus Property Damage Combined Single Limit
3. Comprehensive Automobile Liability Insurance - Including non-owned Leased, hired vehicles (City as additional insured)	\$1,000,000 Bodily Injury plus Property Damage Combined Single Limit
4. Fidelity Bonding (Employee Dishonesty	\$84,111 or CSD-approved reduction

City acknowledges that Agency is self-insured and such self insurance shall satisfy the requirements of this section.

The Subgrantee shall adequately insure itself against claims based upon unlawful discrimination and violations of civil rights. The City shall be an additional insured on the policy providing such coverage. The cost of this insurance shall be borne by the Subgrantee. Each policy and each required certificate of policy existence, termination dates and conditions, terms and coverages shall provide that the insurer shall notify the City's Risk Management Division in writing no less than ten (10) days prior to the effective date of any cancellation, termination, expiration or change. Such insurance shall be in forms and amounts and coverages as required by the City's Risk Manager and each policy shall name the City as an additional insured. In addition, such insurance shall be expressly primary and any insurance carried by the City shall be excess and not contributing. This Agreement shall be of no force or effect until a copy of an appropriate and sufficient subject insurance policy or certificate thereof is delivered to the City's assigned Project Coordinator.

14. INCORPORATED BY REFERENCE: The Subgrantee shall administer this Agreement in compliance with all applicable federal, State of Arizona, local and City of Tucson laws, ordinances, and regulations, including but not limited to the federal regulations listed within the exhibits to this agreement.

15. REDUCTION IN ADMINISTRATIVE COMPENSATION: In the event that the U.S Department of Housing and Urban Development should, for any reason, reduce or eliminate the City's funding under this Agreement, the City reserves the right to renegotiate the amount of compensation due the Subgrantee for the Activities Funded and Scope of Services due from the Subgrantee as provided herein, or to terminate this Agreement for cause pursuant to the paragraph entitled "Termination for Cause" herein below, in the event no amending agreement can be reached between the parties within sixty (60) days after notice of such change in anticipated funding.

16. TERMINATION FOR CAUSE: The City shall have the right to terminate this Agreement for cause in the event: the Subgrantee fails to fulfill in timely or satisfactory manner any of the significant and substantial obligations set forth in its Scope of Services as set forth in Exhibit A (attached); the Subgrantee breaches or violates any covenant, agreement or assurance herein; the Subgrantee fails to cure any such default, breach or violation no later than seven (7) days after receipt of the written notice from the City of such default or breach; and in the event any source of funding of this Agreement set forth in the paragraph above entitled "Reduction in Administrative Compensation" becomes impounded or otherwise unavailable, reduced or eliminated. In order to so terminate for cause, the City shall give the Subgrantee written notice by certified mail specifying the cause and the effective date of termination which may be effective upon the Subgrantee's receipt of notice, except as specifically provided above. In the event the City terminates this Agreement due to the Subgrantee's failure to cure any default, breach or violation as provided herein above or due to the Subgrantee's breach or violation of any covenant, agreement or assurance herein, the City may, at its option, make written demand for repayment of, and the Subgrantee shall immediately upon receipt of such written demand of the City, repay all sums received by the Subgrantee from the City under this Agreement as of the date of said demand for any services that were not performed fully, appropriately, legally, competently, adequately, timely or properly, plus interest thereon at the highest legal rate plus all expenses incurred by the City, including reasonable attorney's fees incurred in recovering said sums.

17. TERMINATION WITHOUT CAUSE: The City, without cause, may terminate this Agreement by giving the Subgrantee 30 day's written notice by certified mail. The Subgrantee may appeal such termination without cause by requesting reconsideration by the Mayor and Council, in writing, within thirty (30) days after written notice is delivered to the Subgrantee, said appeal to be filed in writing with the City Clerk and with the Community Services Director. The appeal to the Mayor and Council shall be scheduled as soon as is reasonably possible. The Subgrantee shall receive notice of the appeal hearing and opportunity to supplement its written appeal. Termination shall be suspended until the effective date of the Mayor and Council ruling on the Subgrantee's appeal. If and when this Agreement is terminated under this Section, the Subgrantee shall be paid in full for all actual services and activities performed in a satisfactory manner, together with eligible out-of-pocket expenses incurred but unbilled at the time of termination, providing there are no grounds for termination or disallowance for cause as set forth herein above.

18. OFFSETTING CLAIM: Notwithstanding any provision appearing to the contrary, the Subgrantee shall not be relieved of liability to the City of damages sustained by the City by virtue of any breach of this Agreement by the Subgrantee, its officers, agents, managers or employees. The City may withhold payment of compensation to the Subgrantee for the purpose of an offsetting claim, until such time as the full amount of damage incurred by the City which is then due from the Subgrantee is determined and paid. Such damages may include the U.S. Department of Housing and Urban Development disqualification of Activities Funded because of the Subgrantee's failure to properly administer audit or report activities, services and/or expenditures.

19. INTEGRATED DOCUMENT: This Agreement, and the following referenced and/or attached Exhibits including attachments and references thereto embody the entire Agreement between the City and the Subgrantee for the scope of services and their terms and conditions: Exhibit A, Scope of Service; Exhibit B, Project Budget; Exhibit C, Payment Request Form; Exhibit D, Performance Measures Quarterly Report; Exhibit E, Client Intake/Exit Form, Tenant Activity Monthly Report, Homeless Certification Form, & Employment Referral Form; Exhibit F, HMIS MOU and; Exhibit G, DHUD Compliance Requirements for SHP Programs. No verbal agreements or conversation with any officer, agent or employee of the City prior

to or after the execution of this Agreement shall affect or modify any of the terms or obligations contained in any documents comprising this Agreement. Any such verbal agreement shall be considered as unofficial information and in no way binding upon the City.

20. AMENDMENTS: This Agreement may be amended only by prior written agreement of the parties hereto signed by duly authorized officers of each party.

21. SEVERABILITY OF PROVISIONS: If any provisions of this Agreement are held invalid, the remainder of this Agreement shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of applicable law and if, in the judgment of the City, such remainder will suffice to adequately and timely achieve the purpose and goals of the Project and of this contract.

NON-APPROPRIATION: Notwithstanding any other provision in this Agreement, this Agreement may be terminated if, for any reason, there are not sufficient appropriated and available monies for the purpose of maintaining Agency or other public entity obligations under this Agreement. In the event of such termination, Agency shall have no further obligation to City other than for payment for services rendered prior to cancellation.

22. NON-ASSIGNABILITY: The Subgrantee shall not assign any rights, obligations or other interests in this Agreement, and shall not transfer any interest in this Agreement without prior written consent of the City thereto.

23. SUCCESSORS: The Subgrantee covenants that the provisions of this Agreement shall be binding upon heirs, successors, subcontractors, representatives and agents.

24. NONDISCRIMINATION: The Subgrantee, in its employment policies and practices, in its public accommodations and in its provision of services shall obey all relevant and applicable, federal, state, and local laws, regulations and standards relating to discriminations, biases, and/or limitations, such as, but not limited to, Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Americans with Disabilities Act of 1990, the Arizona Civil Rights Act, the Human Relations provisions of the Tucson Code, and the Mayor and Council policy adopted on September 25, 2000, prohibiting the direct or indirect grant of

discretionary City funds to organizations that have a policy of exclusionary discrimination on the basis of race, color, religion, ancestry, sex, age, disability, national origin, sexual orientation, gender identity, familial status or marital status. "Administrative Guidance Regarding the Non-Discrimination Policy for Programs Funded by the City of Tucson" is incorporated herein as follows:

On September 25, 2000 the Mayor and Council approved a policy prohibiting the direct or indirect granting of discretionary City funds to organizations that have a policy of exclusionary discrimination on the basis of race, color, religion, ancestry, sex, age, disability, national origin, sexual orientation, gender identity, familial status or marital status.

Consistent with policies expressed throughout federal, state, and local law, it is clear that the Mayor and Council did not intend to prohibit funding to all social service organizations that may have certain restrictive policies. This document provides administrative guidance for differentiating between the legitimate targeting/restriction of services and prohibited exclusionary discriminatory policies. The following practices will not preclude an organization from receiving funding:

1. Restricting program participation to persons of a particular age group such as kindergartens, nurseries, day care centers, nursing homes, housing for older persons, etc., provided such programs do not discriminate on the basis of other criteria listed above.
2. Restricting program participation to individuals with physical or mental disabilities, provided such programs do not discriminate on the basis of other criteria listed above.
3. Restricting program participation to individuals of a single sex if the program provides dormitory-lodging facilities or residential housing, such as transitional housing, group homes, domestic violence shelters, etc., provided such programs do not discriminate on the basis of other criteria listed above.
4. Requiring volunteers, employees, and or program participants to meet federal, state, or local licensing restrictions (e.g., requiring volunteers to be at least 18 years of age).
5. Restricting voluntary youth service organizations, that have traditionally been limited to persons of one sex and principally to persons of less than nineteen years of age, to individuals of a single sex, provided such programs do not discriminate on the basis of other criteria listed above.

25. LEGAL AUTHORITY: Neither party warrants to the other its legal authority to enter into this IGA. If a court, at the request of a third person, should declare that either party lacks authority to enter into this IGA, or any part of it, then the IGA, or parts of it affected by such order, shall be null and void, and no recovery may be had by either party against the other for lack of performance or otherwise.

26. WORKER'S COMPENSATION: Each party shall comply with the notice of A.R.S. § 23-1022 (E). For purposes of A.R.S. § 23-1022, each party shall be considered the primary employer of all personnel currently or hereafter employed by that party, irrespective of the operations of protocol in place, and said party shall have the sole responsibility for the payment of Worker's Compensation benefits or other fringe benefits of said employees.

27. NO JOINT VENTURE: It is not intended by this IGA to, and nothing contained in this IGA shall be construed to, create any partnership, joint venture or employment relationship between the parties or create any employer-employee relationship between Agency and any City employees, or between the City and any Agency employees. Neither party shall be liable for any debts, accounts, obligations or other liabilities whatsoever of the other, including (without limitation) the other party's obligation to withhold Social Security and income taxes for itself or any of its employees.

28. NO THIRD PARTY BENEFICIARIES: Nothing in the provisions of this IGA is intended to create duties or obligations to or rights in third parties not parties to this IGA or effect the legal liability of either party to the IGA by imposing any standard of care with respect to the maintenance of public facilities different from the standard of care imposed by law.

CONTINUUM OF CARE PROGRAM – BRIDGES PROJECT

SCOPE OF SERVICES FY 2015/16

1. Agency Name:

Pima County Sullivan Jackson Employment Center (SJEC)

2. Project Activity:

Employment, Training and Placement

3. Service Location(s):

400 E. 26th St., Tucson, AZ 85713

4. Project Timeline:

Since this is a renewal grant of a previously funded project, all activities for employment assistance are in place and operating as of the start date, July 1, 2015. The Employability Skills Workshops are two weeks in duration. The Workshop instruction consists of vocational assessments, The Adult Basic Education (TABE) testing of individual grade level skills in reading, writing, math and spelling, group instruction on interview techniques, job application template, and self-directed job search methodology. The Workshop materials contribute to a complete job search profile with instructional material. Once a program participant completes the Employability Skills Workshop, they will enroll in the job development component of SJEC and strive to secure full-time employment in their chosen career field. Job Development activities range from one week to six weeks, on average, until participant secures full-time, unsubsidized employment. Sullivan Jackson Employment will adhere to the Project Assessment Team meeting as stated in the above schedule.

In keeping with the program's emphasis on employment retention, three evaluation measures have been developed to examine post-placement client performance. This analysis looks at employment retention at pre-established intervals: three weeks, eight weeks, thirteen weeks, and six months. Retention rates are figured through this method.

5. Population Served:

- a. Any homeless man, woman, family, or youth requesting employment assistance referred from a Bridges housing partner.
- b. The needs of the target population will be served by a comprehensive Employability Skills Workshop and subsequent job development activities. The Employability Skills Workshop will feature two weeks of classroom instruction in job search methodology to prepare each program participant for self-directed job search activities.
- c. Fifty-two (52) participants will be served annually.

6. Agency Plan for Assisting Clients in Accessing Mainstream Services:

Sullivan Jackson Employment Center is a component of the Pima County One-Stop Career Center, and as such, is a member of the Department of Labor's American Job Centers. All participants will be enrolled in Workforce Investment Act (WIA) upon enrollment in the employment assistance program at Sullivan Jackson Employment Center.

7. Project Goals:

The three main goals of the SHP Program are for participants to (1) achieve residential stability, (2) increase their skills and income, and (3) achieve greater self-determination.

8. Program Goals:

Goal #2: Increase Skills and Income

85% of participants enrolled in a three week employability skills workshop will complete the employability skills workshop.

60% of participants who graduate from employability skills workshop will obtain full-time unsubsidized employment.

80% of participants will maintain job retention at the six month interval.

9. Major Project Activities:

1. Participate in the TPCCH Coordinated Assessment System
2. Intake and Assessment of participant needs
3. Employability Skills Workshops
4. Job Development / Job Placement
5. Employment-related Case Management
6. Job Retention

10. Estimated Outputs:

52 homeless men, women, families and youth will be enrolled in the Employability Skills Workshops

52 homeless men, women, families and youth will be enrolled in job training instruction consisting of classroom and group instruction, online and/or computer instruction and services that assist individuals in securing employment and increasing earning potential.

A three week, eight week, thirteen week, and six month examination of client post-placement performance will be conducted on job retention status.

11. Predicted Outcomes:

85% of participants enrolled in a three week Employability Skills Workshop will complete the workshop.

60% of participants who graduate from Employability Skills Workshop will obtain full-time unsubsidized employment.

80% of participants will maintain job retention at the six month interval.

100% of participants will be entered into HMIS.

12. Measurement Tools:

1. Employer surveys/contacts to paid staff to obtain employment confirmation
2. Class records of attendance and performance data
3. Case Files
4. Training performance results/report cards
5. Sign-in/sign-out sheets from job development
6. HMIS

13. Community Impact:

To increase the level of job skills / increase in income of homeless men, women, families and youth

To increase the number of formerly homeless people in unsubsidized, permanent housing through full-time employment opportunities

To allow for career development and economic security of formerly homeless individuals and families

14. Required Documentation:

1. Monthly Financial Form (Exhibit C2) shall be submitted with the Payment Request Form (Exhibit C1).
2. Quarterly Performance Measures Report (Exhibit D) is to be submitted within fifteen (15) days of the end of the quarter being reported.
3. Copy of the Homeless Certification Form (Exhibit E2) and back-up documentation to verify homelessness shall be submitted on a monthly basis for newly enrolled program participants.
4. Copies of the Pima County HMIS Project Entry and Exit Form (Exhibit E3) and Tenant Income Certification Form (Exhibit E4) for each participant shall be submitted with the Client Activity Monthly Report (Exhibit E6) within ten (10) days of the end of the month being reported.

15. Homeless Management Information System (HMIS)

Sullivan Jackson Employment Center will enter all Bridges clients into the HMIS database within 7 days of entering or exiting the program. Sullivan Jackson Employment Center will participate in the Tucson Pima Collaboration to end Homelessness HMIS Committee.

CITY OF TUCSON
BRIDGES TRANSITIONAL HOUSING
BUDGET FISCAL YEAR 2015/16

Agency Name: Pima County Sullivan Jackson Employment Center

Project Name: Bridges Transitional Housing

Contract Number: #18162

**SOURCES: Bridges Budget Inclusive of All Planned
Funding Sources and Amounts Contributed**

Budget Categories	CoC Funds	Pima County General Fund	Total
PERSONNEL COSTS	\$ 61,753	\$ 21,074	\$ 82,827
DIRECT SERVICES	\$ 6,504		\$ 6,504
ADMINISTRATIVE COSTS	\$ 2,794	\$ -	\$ 2,794
TOTAL SERVICES COSTS	\$ 71,051	\$ 21,074	\$ 92,125

*NOTE: Other fund sources listed will be considered MATCH.

All requests for budget changes are required to be submitted in writing and approved by Community Services. Changes will only be allowed as long as the total dollar amount contracted for remains the same and the costs are eligible.

The above budget is correct as shown.

Agency Authorized Signature

Date

**CITY OF TUCSON
BRIDGES TRANSITIONAL HOUSING
PAYMENT REQUEST FORM
FY 2015/2016**

Send original signed request & **COPY OF GENERAL LEDGER** to:
Dana Mellors, Project Coordinator, City of Tucson, HCDD/PCDD P.O. Box 27210. Tucson Arizona 85726

Contract Number: #18162 **Contract Total:** \$ 71,051

Vendor Number: C001320 **Request #:**

Agency Name: Sullivan Jackson Employment Center

Project Name: Bridges Transitional Housing

Period for Reimbursement:
(mm/dd/yy to mm/dd/yy)

BUDGET LINE ITEMS	SERVICES PROJECT BUDGET		EXPENDITURES FOR SERVICES			CITY COSTS	BALANCE
	Total Supportive Services	City SHP Funding Amount	Prior Requests	Total Costs this Month	Current Request City SHP Portion	City SHP Costs to Date	City SHP Balance
1. Personnel Costs	\$ 76,716	\$ 61,753				\$ -	\$ 61,753.00
2. Direct Services	\$ 9,303	\$ 6,504				\$ -	\$ 6,504.00
3. Administrative Costs	\$ 2,794	\$ 2,794				\$ -	\$ 2,794.00
Total Budget Amount	\$ 88,813	\$ 71,051					
		Total Expenditures	\$ -	\$ -	\$ -	\$ -	\$ 71,051.00

* Monthly expenditures for services column must demonstrate agency's compliance with the SHP 20% match requirement.

Prepared by: **Phone:**

Certified Correct: **Date:**
Signed - Executive or Project Director

NOTE: IF PAYMENT REQUEST INCLUDES ANY CHARGES FOR PERSONNEL AND/OR ERE EXPENSES, THEN COPIES OF TIME WORKED RECORDS ARE TO BE PROVIDED.

FOR CITY OF TUCSON USE ONLY:

Account #: 076-114-9629-268-SHB14P **Amount Approved for Payment \$**

Account #: 076-114-9629-ADMN-268-SHB14P **Amount Approved for Payment \$**

PCDD Approval: **Date:**

**SULLIVAN JACKSON EMPLOYMENT CENTER
BRIDGES FINANCIAL INFORMATION FY2015/2016
Contract # 18162**

(mm/dd/yy to mm/dd/yy)

Enter the amount of SHP funding spent on these supportive services for the above time period.

Supportive Services		Amount
1	Annual assessment of service needs.	
2	Assistance with moving costs	
3	Case management	
4	Child care	
5	Education services	
6	Employment assistance and job training	
7	Food	
8	Housing search and counseling services	
9	Legal services	
10	Life skills training	
11	Mental health services	
12	Outpatient health services	
12	Outreach services	
14	Substance abuse treatment services	
15	Transportation	
16	Utility deposits	
17	Direct provision of services	
18	Admin	
TOTAL		\$ -

(Sum of 1 through 18 must match amount on Payment Request Form)

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column,

Match Source		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge / fees	
TOTAL		\$ -

(Sum of a through g, must match amount on Payment Request Form)

**CITY OF TUCSON HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
BRIDGES TRANSITIONAL HOUSING
Quarterly Report/Performance Measures
Fiscal Year 2015/2016**

Agency Name:	Sullivan Jackson Employment Center
Contract #:	18162
Project Name:	Bridges Transitional Housing Program

On the attached forms, list the outputs and outcomes of your project in each quarterly reporting period.

Program outputs should answer the questions: How many clients were served? Number of planned service activities that were accomplished.

Program outcomes measure the improvements and/or changes that have been made as a result of this project. **Outcomes are an assessment of change in client or community conditions resulting from project activities as captured by specified measurement tools (i.e. surveys, client interviews, pre- and post-tests, data records).** Outcome measures include: program goal attainment, client goal attainment; changes in clients' attitudes, knowledge, behaviors, skills, satisfaction, and perceptions. Outcomes should be presented quantitatively where possible. In column one, list the measurement tool(s) that were used to assess the stated outputs and outcomes.

Note: Cumulative outcome and output information provided in this Exhibit should be reflected in the HUD required SHP Annual Progress Reports (APR) submitted annually (Exhibit E).

E-Mail Quarterly Performance Measures information to Dana Mellors, Project Coordinator at:

Dana.Mellors@tucsonaz.gov

Performance Measures Information is to be submitted within thirty (30) days of the end of the quarter being reported. If this information is not received by HCDD within 30 days after each quarter, monthly payments may not be processed.

Specify output or an outcome (OP=output; OC=outcome) for each stated performance measure.

Information should be provided independently for each quarter; each quarter is non-cumulative; report only new, non-repeat clients each quarter. (Example: 100 meals provided between July 1-Sept. 30; 75 meals provided between Oct.1-Dec. 31 - not 175.

Performance Measure Measurement Tool	July 1- Sept. 30, 2015	Oct. 1- Dec. 31, 2015	Jan. 1- Mar. 31, 2016	Apr. 1- June 30, 2016	FY 2015/2016 Cumulative Performance Level	Describe any significant variance in outputs/ outcomes from what was planned (for any quarter.)
Output (unduplicated clients)						
52 unduplicated clients						
Increased Skill or Income						
Goal: 85% of participants who are enrolled in the three week employability skills workshop will complete the program. Tools: Workshop Attendance sign-in sheets	_ of _ participants in program.	_ of _ participants in program.	_ of _ participants in program.	_ of _ participants in program.		
Goal: 60% of participants who graduate from employability skills workshop will obtain full-time unsubsidized employment. Tools: Job Placement Verification Form	_ of _ participants in program.	_ of _ participants in program.	_ of _ participants in program.	_ of _ participants in program.		
Goal: 80% of participants will maintain job retention at the six month interval. Tools: Case Plan	_ of _ participants in program.	_ of _ participants in program.	_ of _ participants in program.	_ of _ participants in program.		

HMIS						
a. 100% of the clients will be entered into the Homeless Management Information System (HMIS)	_ of _ new participants in program.	_ of _ new participants in program.	_ of _ new participants in program.	_ of _ new participants in program.		
Tools: HMIS						

CONTINUUM OF CARE PROGRAM

ELIGIBILITY BY PROGRAM COMPONENT

Transitional Housing	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in TH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 4 – Fleeing/Attempting to Flee DV
-----------------------------	--

CRITERIA FOR DETERMINING HOMELESSNESS

Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
Category 4	Fleeing/ Attempting to Flee DV	<p>4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

RECORDKEEPING REQUIREMENTS

Category 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution – one of the forms of evidence above <u>and</u>: <ul style="list-style-type: none"> • discharge paperwork <u>or</u> written/oral referral, <u>or</u> • written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution
Category 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u> • For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; <u>and</u> • Certification that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
Category 4	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> • <i>For victim service providers:</i> <ul style="list-style-type: none"> • An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. • <i>For non-victim service providers:</i> <ul style="list-style-type: none"> • Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> • Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> • Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Continuum of Care Program

HOMELESS CERTIFICATION

Client Name or HMIS I.D./Number _____

Signature of Agency Representative _____

Date _____

- ☐ Household without dependent children (complete one form for each adult in the household)
- ☐ Household with dependent children (complete one form for household)
- Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Must attach documentation required (see Exhibit E3i, Page 2) to certify homelessness.

HUD's Preferred Order for Documentation

1. Third Party

- Written (Letters/Referrals)
 - Official communication (issued on agency stationery or program template)
 - Signed and dated by appropriate third party representative
- Oral (Recorded Oral Statements)
 - By intake staff
 - Of 3rd party providing verification
 - Signed and dated by intake staff as true and complete

2. Intake Staff Observations (Recorded)

- Intake staff notes on their observations and assessments
- Signed and dated by intake staff as true and complete

3. Self-Certification (Individual/Head of Household Statement)

- Written statements certified (signed and dated) as true and complete
 - Regulations specify when oral statements can be used
- If self-certification must be verified
 - Confirmation that certification was verified OR
 - Due diligence documentation
 - Describe efforts to obtain third party documentation
 - May include phone logs, email correspondence, copies of certified letters etc.
 - Outcome of effort, including obstacles
 - Signed and dated by intake staff as true and complete

** Exceptions to Preferred Order

- Type of assistance provided
 - Emergency shelter
 - Street outreach
 - Victim services
- To protect the safety of individuals/families fleeing or attempting to flee DV

Check only Group/Condition and provide appropriate documentation

☐ **CATEGORY 1: LITERALLY HOMELESS (INDIVIDUAL OR FAMILY WHO LACKS A FIXED, REGULAR, AND ADEQUATE NIGHTTIME RESIDENCE):**

1. – ☐ **Unsheltered Homeless – (sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation)**

- HUD's preferred order applies
 - Exception for providing emergency shelter street outreach services, domestic violence
- Third Party – Written (Letters/Referrals)
 - ☐ HMIS street outreach service record
 - Standards for system:
 - ~ Retains auditable history of all entries
 - ~ Prevents overrides or changes to dates entries are made
 - Standards for verifying homeless status:
 - ~ Dates of stay/services should be concurrent with application for assistance

– OR –

- ☐ Homeless Certification/Written Referral from local law enforcement or emergency medical service agencies (issued on agency stationery or program template)
 - Standards for Homeless Certifications:
 - ~ Confirm homeless status
 - ~ Document any applicable criteria
 - General standards for written letters/referrals:
 - ~ Official communication
 - ~ Signed and dated by appropriate third party representative

2. – ☐ **In Shelter – (living in a shelter/transitional housing/hotels & motels paid for by charitable organizations or federal/state/local government programs designed to provide temporary living arrangements)**

- HUD's preferred order applies
- Third Party – Written (Letters/Referrals)
 - HMIS shelter stay record
 - Homeless Certification/Written Referral from Shelter

3. – ☐ **If Exiting an Institution – (e.g. jail, hospital)**

☐ **Condition: Unsheltered OR in emergency shelter (immediately before entering institution)**

- HUD's preferred order applies
- Third Party – Written records available may include:
 - HMIS shelter stay/street outreach service record
 - Homeless Certification/Written Referral

– OR –

☐ **Condition: Length of stay is 90-days or less (in institution)**

- Appropriate documentation is preferred order:
 - Third Party – Written
 - Discharge paperwork
 - Written Referral
 - Third Party – Oral
 - Self-Certification & Due Diligence
- * Documentation must specify entry/exit dates or duration of stay.

Client Name or HMIS I.D./Number: _____

Description of current living situation: _____

Shelter and/or Institution Name: _____

Authorized Agency Representative Signature: _____ Date: _____

Check only one Condition and provide appropriate documentation

☐ **CATEGORY 2: IMMINENT RISK OF HOMELESSNESS (INDIVIDUAL OR FAMILY WHO WILL IMMINENTLY – WITHIN 14-DAYS – LOSE THEIR PRIMARY NIGHTTIME RESIDENCE WITH NO SUBSEQUENT RESIDENCE, RESOURCES OR SUPPORT NETWORKS):**

3 – Conditions

1. – ☐ **Housing loss within 14-days**
- If Tenant/Homeowner (appropriate documentation in preferred order)
 - Third Party – Written
 - Court order to leave – OR –
 - Other equivalent notice under State law
 - If in Hotel/Motel: lack of financial resources
 - Self-Certification, supported by other documentation when practical
 - If in other Housing situation (i.e., doubled-up)
 - Self-Certification, supported by:
 - Third Party Verification – OR –
 - Due Diligence
2. – ☐ **No Subsequent Residence**
- Self-Certification, supported by other documentation when practical
3. – ☐ **Lack of Resources & Support Networks to Obtain Other Housing**
- Self-Certification, support by other documentation when practical

Client Name or HMIS I.D./Number: _____

Description of current living situation: _____

Court Order # and Date, Hotel/Motel Voucher or Self-Certification: _____

Authorized Agency Representative Signature: _____ Date: _____

*****Check only one Group (Victim Provider or Non-Victim Provider) and provide appropriate documentation*****

- ☐ **CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DV (INDIVIDUAL OR FAMILY WHO IS FLEEING OR IS ATTEMPTING TO FLEE DV – DATING VIOLENCE, SEXUAL ASSAULT, STALKING, OR OTHER DANGEROUS OR LIFE-THREATENING CONDITIONS RELATED TO VIOLENCE – HAVE NO OTHER RESIDENCE AND LACK THE RESOURCES OR SUPPORT NETWORK TO OBTAIN OTHER PERMANENT HOUSING):**

3 – Conditions

1. – ☐ **Flight/Attempt to Flee DV**
2. – ☐ **No Subsequent residence**
3. – ☐ **Lack of resource to obtain other housing**

☐ **Victim Service Provider**

- Self-Certification of all three conditions
- Signed and dated by individual/head of household – OR –
 - Oral statement recorded by intake staff, signed and dated as true and completed by intake staff

– OR –

☐ **Non-Victim Service Provider**

- Self-certification of fleeing/attempt to flee DV by individual/head of household AND, **if no threat to safety**, supported by:
- Third Party written referral source from whom assistance was sought for DV – OR –
 - Intake worker observation
 - Need only contain minimum amount of information necessary
 - Confirm household is fleeing/attempting to flee DV
 - Self-Certification of no subsequent residence, resources or support networks

* Self-Certification requirements vary by type of provider determining Homeless status

Client Name or HMIS I.D./Number: _____

Description of current living situation: _____

Head of Household/Intake Staff Signature: _____ Date: _____

Authorized Agency Representative Signature: _____ Date: _____

Pima County HMIS

HUD CoC/ESG Project Entry Form with TPCB Additional Questions

Intake Staff Name:		Release of Information Signed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. CLIENT INFORMATION			
Client Name (All clients)	First _____ MI _____ LAST _____ Suffix _____		
Name Data Quality (all clients)	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Don't Know or Don't Have SSN <input type="checkbox"/> Client refused	Alias	
SSN (All clients)	_____	SSN Data Quality (all clients)	<input type="checkbox"/> Full SSN Reported <input type="checkbox"/> Approximate or Partial SSN Reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
U.S. Military Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Client ID	_____
2. HOUSEHOLD INFORMATION			
Household Type	<input type="checkbox"/> Couple with no children <input type="checkbox"/> Grandparent(s) and Child <input type="checkbox"/> Other <input type="checkbox"/> Female Single Parent <input type="checkbox"/> Male Single Parent <input type="checkbox"/> Two Parent Family <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Non-Custodial Caregiver(s)		
Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Head of Household: (Last & First)	
Relationship to Head of Household	<input type="checkbox"/> Daughter <input type="checkbox"/> Grandson <input type="checkbox"/> Other Relative <input type="checkbox"/> Step Son <input type="checkbox"/> Father <input type="checkbox"/> Husband <input type="checkbox"/> Self <input type="checkbox"/> Unknown <input type="checkbox"/> Granddaughter <input type="checkbox"/> Husband & Father <input type="checkbox"/> Significant Other <input type="checkbox"/> Wife <input type="checkbox"/> Grandfather <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Wife & Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step Daughter		
3. ENTRY SUMMARY			
Provider/Program Name			Entry Type <input type="checkbox"/> HUD
Entry Date	____/____/____ MM DD YYYY	All Household Members Entering	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. BASIC CLIENT DATA (UNIVERSAL DATA ELEMENTS)			
Date of Birth (All clients)	____/____/____ MM DD YYYY	DOB Type (All clients)	<input type="checkbox"/> Full date of birth reported <input type="checkbox"/> Approximate or Partial date of birth reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Race (All clients) More than one race is permitted.	Pri Sec <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Ethnicity (All clients)	<input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

Pima County HMIS

HUD CoC/ESG Project Entry Form with TPCCH Additional Questions

Gender (All clients)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgendered Male to Female <input type="checkbox"/> Transgendered Female to Male <input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Disabling Condition of Long Duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Residence Prior to Project Entry		<input type="checkbox"/> Emergency shelter, including voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long term-care facility or nursing home <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Other <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Length of Stay in Previous Place		<input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Relationship to Head of Household (All Clients)	<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member	Client Location:	HUD-assigned COC Code: AZ-501 (Default)
Client entering from the streets, ES or SH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	If Yes for "Client entering from streets, ES or SH" Approximate date started:	<div style="border-bottom: 1px solid black; width: 100%;"></div> month/day/year

Pima County HMIS

HUD CoC/ESG Project Entry Form with TPCB Additional Questions

Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today	<input type="checkbox"/> Never in the 3 years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																								
Total number of months homeless on the street, in ES or SH in the past three years	<input type="checkbox"/> One month (this month is the first month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																								
Length of time homeless status documented	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
5. PROGRAM LEVEL DATA ELEMENTS																									
INCOME AND BENEFITS																									
Income from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																								
Non-cash benefit from any source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																								
Sources and Amounts of Income at Entry (Head of household and adults) (Answer "Yes" or "No" for each income source. Monthly amount from source round to the nearest dollar)	Source of Non-Cash Benefit at Entry (Head of household and adults) (Answer "Yes" or "No" for each non-cash benefit source. Answer "No" for benefits that have been terminated, even if they were received in the past.)																								
<table style="width: 100%;"> <tr> <td style="width: 30%;">Alimony or Other Spousal Support</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00 </td> </tr> <tr> <td>Child Support</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00 </td> </tr> <tr> <td>Earned Income (i.e., employment Income)</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00 </td> </tr> <tr> <td>General Assistance (GA)</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00 </td> </tr> <tr> <td>Pension or retirement income from a former job</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00 </td> </tr> <tr> <td>Private Disability Insurance</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00 </td> </tr> </table>	Alimony or Other Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00	Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00	Earned Income (i.e., employment Income)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00	General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00	Pension or retirement income from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00	Private Disability Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____.00	<table style="width: 100%;"> <tr> <td style="width: 30%;">Supplemental Nutrition Assistance Program (Food Stamps)</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td>TANF Child-Care Services</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td>TANF – Transportation Services</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td>Other TANF-Funded Services</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> <tr> <td>Section 8, Public Housing, or other rental assistance</td> <td> <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>	Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	TANF Child-Care Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	TANF – Transportation Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other TANF-Funded Services	<input type="checkbox"/> No <input type="checkbox"/> Yes	Section 8, Public Housing, or other rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes
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INCOME AND BENEFITS CONTINUED ON NEX PAGE

Pima County HMIS

HUD CoC/ESG Project Entry Form with TPCCH Additional Questions

Retirement income from Social Security Social Security Disability Income (SSDI) Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF) Unemployment Insurance VA Non-Service Connected Disability Pension VA Service-Connected Disability Compensation Worker's Compensation Other source (if yes, specify source)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00 <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Temporary Rental Assistance If yes, specify source Other Source: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
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HEALTH INSURANCE

Cover by Health Insurance? (All Clients)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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Health Insurance Source. Answer "Yes" or "No" for each health insurance source. Answer "No" for sources that have been terminated, even if they were received in the past.

Medicaid Medicare State Children's Health Insurance Program Veteran's Administration (VA) Medical Services Employer-Provided Health Insurance Health Insurance obtained through COBRA Private Pay Health Insurance State Health Insurance for Adults	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> </table>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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<input type="checkbox"/> No	<input type="checkbox"/> Yes																
<input type="checkbox"/> No	<input type="checkbox"/> Yes																
<input type="checkbox"/> No	<input type="checkbox"/> Yes																

DISABILITIES

Condition	Disability Determination	Currently Receiving Treatment	Long-Term
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol & Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pima County HMIS

HUD CoC/ESG Project Entry Form with TPCB Additional Questions

DV Victim/ Survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	If yes for DV Victim/Survivor, when experience occurred	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six months to twelve months ago <input type="checkbox"/> More than one year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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OUTREACH CONTACTS

Contacts	Date _____ Time _____ Location: <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting, residential
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In Permanent Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Move-In	_____
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6. ADDITIONAL TPCB DATA ELEMENTS

MILITARY

Military Branch	<input type="checkbox"/> Army <input type="checkbox"/> Airforce <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
------------------------	--

Military Service Era Information	<input type="checkbox"/> Between Korean and Vietnam War (Februaruy 1995-July 1964) <input type="checkbox"/> Between WWII and Korean War (August 1947-May 1950) <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Persian Gulf Era (August 1991-September 10, 2001) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> September 11, 2001-present <input type="checkbox"/> Vietnam Era (Agusut 1964-April 1975) <input type="checkbox"/> World War II (September 1940-July 1947) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
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Discharge Type	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> N/A
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Pima County HMIS
HUD CoC/ESG Project Entry Form with TPCH Additional Questions

EDUCATION	
Highest Level of Education Attained:	<ul style="list-style-type: none"><input type="checkbox"/> 10th grade (HUD)<input type="checkbox"/> 11th grade<input type="checkbox"/> 12th grade, No diploma<input type="checkbox"/> 5th grade or 6th grade<input type="checkbox"/> 7th grade or 8th grade<input type="checkbox"/> 9th grade<input type="checkbox"/> GED<input type="checkbox"/> High School Diploma<input type="checkbox"/> No schooling completed<input type="checkbox"/> Nursery school to 4th grade<input type="checkbox"/> Post-secondary school<input type="checkbox"/> Client doesn't know<input type="checkbox"/> Client refused

HUD CoC / ESG Project Annual Assessment/Update Form

Staff Name:	Date Client Enrolled:	Annual Assessment/Update Date:
1. Client Information		
Client Name (All clients)	Head of Household's Name	
Client ID	Client Location:	HUD Assigned CoC Code: AZ-501 (Default)
INCOME AND BENEFITS		
Income from any source?	Non-cash benefit from any source?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Sources and Amounts of Income at Annual Assessment/Update (Head of household and adults) (Answer "Yes" or "No" for each income source. Monthly amount from source round to the nearest dollar)	Source of Non-Cash Benefits at Annual Assessment/Update (Head of household and adults) (Answer "Yes" or "No" for each non-cash benefit source. Answer "No" for benefits that have been terminated, even if they were received in the past.)	
Alimony or Other Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Supplemental Nutrition Assistance Program (Food Stamps)
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
Earned Income (i.e., employment Income)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	TANF Child-Care Services
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	TANF – Transportation Services
Pension or retirement income from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Other TANF-Funded Services
Private Disability Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Section 8, Public Housing, or other rental assistance
Retirement income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Temporary Rental Assistance If yes, specify source
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Other Source: _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	
VA Non-Service Connected Disability Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	
VA Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	
Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	
Other source (if yes, specify source)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	

Pima County HMIS

HUD CoC / ESG Project Annual Assessment/Update Form

HEALTH INSURANCE																			
Cover by Health Insurance? (All Clients)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																		
Health Insurance Source. Answer "Yes" or "No" for each health insurance source. Answer "No" for sources that have been terminated, even if they were received in the past.																			
Medicaid Medicare State Children's Health Insurance Program Veteran's Administration (VA) Medical Services Employer-Provided Health Insurance Health Insurance obtained through COBRA Private Pay Health Insurance State Health Insurance for Adults	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> </table>			<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
<input type="checkbox"/> No	<input type="checkbox"/> Yes																		
DISABILITIES																			
Condition	Disability Determination	Currently Receiving Treatment	Long-Term																
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Both Alcohol & Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
Chronic Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No																
DV Victim/ Survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	If yes for DV Victim/Survivor, when experience occurred <input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago <input type="checkbox"/> From six months to twelve months ago <input type="checkbox"/> More than one year ago <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused																	
If yes for DV Victim/Survivor, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
OUTREACH CONTACTS																			
Contacts	Date _____ Time _____ Location: <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting, residential	Date of Engagement																	
In Permanent Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Move-In	_____																

Pima County HMIS

HUD CoC / ESG Project Annual Assessment/Update Form

Client entering from the streets, ES or SH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	If Yes for "Client entering from streets, ES or SH" Approximate date started: _____	_____ month/day/year
Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today	<input type="checkbox"/> Never in the 3 years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Total number of months homeless on the street, in ES or SH in the past three years	<input type="checkbox"/> One month (this month is the first month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		

Pima County HMIS

HUD CoC/ESG Project Exit Form

Staff Name: _____		Date of Exit: _____	
1. CLIENT INFORMATION			
Client Name (All clients)		Head of Household's Name)	Client ID
2. EXIT DESTINATION (Head of Household and adult) Complete both Reason for Leaving & Destination:			
Reason for Leaving:	<input type="checkbox"/> Completed Program <input type="checkbox"/> Criminal Activity/Violence <input type="checkbox"/> Death <input type="checkbox"/> Disagreement with rules/persons <input type="checkbox"/> Left for housing opp. Before completing program <input type="checkbox"/> Non-compliance with program <input type="checkbox"/> Non-payment of rent <input type="checkbox"/> Other <input type="checkbox"/> Reached maximum time allowed <input type="checkbox"/> Unknown/Disappeared		
Destination:	<input type="checkbox"/> Deceased <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long term-care facility or nursing home <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH <input type="checkbox"/> Owned by client, no on-going housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless (SHP, S+C or SRO Mod Rehab) <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH Subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental client, with other on-going housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Safe Haven <input type="checkbox"/> Staying or living with family, permanent tenure <input type="checkbox"/> Staying or living with family, temporary tenure <input type="checkbox"/> Staying or living with friends, permanent tenure <input type="checkbox"/> Staying or living with friends, temporary tenure <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Other _____ <input type="checkbox"/> No exit interview completed <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		

Pima County HMIS HUD CoC/ESG Project Exit Form

INCOME AND BENEFITS			
Income from <i>any</i> source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	Non-cash benefit from <i>any</i> source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Sources and Amounts of Income at Exit (Head of household and adults) (Answer "Yes" or "No" for each income source. Monthly amount from source round to the nearest dollar)		Source of Non-Cash Benefit at Exit (Head of household and adults) (Answer "Yes" or "No" for each non-cash benefit source. Answer "No" for benefits that have been terminated, even if they were received in the past.)	
Alimony or Other Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Supplemental Nutrition Assistance Program (Food Stamps)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Earned Income (i.e., employment Income)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	TANF Child-Care Services	<input type="checkbox"/> No <input type="checkbox"/> Yes
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	TANF – Transportation Services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pension or retirement income from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Other TANF-Funded Services	<input type="checkbox"/> No <input type="checkbox"/> Yes
Private Disability Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Section 8, Public Housing, or other rental assistance	<input type="checkbox"/> No <input type="checkbox"/> Yes
Retirement income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Temporary Rental Assistance If yes, specify source	<input type="checkbox"/> No <input type="checkbox"/> Yes
Social Security Disability Income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00	Other Source: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Supplemental Security Income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		
Unemployment Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		
VA Non-Service Connected Disability Pension	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		
VA Service-Connected Disability Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		
Worker's Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		
Other source (if yes, specify source)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____ .00		

Pima County HMIS

HUD CoC/ESG Project Exit Form

HEALTH INSURANCE			
Cover by Health Insurance? (All Clients)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Health Insurance Source. Answer "Yes" or "No" for each health insurance source. Answer "No" for sources that have been terminated, even if they were received in the past			
Medicaid Medicare State Children's Health Insurance Program Veteran's Administration (VA) Medical Services Employer-Provided Health Insurance Health Insurance obtained through COBRA Private Pay Health Insurance State Health Insurance for Adults	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	
DISABILITIES			
Condition	Disability Determination	Currently Receiving Treatment	Long-Term
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol & Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No
OUTREACH CONTACTS			
Contacts	Date _____ Time _____ Location: <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service setting, non-residential <input type="checkbox"/> Service setting, residential		
Assessment Disposition	<input type="checkbox"/> Referred to emergency shelter/safe haven <input type="checkbox"/> Referred to transitional housing <input type="checkbox"/> Referred to rapid re-housing <input type="checkbox"/> Referred to permanent supportive housing <input type="checkbox"/> Referred to homelessness prevention <input type="checkbox"/> Referred to street outreach <input type="checkbox"/> Referred to other continuum project type <input type="checkbox"/> Referred to homelessness diversion program <input type="checkbox"/> Unable to refer/accept within continuum; ineligible for continuum projects <input type="checkbox"/> Unable to refer/accept within continuum; continuum services unavailable <input type="checkbox"/> Referred to other community project (non-continuum) <input type="checkbox"/> Applicant declined referral/acceptance <input type="checkbox"/> Applicant terminated assessment prior to completion <input type="checkbox"/> Other/Specify: _____		

Pima County HMIS

HUD CoC/ESG Project Exit Form

Housing Assessment at Exit	<input type="checkbox"/> Able to maintain the housing they had at project entry <input type="checkbox"/> Moved to new housing unit <input type="checkbox"/> Moved in with family/friends on a temporary basis <input type="checkbox"/> Moved in with family/friends on a permanent basis <input type="checkbox"/> Moved to a transitional or temporary housing facility or program <input type="checkbox"/> Client became homeless – moving to a shelter or other place unfit for human habitation <input type="checkbox"/> Client went to jail/prison <input type="checkbox"/> Client died <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
If Able to maintain housing at entry, Subsidy Information	<input type="checkbox"/> Without a subsidy <input type="checkbox"/> With the subsidy they had at project entry <input type="checkbox"/> With an on-going subsidy acquired since project entry <input type="checkbox"/> Only with financial assistance other than a subsidy		
If Moved to new housing unit, Subsidy information	<input type="checkbox"/> With on-going subsidy <input type="checkbox"/> Without an on-going subsidy		
Client entering from the streets, ES or SH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	If Yes for "Client entering from streets, ES or SH" Approximate date started:	_____ month/day/year
Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years including today		<input type="checkbox"/> Never in the 3 years <input type="checkbox"/> One time <input type="checkbox"/> Two times <input type="checkbox"/> Three times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
Total number of months homeless on the street, in ES or SH in the past three years	<input type="checkbox"/> One month (this month is the first month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		

TENANT INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Rent Change

Effective Date: _____

Move-in Date: _____
(mm/dd/yyyy)

Name : _____

HMIS ID #: _____

Address: _____ Unit Number: _____ # of Bedrooms: _____

PART II - HOUSEHOLD COMPOSITION

HH Mbr	Last Name, First Name & Middle Initial Or HMIS I.D Number	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Sex	F/T Student Y/N	Social Security No. or Alien Reg. No.
Head		Head				
2						
3						
4						
5						

PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr	(A) Income or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
Head	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$
(E) INCOME TOTAL:				\$

PART IV - INCOME FROM ASSETS

HH Mbr	(F) Type of Asset	(G) Current/Imputed	(H) Cash Value of Assets	(I) Annual Income from Asset
Head		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
TOTALS:		\$	\$	\$

Enter Column (H) Total if over \$5,000 \$ _____ X 2% (Passbook Rate) = (J) Imputed Income Total \$ _____

Enter the Greater of the Total of Column I or J

(K) TOTAL INCOME FROM ASSETS \$

(L) Total Annual Household Income from all Sources (Add E + K): \$

PART V – DEDUCTIONS								
Total Annual Income (L) x 3% = \$ _____			Medical/Disability Threshold: Total Annual Income (L) Minus 3% = \$ _____					
Medical/Disability Threshold:	Plus	Elderly/Disabled:	Plus	Dependents:	Plus	Childcare:	Equals	Total Deductions:
\$ _____		\$400		_____ X \$480 = \$ _____		\$ _____		\$ _____

PART VI. Adjusted Income				
Total Annual Income:		Total All Deductions:		Adjusted Income:
\$ _____	Minus	\$ _____	Equals	\$ _____

PART VII. TOTAL TENANT PAYMENT (use greater of 10% or 30%)	
Total Annual Household Income: \$ _____ / 12 x .10 = \$ _____	Adjusted Income: \$ _____ / 12 x .30 = \$ _____

Total Tenant Payment:	\$ _____
Utility Allowance:	\$ _____
Tenant Rent (Net):	\$ _____
Effective Date:	_____

PART VIII. DETERMINATION OF INCOME ELIGIBILITY
Total Annual Household Income \$ _____
Household Size _____
Current Income Limit per Family \$ _____ (see Exhibit E6)

_____ I/We certify that the total value of assets owned by all household members as of the Effective Date (stated above) is \$ _____
 The total annual income derived from the assets is \$ _____.

Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) Do not include necessary personal property such as furniture, automobiles and clothing.

HOUSEHOLD CERTIFICATION & SIGNATURES OF AGENCY REPRESENTATIVE

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person set forth in Part II acceptable verifications of current anticipated annual income. I/We agree to notify my/our case manager immediately upon any member of the household moving out of the unit or any new member moving in. I/We agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/We certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False misleading or incomplete information may result in the termination of the lease agreement.

Signature

Date

Signature

Date

Signature

Date

Agency Signature

Date

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed the authorized agency representative.

Part I- Unit Information

Check the appropriated box for Initial Certification (move-in), Recertification (annual recertification, or other. If other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in-Date Enter the date the tenant has or will take occupancy of the Unit.
Effective Date Enter the effective date of the certification. For move-in, this should be the move-in-date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Address Enter the address of the building.
Unit Number Enter the unit number.
#Bedrooms Enter the number of bedrooms in the unit.

Part II-Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H - Head of Household	S - Spouse
A - Adult co-tenant	O - Other family member
C - Child	F - Foster children/adult(s)
L - Live-in caretaker	N - None of the above

Enter the date of birth, student status, and social security number or alien registration number for each occupant. If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III – Annual Income

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re) certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A)	Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment or business.
Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc).
Column (D)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Row (E)	Add the totals from columns (A) through (D), above. Enter this amount.

Part IV – Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F)	List the type of asset (i.e., checking account, savings account, etc.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset) or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
Column (H)	Enter the cash value of the respective asset.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate)
TOTALS (J)	Add the total of Column (H) and Column (I). Respectively.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Row (K) Enter the greater of the total in Column (I) or (J)
Row (L) Total Annual Household Income From all Sources Add (E) and (K) and enter the total

PART V. DEDUCTIONS

(1) The sum of the following, to the extent the sum exceeds three percent of annual income:

- (i) Unreimbursed medical expenses of any elderly family or disabled family; and
- (ii) Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed. This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendant care or auxiliary apparatus; and

(2) \$400 for any elderly family or disabled family;

(3) \$480 for each dependent;

(4) Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education.

PART VI. ADJUSTED INCOME

Adjusted income means annual income (as determined by the responsible entity, defined in § 5.100 and § 5.603) of the members of the family residing or intending to reside in the dwelling unit, after making the above deductions:

PART VII. TOTAL TENANT PAYMENT

Use GREATER OF 10% or 30%:

10 percent of the family's monthly income
Total Annual Household Income / 12 X 10% or

30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses)
Total Adjusted Annual Income / 12 X 30% \$

Total Tenant Payment	Enter the greater amount of 10% or 30%
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Tenant Rent	Enter the amount of the Total Tenant Payment minus the Utility Allowance
Effective Date	Should be move-in date

Part VIII- DETERMINATION OF INCOME ELIGIBILITY

Total Annual Household Income	Enter the number from item (L) from all Sources.
Household size	Enter the number of household members in the family
Current Income Limit per Family	Enter the Current Allowable (at move-in) Income Limit for the household size

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

It is the responsibility of the authorized agency representative to sign and date this document immediately following execution by the resident(s).

**CITY OF TUCSON
INCOME LIMITS
TUCSON / PIMA COUNTY
(effective 3/6/2015)**

NUMBER OF PERSONS	EQUAL TO OR LESS THAN 80% OF MEDIAN INCOME	EQUAL TO OR LESS THAN 50% OF MEDIAN INCOME	EQUAL TO OR LESS THAN 30% OF MEDIAN INCOME
1	\$33,050	\$20,650	\$12,400
2	\$37,800	\$23,600	\$15,930
3	\$42,500	\$26,550	\$20,090
4	\$47,200	\$29,500	\$24,250
5	\$51,000	\$31,900	\$28,410
6	\$54,800	\$34,250	\$32,570
7	\$58,550	\$36,600	\$36,600
8	\$62,350	\$38,950	\$38,950

BRIDGES TENANT ACTIVITY MONTHLY REPORT

(PLEASE E-MAIL TO DANA.MELLORS@TUCSONAZ.GOV BY THE 10TH OF EACH MONTH)

MONTH/YEAR

AGENCY NAME: SULLIVAN JACKSON EMPLOYMENT CENTER

PERSON COMPLETING FORM: _____

PHONE #: _____

LIST ALL TENANTS THAT HAVE OCCUPIED THESE UNITS DURING THE MONTH.

ADDRESS	NAME(S) OF OCCUPANT(S)	MOVE-IN DATE	MOVE-OUT DATE	# IN HOUSEHOLD	PARTICIPANT FEE	EXPLAIN WHAT \$ COLLECTED FROM TENANT WAS USED FOR

DATE: _____

REFERRING TO: _____
☐ Housing Provider ☐ Employment/Training Provider

CASE MANAGER NAME: _____ PHONE: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

CURRENT ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDATE: ____/____/____ SEX:____ RACE/ETHN:____ #. IN HOUSEHOLD____
MM DD YY

CLIENT MONTHLY INCOME: _____ CLIENT SOCIAL SECURITY: _____

CLIENT CASE PLAN OBJECTIVES: _____

SERVICES REQUESTED: _____

AUTHORITY TO RELEASE INFORMATION: I authorize (agency) _____
to release the information contained on this form to City of Tucson and (agency name) _____

Client Name(Printed)	Signature	Date
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Tucson HMIS Project Memorandum of Understanding

This agreement authorizes the creation and use of an inter-agency Memorandum of Understanding (MOU) data sharing agreement within the Tucson Homeless Management Information System (HMIS).

An MOU is a data sharing tool within HMIS that contains multiple data sharing relationships between multiple organizations. In a data sharing relationship, a granting organization shares data to an accessing organization. On a client record, a data sharing relationship allows the accessing organization to see the information recorded by the granting organization.

The MOU is created by system administrators and available to users from any of the organizations participating in the MOU. A user assigns an MOU to a client record when that client signs an authorization to release information form identifying the MOU or the participating organizations in the MOU. Only the organization that creates the client record can assign an MOU. A client may only have one active MOU assignment.

Each MOU has system-wide effective begin and end dates; the MOU should be renewed prior to end date expiration if the organizations want the data sharing relationships to continue. Additionally, each client record MOU assignment has discrete effective begin and end dates for sharing information thru the MOU.

The participating organizations identified here agree to allow HMIS users from any of the participating organizations to assign this MOU and its associated information release data sharing relationships to any client providing the appropriate authorization.

MOU Name: Sullivan Jackson Employment Center

Effective Begin Date: July 1, 2015

Effective End Date: June 30, 2016

Participating Organizations:

- City of Tucson Housing and Community Development Department (HCDD),
Planning and Community Development Division (PCDD)
310 N Commerce Park Loop, Tucson Arizona 85745
- Sullivan Jackson Employment Center
400 E. 26th St., Tucson, AZ 85713

Data Sharing Purpose: Reporting and data quality assurance for HMIS data on clients enrolled in the Sullivan Jackson Employment Center, Bridges Transitional Housing Program. The City of Tucson HCDD/PCDD is the recipient and Sullivan Jackson Employment Center is the subrecipient.

Data Sharing Relationships:

Granting Organization

Sullivan Jackson Employment Center
City of Tucson HCDD/PCDD

Accessing Organization

City of Tucson HCDD/PDD
Sullivan Jackson Employment Center

By signing this document, the parties listed above hereby accept the terms of this agreement.

Authorized Organization Representative Signatures:

Teresa Williams, Deputy Director
City of Tucson, HCDD/PCDD

Date

Efrain Romero, Program Manager
Sullivan Jackson Employment Center

Date

PART 578 - CONTINUUM OF CARE PROGRAM

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AUTHORITY: 42 U.S.C. 11371 *et seq.*, 42 U.S.C. 3535(d).
SOURCE: 77 FR 45442, July 31, 2012, unless otherwise noted.

Subpart A - General Provisions

578.1 Purpose and scope.

(a) The Continuum of Care program is authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11381-11389).

(b) The program is designed to:

- (1) Promote communitywide commitment to the goal of ending homelessness;
- (2) Provide funding for efforts by nonprofit providers, States, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- (3) Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
- (4) Optimize self-sufficiency among individuals and families experiencing homelessness.

578.3 Definitions.

As used in this part:

Act means the McKinney-Vento Homeless Assistance Act as amended (42 U.S.C. 11371 *et seq.*).

Annual renewal amount means the amount that a grant can be awarded on an annual basis when renewed. It includes funds only for those eligible activities (operating, supportive services, leasing, rental assistance, HMIS, and administration) that were funded in the original grant (or the original grant as amended), less the unrenovable activities (acquisition, new construction, rehabilitation, and any administrative costs related to these activities).

Applicant means an eligible applicant that has been designated by the Continuum of Care to apply for assistance under this part on behalf of that Continuum.

At risk of homelessness. (1) An individual or family who:

- (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;
- (ii) Does not have sufficient resources or support networks, *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section; and
- (iii) Meets one of the following conditions:

- (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- (B) Is living in the home of another because of economic hardship;
- (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
- (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
- (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
- (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;

(2) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or

(3) A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Centralized or coordinated assessment system means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertized, and includes a comprehensive and standardized assessment tool.

Chronically homeless. (1) An individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental

Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Collaborative applicant means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

Consolidated plan means the HUD-approved plan developed in accordance with 24 CFR 91. *Continuum of Care and Continuum* means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.

Developmental disability means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002):

(1) A severe, chronic disability of an individual that—

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) Is manifested before the individual attains age 22;

(iii) Is likely to continue indefinitely;

(iv) Results in substantial functional limitations in three or more of the following areas of major life activity:

(A) Self-care;

(B) Receptive and expressive language;

(C) Learning;

(D) Mobility;

(E) Self-direction;

(F) Capacity for independent living;

(G) Economic self-sufficiency.

(v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of "developmental disability" in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Eligible applicant means a private nonprofit organization, State, local government, or instrumentality of State and local government.

Emergency shelter is defined in 24 CFR part 576.

Emergency Solutions Grants (ESG) means the grants provided under 24 CFR part 576.

Fair Market Rent (FMR) means the Fair Market Rents published in the FEDERAL REGISTER annually by HUD.

High-performing community (HPC) means a Continuum of Care that meets the standards in subpart E of this part and has been designated as a high-performing community by HUD.

Homeless means:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

(2) An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;

(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

(4) Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead means the entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

Permanent housing means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing,

the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause. *Permanent supportive housing* means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Point-in-time count means a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

Private nonprofit organization means an organization:

- (1) No part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;
- (2) That has a voluntary board;
- (3) That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
- (4) That practices nondiscrimination in the provision of assistance.

A private nonprofit organization does not include governmental organizations, such as public housing agencies.

Program participant means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under this subtitle.

Recipient means an applicant that signs a grant agreement with HUD.

Safe haven means, for the purpose of defining chronically homeless, supportive housing that meets the following:

- (1) Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
- (2) Provides 24-hour residence for eligible persons for an unspecified period;
- (3) Has an overnight capacity limited to 25 or fewer persons; and
- (4) Provides low-demand services and referrals for the residents.

State means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Virgin Islands.

Subrecipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project. *Transitional housing* means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA) means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in § 578.11(b), which is approved by HUD and to which HUD awards a grant.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Subpart D - Program Components and Eligible Costs

578.37 Program components and uses of assistance.

(a) Continuum of Care funds may be used to pay for the eligible costs listed in § 578.39 through § 578.63 when used to establish and operate projects under five program components: permanent housing; transitional housing; supportive services only; HMIS; and, in some cases, homelessness prevention. Although grant funds may be used by recipients and subrecipients in all components for the eligible costs of contributing data to the HMIS designated by the Continuum of Care, only HMIS Leads may use grant funds for an HMIS component. Administrative costs are eligible for all components. All components are subject to the restrictions on combining funds for certain eligible activities in a single project found in § 578.87(c). The eligible program components are:

(1) *Permanent housing (PH)*. Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services. PH includes:

(i) *Permanent supportive housing for persons with disabilities (PSH)*. PSH can only provide assistance to individuals with disabilities and families in which one adult or child has a disability. Supportive services designed to meet the needs of the program participants must be made available to the program participants.

(ii) *Rapid rehousing*. Continuum of Care funds may provide supportive services, as set forth in § 578.53, and/or short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. When providing short-term and/or medium-term rental assistance to program participants, the rental assistance is subject to § 578.51(a)(1), but not § 578.51(a)(1)(i) and (ii); (a)(2); (c) and (f) through (i); and (l)(1). These projects:

(A) Must follow the written policies and procedures established by the Continuum of Care for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.

(B) May set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent. For the purposes of calculating rent for rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.

(C) Limit rental assistance to no more than 24 months to a household.

(D) May provide supportive services for no longer than 6 months after rental assistance stops.

(E) Must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant's eligibility and the amount and types of assistance that the program participant needs.

(F) Require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.

(2) *Transitional Housing (TH)*. Transitional housing facilitates the movement of homeless individuals and families to PH within 24 months of entering TH. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services.

(3) *Supportive Service Only (SSO)*. Funds may be used for acquisition, rehabilitation, relocation costs, or leasing of a facility from which supportive services will be provided, and supportive services in order to provide supportive services to unsheltered and sheltered homeless persons for whom the recipient or subrecipient is not providing housing or housing assistance. SSO includes street outreach.

(4) *HMIS*. Funds may be used by HMIS Leads to lease a structure in which the HMIS is operated or as operating funds to operate a structure in which the HMIS is operated, and for other costs eligible in § 578.57.

(5) *Homelessness prevention*. Funds may be used by recipients in Continuums of Care-designated high-performing communities for housing relocation and stabilization services, and

short- and/or medium-term rental assistance, as described in 24 CFR 576.105 and 24 CFR 576.106, that are necessary to prevent an individual or family from becoming homeless.

(b) *Uses of assistance.* Funds are available to pay for the eligible costs listed in § 578.39 through § 578.63 when used to:

- (1) Establish new housing or new facilities to provide supportive services;
- (2) Expand existing housing and facilities in order to increase the number of homeless persons served;
- (3) Bring existing housing and facilities into compliance with State and local government health and safety standards, as described in § 578.87;
- (4) Preserve existing permanent housing and facilities that provide supportive services;
- (5) Provide supportive services for residents of supportive housing or for homeless persons not residing in supportive housing;
- (6) Continue funding permanent housing when the recipient has received funding under this part for leasing, supportive services, operating costs, or rental assistance;
- (7) Establish and operate an HMIS or comparable database; and
- (8) Establish and carry out a Continuum of Care planning process and operate a Continuum of Care.

(c) *Multiple purposes.* Structures used to provide housing, supportive housing, supportive services, or as a facility for HMIS activities may also be used for other purposes. However, assistance under this part will be available only in proportion to the use of the structure for supportive housing or supportive services. If eligible and ineligible activities are carried out in separate portions of the same structure or in separate structures, grant funds may not be used to pay for more than the actual cost of acquisition, construction, or rehabilitation of the portion of the structure or structures used for eligible activities. If eligible and ineligible activities are carried out in the same structure, the costs will be prorated based on the amount of time that the space is used for eligible versus ineligible activities.

578.39 Continuum of Care planning activities.

(a) *In general.* Collaborative applicants may use up to 3 percent of their FPRN, or a maximum amount to be established by the NOFA, for costs of:

- (1) Designing and carrying out a collaborative process for the development of an application to HUD;
- (2) Evaluating the outcomes of projects for which funds are awarded in the geographic area under the Continuum of Care and the Emergency Solutions Grants programs; and
- (3) Participating in the consolidated plan(s) for the geographic area(s).

(b) *Continuum of Care planning activities.* Eligible planning costs include the costs of:

(1) Developing a communitywide or regionwide process involving the coordination of nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans, and homeless and formerly homeless individuals;

(2) Determining the geographic area that the Continuum of Care will serve;

(3) Developing a Continuum of Care system;

(4) Evaluating the outcomes of projects for which funds are awarded in the geographic area, including the Emergency Solutions Grants program;

(5) Participating in the consolidated plan(s) of the jurisdiction(s) in the geographic area; and

(6) Preparing and submitting an application to HUD on behalf of the entire Continuum of Care membership, including conducting a sheltered and unsheltered point-in-time count and other data collection as required by HUD.

(c) *Monitoring costs.* The costs of monitoring recipients and subrecipients and enforcing compliance with program requirements are eligible.

578.41 Unified Funding Agency costs.

(a) *In general.* UFAs may use up to 3 percent of their FPRN, or a maximum amount to be established by the NOFA, whichever is less, for fiscal control and accounting costs necessary to assure the proper disbursement of, and accounting for, federal funds awarded to subrecipients under the Continuum of Care program.

(b) *UFA costs.* UFA costs include costs of ensuring that all financial transactions carried out under the Continuum of Care program are conducted and records are maintained in accordance with generally accepted accounting principles, including arranging for an annual survey, audit, or evaluation of the financial records of each project carried out by a subrecipient funded by a grant received through the Continuum of Care program.

(c) *Monitoring costs.* The costs of monitoring subrecipients and enforcing compliance with program requirements are eligible for costs.

578.43 Acquisition.

Grant funds may be used to pay up to 100 percent of the cost of acquisition of real property selected by the recipient or subrecipient for use in the provision of housing or supportive services for homeless persons.

578.45 Rehabilitation.

(a) *Use.* Grant funds may be used to pay up to 100 percent of the cost of rehabilitation of structures to provide housing or supportive services to homeless persons.

(b) *Eligible costs.* Eligible rehabilitation costs include installing cost-effective energy measures, and bringing an existing structure to State and local government health and safety standards.

(c) *Ineligible costs.* Grant funds may not be used for rehabilitation of leased property.

578.47 New construction.

(a) *Use.* Grant funds may be used to:

(1) Pay up to 100 percent of the cost of new construction, including the building of a new structure or building an addition to an existing structure that increases the floor area by 100 percent or more, and the cost of land associated with that construction, for use as housing.

(2) If grant funds are used for new construction, the applicant must demonstrate that the costs of new construction are substantially less than the costs of rehabilitation or that there is a lack of available appropriate units that could be rehabilitated at a cost less than new construction. For purposes of this cost comparison, costs of rehabilitation or new construction may include the cost of real property acquisition.

(b) *Ineligible costs.* Grant funds may not be used for new construction on leased property.

578.49 Leasing.

(a) *Use.* (1) Where the recipient or subrecipient is leasing the structure, or portions thereof, grant funds may be used to pay for 100 percent of the costs of leasing a structure or structures, or portions thereof, to provide housing or supportive services to homeless persons for up to 3 years. Leasing funds may not be used to lease units or structures owned by the recipient, subrecipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause.

(2) Any request for an exception must include the following:

(i) A description of how leasing these structures is in the best interest of the program;

(ii) Supporting documentation showing that the leasing charges paid with grant funds are reasonable for the market; and

(iii) A copy of the written policy for resolving disputes between the landlord and tenant, including a recusal for officers, agents, and staff who work for both the landlord and tenant.

(b) *Requirements.* (1) *Leasing structures.* When grants are used to pay rent for all or part of a structure or structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. In addition, the rent paid may not exceed rents currently being charged by the same owner for comparable unassisted space.

(2) *Leasing individual units.* When grants are used to pay rent for individual housing units, the rent paid must be reasonable in relation to rents being charged for comparable units, taking into account the location, size, type, quality, amenities, facilities, and management services. In addition, the rents may not exceed rents currently being charged for comparable units, and the rent paid may not exceed HUD-determined fair market rents.

(3) *Utilities.* If electricity, gas, and water are included in the rent, these utilities may be paid from leasing funds. If utilities are not provided by the landlord, these utility costs are an operating cost, except for supportive service facilities. If the structure is being used as a supportive service facility, then these utility costs are a supportive service cost.

(4) *Security deposits and first and last month's rent.* Recipients and subrecipients may use grant funds to pay security deposits, in an amount not to exceed 2 months of actual rent. An advance payment of the last month's rent may be provided to the landlord in addition to the security deposit and payment of the first month's rent.

(5) *Occupancy agreements and subleases.* Occupancy agreements and subleases are required as specified in § 578.77(a).

(6) *Calculation of occupancy charges and rent.* Occupancy charges and rent from program participants must be calculated as provided in § 578.77.

(7) *Program income.* Occupancy charges and rent collected from program participants are program income and may be used as provided under § 578.97.

(8) *Transition.* Beginning in the first year awards are made under the Continuum of Care program, renewals of grants for leasing funds entered into under the authority of title IV, subtitle D of the Act as it existed before May 20, 2009, will be renewed either as grants for leasing or as rental assistance, depending on the characteristics of the project. Leasing funds will be renewed as rental assistance if the funds are used to pay rent on units where the lease is between the program participant and the landowner or sublessor. Projects requesting leasing funds will be renewed as leasing if the funds were used to lease a unit or structure and the lease is between the recipient or subrecipient and the landowner.

578.51 Rental assistance.

(a) *Use.* (1) Grant funds may be used for rental assistance for homeless individuals and families. Rental assistance cannot be provided to a program participant who is already receiving rental assistance, or living in a housing unit receiving rental assistance or operating assistance through other federal, State, or local sources.

(i) The rental assistance may be short-term, up to 3 months of rent; medium-term, for 3 to 24 months of rent; or long-term, for longer than 24 months of rent and must be administered in accordance with the policies and procedures established by the Continuum as set forth in § 578.7(a)(9) and this section.

(ii) The rental assistance may be tenant-based, project-based, or sponsor-based, and may be for transitional or permanent housing.

(2) Grant funds may be used for security deposits in an amount not to exceed 2 months of rent. An advance payment of the last month's rent may be provided to the landlord, in addition to the security deposit and payment of first month's rent.

(b) *Rental assistance administrator.* Rental assistance must be administered by a State, unit of general local government, or a public housing agency.

(c) *Tenant-based rental assistance.* Tenant-based rental assistance is rental assistance in which program participants choose housing of an appropriate size in which to reside. When necessary to facilitate the coordination of supportive services, recipients and subrecipients may require program participants to live in a specific area for their entire period of participation, or in a specific structure for the first year and in a specific area for the remainder of their period of participation. Program participants who are receiving rental assistance in transitional housing may be required to live in a specific structure for their entire period of participation in transitional housing.

(1) Up to 5 years' worth of rental assistance may be awarded to a project in one competition.

(2) Program participants who have complied with all program requirements during their residence retain the rental assistance if they move within the Continuum of Care geographic area.

(3) Program participants who have complied with all program requirements during their residence and who have been a victim of domestic violence, dating violence, sexual assault, or stalking, and who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence), if they remain in the assisted unit, and are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety.

(d) *Sponsor-based rental assistance.* Sponsor-based rental assistance is provided through contracts between the recipient and sponsor organization. A sponsor may be a private, nonprofit organization, or a community mental health agency established as a public nonprofit organization. Program participants must reside in housing owned or leased by the sponsor. Up to 5 years' worth of rental assistance may be awarded to a project in one competition.

(e) *Project-based rental assistance.* Project-based rental assistance is provided through a contract with the owner of an existing structure, where the owner agrees to lease the subsidized units to program participants. Program participants will not retain rental assistance if they move. Up to 15 years of rental assistance may be awarded in one competition.

(f) *Grant amount.* The amount of rental assistance in each project will be based on the number and size of units proposed by the applicant to be assisted over the grant period. The amount of rental assistance in each project will be calculated by multiplying the number and size of units proposed by the FMR of each unit on the date the application is submitted to HUD, by the term of the grant.

(g) *Rent reasonableness.* HUD will only provide rental assistance for a unit if the rent is reasonable. The recipient or subrecipient must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units.

(h) *Payment of grant.* (1) The amount of rental assistance in each project will be reserved for rental assistance over the grant period. An applicant's request for rental assistance in each

grant is an estimate of the amount needed for rental assistance. Recipients will make draws from the grant funds to pay the actual costs of rental assistance for program participants.

(2) For tenant-based rental assistance, on demonstration of need:

(i) Up to 25 percent of the total rental assistance awarded may be spent in any year of a 5-year grant term; or

(ii) A higher percentage if approved in advance by HUD, if the recipient provides evidence satisfactory to HUD that it is financially committed to providing the housing assistance described in the application for the full 5-year period.

(3) A recipient must serve at least as many program participants as shown in its application for assistance.

(4) If the amount in each grant reserved for rental assistance over the grant period exceeds the amount that will be needed to pay the actual costs of rental assistance, due to such factors as contract rents being lower than FMRs and program participants being able to pay a portion of the rent, recipients or subrecipients may use the excess funds for covering the costs of rent increases, or for serving a greater number of program participants.

(i) *Vacancies.* If a unit assisted under this section is vacated before the expiration of the lease, the assistance for the unit may continue for a maximum of 30 days from the end of the month in which the unit was vacated, unless occupied by another eligible person. No additional assistance will be paid until the unit is occupied by another eligible person. Brief periods of stays in institutions, not to exceed 90 days for each occurrence, are not considered vacancies.

(j) *Property damage.* Recipients and subrecipients may use grant funds in an amount not to exceed one month's rent to pay for any damage to housing due to the action of a program participant. This shall be a one-time cost per participant, incurred at the time a participant exits a housing unit.

(k) *Resident rent.* Rent must be calculated as provided in § 578.77. Rents collected from program participants are program income and may be used as provided under § 578.97.

(l) *Leases.* (1) *Initial lease.* For project-based, sponsor-based, or tenant-based rental assistance, program participants must enter into a lease agreement for a term of at least one year, which is terminable for cause. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

(2) *Initial lease for transitional housing.* Program participants in transitional housing must enter into a lease agreement for a term of at least one month. The lease must be automatically renewable upon expiration, except on prior notice by either party, up to a maximum term of 24 months.

578.53 Supportive services.

(a) *In general.* Grant funds may be used to pay the eligible costs of supportive services that address the special needs of the program participants. If the supportive services are provided in a supportive service facility not contained in a housing structure, the costs of day-to-day

operation of the supportive service facility, including maintenance, repair, building security, furniture, utilities, and equipment are eligible as a supportive service.

(1) Supportive services must be necessary to assist program participants obtain and maintain housing.

(2) Recipients and subrecipients shall conduct an annual assessment of the service needs of the program participants and should adjust services accordingly.

(b) *Duration.* (1) For a transitional housing project, supportive services must be made available to residents throughout the duration of their residence in the project.

(2) Permanent supportive housing projects must provide supportive services for the residents to enable them to live as independently as is practicable throughout the duration of their residence in the project.

(3) Services may also be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living.

(4) Rapid rehousing projects must require the program participant to meet with a case manager not less than once per month as set forth in § 578.37(a)(1)(ii)(F), to assist the program participant in maintaining long-term housing stability.

(c) *Special populations.* All eligible costs are eligible to the same extent for program participants who are unaccompanied homeless youth; persons living with HIV/AIDS; and victims of domestic violence, dating violence, sexual assault, or stalking.

(d) *Ineligible costs.* Any cost that is not described as an eligible cost under this section is not an eligible cost of providing supportive services using Continuum of Care program funds. Staff training and the costs of obtaining professional licenses or certifications needed to provide supportive services are not eligible costs.

(e) *Eligible costs.* ~~Any cost that is not described as an eligible cost under this section is not an eligible cost of providing supportive services using Continuum of Care program funds.~~

(1) *Annual Assessment of Service Needs.* The costs of the assessment required by § 578.53(a)(2) are eligible costs.

(2) *Assistance with moving costs.* Reasonable one-time moving costs are eligible and include truck rental and hiring a moving company.

(3) *Case management.* The costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Component services and activities consist of:

(i) Counseling;

(ii) Developing, securing, and coordinating services;

(iii) Using the centralized or coordinated assessment system as required under § 578.23(c)(9).

- (iv) Obtaining federal, State, and local benefits;
 - (v) Monitoring and evaluating program participant progress;
 - (vi) Providing information and referrals to other providers;
 - (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and
 - (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.
- (4) *Child care.* The costs of establishing and operating child care, and providing child-care vouchers, for children from families experiencing homelessness, including providing meals and snacks, and comprehensive and coordinated developmental activities, are eligible.
- (i) The children must be under the age of 13, unless they are disabled children.
 - (ii) Disabled children must be under the age of 18.
 - (iii) The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- (5) *Education services.* The costs of improving knowledge and basic educational skills are eligible.
- (i) Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED).
 - (ii) Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies, and instructional material; counseling; and referral to community resources.
- (6) *Employment assistance and job training.* The costs of establishing and operating employment assistance and job training programs are eligible, including classroom, online and/or computer instruction, on-the-job instruction, services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. The cost of providing reasonable stipends to program participants in employment assistance and job training programs is also an eligible cost.
- (i) Learning skills include those skills that can be used to secure and retain a job, including the acquisition of vocational licenses and/or certificates.
 - (ii) Services that assist individuals in securing employment consist of:
 - (A) Employment screening, assessment, or testing;
 - (B) Structured job skills and job-seeking skills;

(C) Special training and tutoring, including literacy training and pre-vocational training;

(D) Books and instructional material;

(E) Counseling or job coaching; and

(F) Referral to community resources.

(7) *Food*. The cost of providing meals or groceries to program participants is eligible.

(8) *Housing search and counseling services*. Costs of assisting eligible program participants to locate, obtain, and retain suitable housing are eligible.

(i) Component services or activities are tenant counseling; assisting individuals and families to understand leases; securing utilities; and making moving arrangements.

(ii) Other eligible costs are:

(A) Mediation with property owners and landlords on behalf of eligible program participants;

(B) Credit counseling, accessing a free personal credit report, and resolving personal credit issues; and

(C) The payment of rental application fees.

(9) *Legal services*. Eligible costs are the fees charged by licensed attorneys and by person(s) under the supervision of licensed attorneys, for advice and representation in matters that interfere with the homeless individual or family's ability to obtain and retain housing.

(i) Eligible subject matters are child support; guardianship; paternity; emancipation; legal separation; orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking; appeal of veterans and public benefit claim denials; landlord tenant disputes; and the resolution of outstanding criminal warrants.

(ii) Component services or activities may include receiving and preparing cases for trial, provision of legal advice, representation at hearings, and counseling.

(iii) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services.

(iv) Legal services for immigration and citizenship matters and issues related to mortgages and homeownership are ineligible. Retainer fee arrangements and contingency fee arrangements are ineligible.

(10) *Life skills training*. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance abuse, and homelessness are eligible. These services must be necessary to assist the program participant to function independently in the community. Component life skills training are the budgeting of resources and money management, household management,

conflict management, shopping for food and other needed items, nutrition, the use of public transportation, and parent training.

(11) *Mental health services.* Eligible costs are the direct outpatient treatment of mental health conditions that are provided by licensed professionals. Component services are crisis interventions; counseling; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

(12) *Outpatient health services.* Eligible costs are the direct outpatient treatment of medical conditions when provided by licensed medical professionals including:

(i) Providing an analysis or assessment of an individual's health problems and the development of a treatment plan;

(ii) Assisting individuals to understand their health needs;

(iii) Providing directly or assisting individuals to obtain and utilize appropriate medical treatment;

(iv) Preventive medical care and health maintenance services, including in-home health services and emergency medical services;

(v) Provision of appropriate medication;

(vi) Providing follow-up services; and

(vii) Preventive and noncosmetic dental care.

(13) *Outreach services.* The costs of activities to engage persons for the purpose of providing immediate support and intervention, as well as identifying potential program participants, are eligible.

(i) Eligible costs include the outreach worker's transportation costs and a cell phone to be used by the individual performing the outreach.

(ii) Component activities and services consist of: initial assessment; crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; actively connecting and providing people with information and referrals to homeless and mainstream programs; and publicizing the availability of the housing and/or services provided within the geographic area covered by the Continuum of Care.

(14) *Substance abuse treatment services.* The costs of program participant intake and assessment, outpatient treatment, group and individual counseling, and drug testing are eligible. Inpatient detoxification and other inpatient drug or alcohol treatment are ineligible.

(15) *Transportation.* Eligible costs are:

(i) The costs of program participant's travel on public transportation or in a vehicle provided by the recipient or subrecipient to and from medical care, employment, child care, or other services eligible under this section.

(ii) Mileage allowance for service workers to visit program participants and to carry out housing quality inspections;

(iii) The cost of purchasing or leasing a vehicle in which staff transports program participants and/or staff serving program participants;

(iv) The cost of gas, insurance, taxes, and maintenance for the vehicle;

(v) The costs of recipient or subrecipient staff to accompany or assist program participants to utilize public transportation; and

(vi) If public transportation options are not sufficient within the area, the recipient may make a one-time payment on behalf of a program participant needing car repairs or maintenance required to operate a personal vehicle, subject to the following:

(A) Payments for car repairs or maintenance on behalf of the program participant may not exceed 10 percent of the Blue Book value of the vehicle (Blue Book refers to the guidebook that compiles and quotes prices for new and used automobiles and other vehicles of all makes, models, and types);

(B) Payments for car repairs or maintenance must be paid by the recipient or subrecipient directly to the third party that repairs or maintains the car; and

(C) The recipients or subrecipients may require program participants to share in the cost of car repairs or maintenance as a condition of receiving assistance with car repairs or maintenance.

(16) *Utility deposits.* This form of assistance consists of paying for utility deposits. Utility deposits must be a one-time fee, paid to utility companies.

(17) *Direct provision of services.* If the service described in paragraphs (e)(1) through (e)(16) of this section is being directly delivered by the recipient or subrecipient, eligible costs for those services also include:

(i) The costs of labor or supplies, and materials incurred by the recipient or subrecipient in directly providing supportive services to program participants; and

(ii) The salary and benefit packages of the recipient and subrecipient staff who directly deliver the services.

578.55 Operating costs.

(a) *Use.* Grant funds may be used to pay the costs of the day-to-day operation of transitional and permanent housing in a single structure or individual housing units.

(b) *Eligible costs.* (1) The maintenance and repair of housing;

(2) Property taxes and insurance;

(3) Scheduled payments to a reserve for replacement of major systems of the housing (provided that the payments must be based on the useful life of the system and expected replacement cost);

(4) Building security for a structure where more than 50 percent of the units or area is paid for with grant funds;

(5) Electricity, gas, and water;

(6) Furniture; and

(7) Equipment.

(c) *Ineligible costs.* Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the operating costs of emergency shelter- and supportive service-only facilities. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

578.57 Homeless Management Information System.

(a) *Eligible costs.* (1) The recipient or subrecipient may use Continuum of Care program funds to pay the costs of contributing data to the HMIS designated by the Continuum of Care, including the costs of:

(i) Purchasing or leasing computer hardware;

(ii) Purchasing software or software licenses;

(iii) Purchasing or leasing equipment, including telephones, fax machines, and furniture;

(iv) Obtaining technical support;

(v) Leasing office space;

(vi) Paying charges for electricity, gas, water, phone service, and high-speed data transmission necessary to operate or contribute data to the HMIS;

(vii) Paying salaries for operating HMIS, including:

(A) Completing data entry;

(B) Monitoring and reviewing data quality;

(C) Completing data analysis;

(D) Reporting to the HMIS Lead;

(E) Training staff on using the HMIS; and

(F) Implementing and complying with HMIS requirements;

(viii) Paying costs of staff to travel to and attend HUD-sponsored and HUD-approved training on HMIS and programs authorized by Title IV of the McKinney-Vento Homeless Assistance Act;

(ix) Paying staff travel costs to conduct intake; and

(x) Paying participation fees charged by the HMIS Lead, as authorized by HUD, if the recipient or subrecipient is not the HMIS Lead.

(2) If the recipient or subrecipient is the HMIS Lead, it may also use Continuum of Care funds to pay the costs of:

(i) Hosting and maintaining HMIS software or data;

(ii) Backing up, recovering, or repairing HMIS software or data;

(iii) Upgrading, customizing, and enhancing the HMIS;

(iv) Integrating and warehousing data, including development of a data warehouse for use in aggregating data from subrecipients using multiple software systems;

(v) Administering the system;

(vi) Reporting to providers, the Continuum of Care, and HUD; and

(vii) Conducting training on using the system, including traveling to the training.

(3) If the recipient or subrecipient is a victim services provider, or a legal services provider, it may use Continuum of Care funds to establish and operate a comparable database that complies with HUD's HMIS requirements.

(b) *General restrictions.* Activities funded under this section must comply with the HMIS requirements.

578.59 Project administrative costs.

(a) *Eligible costs.* The recipient or subrecipient may use up to 10 percent of any grant awarded under this part, excluding the amount for Continuum of Care Planning Activities and UFA costs, for the payment of project administrative costs related to the planning and execution of Continuum of Care activities. This does not include staff and overhead costs directly related to carrying out activities eligible under § 578.43 through § 578.57, because those costs are eligible as part of those activities. Eligible administrative costs include:

(1) *General management, oversight, and coordination.* Costs of overall program management, coordination, monitoring, and evaluation. These costs include, but are not limited to, necessary expenditures for the following:

(i) Salaries, wages, and related costs of the recipient's staff, the staff of subrecipients, or other staff engaged in program administration. In charging costs to this category, the recipient may include the entire salary, wages, and related costs allocable to the program of each person whose primary responsibilities with regard to the program involve program administration assignments, or the pro rata share of the salary, wages, and related costs of each person whose job includes any program administration assignments. The recipient may use only one of these methods for each fiscal year grant. Program administration assignments include the following:

- (A) Preparing program budgets and schedules, and amendments to those budgets and schedules;
 - (B) Developing systems for assuring compliance with program requirements;
 - (C) Developing agreements with subrecipients and contractors to carry out program activities;
 - (D) Monitoring program activities for progress and compliance with program requirements;
 - (E) Preparing reports and other documents directly related to the program for submission to HUD;
 - (F) Coordinating the resolution of audit and monitoring findings;
 - (G) Evaluating program results against stated objectives; and
 - (H) Managing or supervising persons whose primary responsibilities with regard to the program include such assignments as those described in paragraph (a)(1)(i)(A) through (G) of this section.
- (ii) Travel costs incurred for monitoring of subrecipients;
 - (iii) Administrative services performed under third-party contracts or agreements, including general legal services, accounting services, and audit services; and
 - (iv) Other costs for goods and services required for administration of the program, including rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space.
- (2) *Training on Continuum of Care requirements.* Costs of providing training on Continuum of Care requirements and attending HUD-sponsored Continuum of Care trainings.
- (3) *Environmental review.* Costs of carrying out the environmental review responsibilities under § 578.31.
- (b) *Sharing requirement.* (1) *UFAs.* If the recipient is a UFA that carries out a project, it may use up to 10 percent of the grant amount awarded for the project on project administrative costs. The UFA must share the remaining project administrative funds with its subrecipients.
- (2) *Recipients that are not UFAs.* If the recipient is not a UFA, it must share at least 50 percent of project administrative funds with its subrecipients.

578.61 Relocation costs.

- (a) *In general.* Relocation costs under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 are eligible.
- (b) *Eligible relocation costs.* Eligible costs are costs to provide relocation payments and other assistance to persons displaced by a project assisted with grant funds in accordance with § 578.83.

578.63 Indirect costs.

(a) *In general.* Continuum of Care funds may be used to pay indirect costs in accordance with OMB Circulars A-87 or A-122, as applicable.

(b) *Allocation.* Indirect costs may be allocated to each eligible activity as provided in subpart D, so long as that allocation is consistent with an indirect cost rate proposal developed in accordance with OMB Circulars A-87 or A-122, as applicable.

(c) *Expenditure limits.* The indirect costs charged to an activity subject to an expenditure limit under §§ 578.39, 578.41, and 578.59 must be added to the direct costs charged for that activity when determining the total costs subject to the expenditure limits.

Subpart F - Program Requirements

578.73 Matching requirements.

(a) *In general.* The recipient or subrecipient must match all grant funds, except for leasing funds, with no less than 25 percent of funds or in-kind contributions from other sources. For Continuum of Care geographic areas in which there is more than one grant agreement, the 25 percent match must be provided on a grant-by-grant basis. Recipients that are UFAs or are the sole recipient for their Continuum, may provide match on a Continuum-wide basis. Cash match must be used for the costs of activities that are eligible under subpart D of this part, except that HPCs may use such match for the costs of activities that are eligible under § 578.71.

(b) *Cash sources.* A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

(c) *In-kind contributions.* (1) The recipient or subrecipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient or subrecipient had to pay for them with grant funds, the costs would have been eligible under Subpart D, or, in the case of HPCs, eligible under § 578.71.

(2) The requirements of 24 CFR 84.23 and 85.24 apply.

(3) Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

(i) The MOU must establish the unconditional commitment, except for selection to receive a grant, by the third party to provide the services, the specific service to be provided, the

profession of the persons providing the service, and the hourly cost of the service to be provided.

(ii) During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, records documenting the service hours provided.

578.75 General operations.

(a) *State and local requirements.* (1) Housing and facilities constructed or rehabilitated with assistance under this part must meet State or local building codes, and in the absence of State or local building codes, the International Residential Code or International Building Code (as applicable to the type of structure) of the International Code Council.

(2) Services provided with assistance under this part must be provided in compliance with all applicable State and local requirements, including licensing requirements.

(b) *Housing quality standards.* Housing leased with Continuum of Care program funds, or for which rental assistance payments are made with Continuum of Care program funds, must meet the applicable housing quality standards (HQS) under 24 CFR 982.401 of this title, except that 24 CFR 982.401(j) applies only to housing occupied by program participants receiving tenant-based rental assistance. For housing rehabilitated with funds under this part, the lead-based paint requirements in 24 CFR part 35, subparts A, B, J, and R apply. For housing that receives project-based or sponsor-based rental assistance, 24 CFR part 35, subparts A, B, H, and R apply. For residential property for which funds under this part are used for acquisition, leasing, services, or operating costs, 24 CFR part 35, subparts A, B, K, and R apply.

(1) Before any assistance will be provided on behalf of a program participant, the recipient, or subrecipient, must physically inspect each unit to assure that the unit meets HQS. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

(2) Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS.

(c) *Suitable dwelling size.* The dwelling unit must have at least one bedroom or living/sleeping room for each two persons.

(1) Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.

(2) If household composition changes during the term of assistance, recipients and subrecipients may relocate the household to a more appropriately sized unit. The household must still have access to appropriate supportive services.

(d) *Meals.* Each recipient and subrecipient of assistance under this part who provides supportive housing for homeless persons with disabilities must provide meals or meal preparation facilities for residents.

(e) *Ongoing assessment of supportive services.* To the extent practicable, each project must provide supportive services for residents of the project and homeless persons using the project,

which may be designed by the recipient or participants. Each recipient and subrecipient of assistance under this part must conduct an ongoing assessment of the supportive services needed by the residents of the project, the availability of such services, and the coordination of services needed to ensure long-term housing stability and must make adjustments, as appropriate.

(f) *Residential supervision.* Each recipient and subrecipient of assistance under this part must provide residential supervision as necessary to facilitate the adequate provision of supportive services to the residents of the housing throughout the term of the commitment to operate supportive housing. Residential supervision may include the employment of a full- or part-time residential supervisor with sufficient knowledge to provide or to supervise the provision of supportive services to the residents.

(g) *Participation of homeless individuals.* (1) Each recipient and subrecipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or subrecipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or subrecipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions.

(2) Each recipient and subrecipient of assistance under this part must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

(h) *Supportive service agreement.* Recipients and subrecipients may require the program participants to take part in supportive services that are not disability-related services provided through the project as a condition of continued participation in the program. Examples of disability-related services include, but are not limited to, mental health services, outpatient health services, and provision of medication, which are provided to a person with a disability to address a condition caused by the disability. Notwithstanding this provision, if the purpose of the project is to provide substance abuse treatment services, recipients and subrecipients may require program participants to take part in such services as a condition of continued participation in the program.

(i) *Retention of assistance after death, incarceration, or institutionalization for more than 90 days of qualifying member.* For permanent supportive housing projects surviving, members of any household who were living in a unit assisted under this part at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization, have the right to rental assistance under this section until the expiration of the lease in effect at the time of the qualifying member's death, long-term incarceration, or long-term institutionalization.

578.77 Calculating occupancy charges and rent.

(a) *Occupancy agreements and leases.* Recipients and subrecipients must have signed occupancy agreements or leases (or subleases) with program participants residing in housing.

(b) *Calculation of occupancy charges.* Recipients and subrecipients are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they may not exceed the highest of:

- (1) 30 percent of the family's monthly adjusted income (adjustment factors include the number of people in the family, age of family members, medical expenses, and child-care expenses);
 - (2) 10 percent of the family's monthly income; or
 - (3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments (adjusted in accordance with the family's actual housing costs) is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated for housing costs.
- (4) *Income.* Income must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a). Recipients and subrecipients must examine a program participant's income initially, and if there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination, and the occupancy charge will be adjusted accordingly.

(c) *Resident rent.* (1) *Amount of rent.* (i) Each program participant on whose behalf rental assistance payments are made must pay a contribution toward rent in accordance with section 3(a)(1) of the U.S. Housing Act of 1937 (42 U.S.C. 1437a(a)(1)).

(ii) Income of program participants must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a).

(2) *Review.* Recipients or subrecipients must examine a program participant's income initially, and at least annually thereafter, to determine the amount of the contribution toward rent payable by the program participant. Adjustments to a program participant's contribution toward the rental payment must be made as changes in income are identified.

(3) *Verification.* As a condition of participation in the program, each program participant must agree to supply the information or documentation necessary to verify the program participant's income. Program participants must provide the recipient or subrecipient with information at any time regarding changes in income or other circumstances that may result in changes to a program participant's contribution toward the rental payment.

578.79 Limitation on transitional housing.

A homeless individual or family may remain in transitional housing for a period longer than 24 months, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living. However, HUD may discontinue assistance for a transitional housing project if more than half of the homeless individuals or families remain in that project longer than 24 months.

578.81 Term of commitment, repayment of grants, and prevention of undue benefits.

(a) *In general.* All recipients and subrecipients receiving grant funds for acquisition, rehabilitation, or new construction must operate the housing or provide supportive services in accordance with this part, for at least 15 years from the date of initial occupancy or date of initial

service provision. Recipient and subrecipients must execute and record a HUD-approved Declaration of Restrictive Covenants before receiving payment of grant funds.

(b) *Conversion.* Recipients and subrecipients carrying out a project that provides transitional or permanent housing or supportive services in a structure may submit a request to HUD to convert a project for the direct benefit of very low-income persons. The request must be made while the project is operating as homeless housing or supportive services for homeless individuals and families, must be in writing, and must include an explanation of why the project is no longer needed to provide transitional or permanent housing or supportive services. The primary factor in HUD's decision on the proposed conversion is the unmet need for transitional or permanent housing or supportive services in the Continuum of Care's geographic area.

(c) *Repayment of grant funds.* If a project is not operated as transitional or permanent housing for 10 years following the date of initial occupancy, HUD will require repayment of the entire amount of the grant used for acquisition, rehabilitation, or new construction, unless conversion of the project has been authorized under paragraph (b) of this section. If the housing is used for such purposes for more than 10 years, the payment amount will be reduced by 20 percentage points for each year, beyond the 10-year period in which the project is used for transitional or permanent housing.

(d) *Prevention of undue benefits.* Except as provided under paragraph (e) of this section, upon any sale or other disposition of a project site that received grant funds for acquisition, rehabilitation, or new construction, occurring before the 15-year period, the recipient must comply with such terms and conditions as HUD may prescribe to prevent the recipient or subrecipient from unduly benefiting from such sale or disposition.

(e) *Exception.* A recipient or subrecipient will not be required to comply with the terms and conditions prescribed under paragraphs (c) and (d) of this section if:

(1) The sale or disposition of the property used for the project results in the use of the property for the direct benefit of very low-income persons;

(2) All the proceeds are used to provide transitional or permanent housing that meet the requirements of this part;

(3) Project-based rental assistance or operating cost assistance from any federal program or an equivalent State or local program is no longer made available and the project is meeting applicable performance standards, provided that the portion of the project that had benefitted from such assistance continues to meet the tenant income and rent restrictions for low-income units under section 42(g) of the Internal Revenue Code of 1986; or

(4) There are no individuals and families in the Continuum of Care geographic area who are homeless, in which case the project may serve individuals and families at risk of homelessness.

578.83 Displacement, relocation, and acquisition.

(a) *Minimizing displacement.* Consistent with the other goals and objectives of this part, recipients and subrecipients must ensure that they have taken all reasonable steps to minimize the displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) as a result of projects assisted under this part. "Project," as used in this section, means

any activity or series of activities assisted with Continuum of Care funds received or anticipated in any phase of an undertaking.

(b) *Temporary relocation.* (1) *Existing Building Not Assisted under Title IV of the McKinney-Vento Act.* No tenant may be required to relocate temporarily for a project if the building in which the project is being undertaken or will be undertaken is not currently assisted under Title IV of the McKinney-Vento Act. The absence of such assistance to the building means the tenants are not homeless and the tenants are therefore not eligible to receive assistance under the Continuum of Care program. When a tenant moves for such a project under conditions that cause the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), 42 U.S.C. 4601-4655, to apply, the tenant must be treated as permanently displaced and offered relocation assistance and payments consistent with paragraph (c) of this section.

(2) *Existing Transitional Housing or Permanent Housing Projects Assisted Under Title IV of the McKinney-Vento Act.* Consistent with paragraph (c)(2)(ii) of this section, no program participant may be required to relocate temporarily for a project if the person cannot be offered a decent, safe, and sanitary unit in the same building or complex upon project completion under reasonable terms and conditions. The length of occupancy requirements in § 578.79 may prevent a program participant from returning to the property upon completion (See paragraph

(c)(2)(iii)(D) of this section). Any program participant who has been temporarily relocated for a period beyond one year must be treated as permanently displaced and offered relocation assistance and payments consistent with paragraph (c) of this section. Program participants temporarily relocated in accordance with the policies described in this paragraph must be provided:

(i) Reimbursement for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, including the cost of moving to and from the temporarily occupied housing and any increase in monthly rent/occupancy charges and utility costs; and

(ii) Appropriate advisory services, including reasonable advance written notice of:

(A) The date and approximate duration of the temporary relocation;

(B) The location of the suitable, decent, safe, and sanitary dwelling to be made available for the temporary period;

(C) The reasonable terms and conditions under which the program participant will be able to occupy a suitable, decent, safe, and sanitary dwelling in the building or complex upon completion of the project; and

(D) The provisions of paragraph (b)(2)(i) of this section.

(c) *Relocation assistance for displaced persons.* (1) *In general.* A displaced person (defined in paragraph (c)(2) of this section) must be provided relocation assistance in accordance with the requirements of the URA and implementing regulations at 49 CFR part 24. A displaced person must be advised of his or her rights under the Fair Housing Act. Whenever possible, minority persons must be given reasonable opportunities to relocate to decent, safe, and sanitary replacement dwellings, not located in an area of minority concentration, that are within their financial means. This policy, however, does not require providing a person a larger payment

than is necessary to enable a person to relocate to a comparable replacement dwelling. See 49 CFR 24.205(c)(2)(ii)(D).

(2) *Displaced person.* (i) For the purposes of paragraph (c) of this section, the term "displaced person" means any person (family, individual, business, nonprofit organization, or farm) that moves from real property, or moves personal property from real property, permanently, as a direct result of acquisition, rehabilitation, or demolition for a project. This includes any permanent, involuntary move for a project, including any permanent move from the real property that is made:

(A) After the owner (or person in control of the site) issues a notice to move permanently from the property, or refuses to renew an expiring lease, if the move occurs after the date of the submission by the recipient or subrecipient of an application for assistance to HUD (or the recipient, as applicable) that is later approved and funded and the recipient or subrecipient has site control as evidenced in accordance with § 578.25(b); or

(B) After the owner (or person in control of the site) issues a notice to move permanently from the property, or refuses to renew an expiring lease, if the move occurs after the date the recipient or subrecipient obtains site control, as evidenced in accordance with § 578.25(b), if that occurs after the application for assistance; or

(C) Before the date described under paragraph (c)(2)(i)(A) or (B) of this section, if the recipient or HUD determines that the displacement resulted directly from acquisition, rehabilitation, or demolition for the project; or

(D) By a tenant of a building that is not assisted under Title IV of the McKinney-Vento Act, if the tenant moves after execution of the agreement covering the acquisition, rehabilitation, or demolition of the property for the project; or

(ii) For the purposes of paragraph (c) of this section, the term "displaced person" means any person (family, individual, business, nonprofit organization, or farm) that moves from real property, or moves personal property from real property, permanently, as a direct result of acquisition, rehabilitation, or demolition for a project. This includes any permanent, involuntary move for a project that is made by a program participant occupying transitional housing or permanent housing assisted under Title IV of the McKinney-Vento Act, if any one of the following three situations occurs:

(A) The program participant moves after execution of the agreement covering the acquisition, rehabilitation, or demolition of the property for the project and is either not eligible to return upon project completion or the move occurs before the program participant is provided written notice offering the program participant an opportunity to occupy a suitable, decent, safe, and sanitary dwelling in the same building or complex upon project completion under reasonable terms and conditions. Such reasonable terms and conditions must include a lease (or occupancy agreement, as applicable) consistent with Continuum of Care program requirements, including a monthly rent or occupancy charge and monthly utility costs that does not exceed the maximum amounts established in § 578.77; or

(B) The program participant is required to relocate temporarily, does not return to the building or complex, and any one of the following situations occurs:

(1) The program participant is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation;

(2) The program participant is not eligible to return to the building or complex upon project completion; or

(3) Other conditions of the temporary relocation are not reasonable; or

(C) The program participant is required to move to another unit in the same building or complex, and any one of the following situations occurs:

(1) The program participant is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move;

(2) The program participant is not eligible to remain in the building or complex upon project completion; or

(3) Other conditions of the move are not reasonable.

(iii) Notwithstanding the provisions of paragraph (c)(2)(i) or (ii) of this section, a person does not qualify as a "displaced person" if:

(A) The person has been evicted for serious or repeated violation of the terms and conditions of the lease or occupancy agreement; the eviction complied with applicable federal, State, or local requirements (see § 578.91); and the recipient or subrecipient determines that the eviction was not undertaken for the purpose of evading the obligation to provide relocation assistance;

(B) The person moved into the property after the submission of the application but, before signing a lease or occupancy agreement and commencing occupancy, was provided written notice of the project's possible impact on the person (e.g., the person may be displaced, temporarily relocated, or incur a rent increase) and the fact that the person would not qualify as a "displaced person" (or for any relocation assistance provided under this section), as a result of the project;

(C) The person is ineligible under 49 CFR 24.2(a)(9)(ii);

(D) The person is a program participant occupying transitional housing or permanent housing assisted under Title IV of the Act who must move as a direct result of the length-of- occupancy restriction under § 578.79; or

(E) HUD determines that the person was not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

(iv) The recipient may request, at any time, HUD's determination of whether a displacement is or would be covered under this section.

(3) *Initiation of negotiations.* For purposes of determining the formula for computing replacement housing payment assistance to be provided to a displaced person pursuant to this section, if the displacement is a direct result of privately undertaken rehabilitation, demolition, or acquisition of the real property, "initiation of negotiations" means the execution of the agreement between the recipient and the subrecipient, or between the recipient (or subrecipient, as applicable) and the

person owning or controlling the property. In the case of an option contract to acquire property, the initiation of negotiations does not become effective until execution of a written agreement that creates a legally enforceable commitment to proceed with the purchase, such as a purchase agreement.

(d) *Real property acquisition requirements.* Except for acquisitions described in 49 CFR 24.101(b)(1) through (5), the URA and the requirements of 49 CFR part 24, subpart B apply to any acquisition of real property for a project where there are Continuum of Care funds in any part of the project costs.

(e) *Appeals.* A person who disagrees with the recipient's (or subrecipient's, if applicable) determination concerning whether the person qualifies as a displaced person, or the amount of relocation assistance for which the person is eligible, may file a written appeal of that determination with the recipient (see 49 CFR 24.10). A low-income person who is dissatisfied with the recipient's determination on his or her appeal may submit a written request for review of that determination to the local HUD field office.

578.85 Timeliness standards.

(a) *In general.* Recipients must initiate approved activities and projects promptly.

(b) *Construction activities.* Recipients of funds for rehabilitation or new construction must meet the following standards:

(1) Construction activities must begin within 9 months of the later of signing of the grant agreement or of signing an addendum to the grant agreement authorizing use of grant funds for the project.

(2) Construction activities must be completed within 24 months of signing the grant agreement.

(3) Activities that cannot begin until after construction activities are completed must begin within 3 months of the date that construction activities are completed.

(c) *Distribution.* A recipient that receives funds through this part must:

(1) Distribute the funds to subrecipients (in advance of expenditures by the subrecipients);

(2) Distribute the appropriate portion of the funds to a subrecipient no later than 45 days after receiving an approvable request for such distribution from the subrecipient; and

(3) Draw down funds at least once per quarter of the program year, after eligible activities commence.

578.87 Limitation on use of funds.

(a) *Maintenance of effort.* No assistance provided under this part (or any State or local government funds used to supplement this assistance) may be used to replace State or local funds previously used, or designated for use, to assist homeless persons.

(b) *Faith-based activities.* (1) *Equal treatment of program participants and program beneficiaries.* (i) *Program participants.* Organizations that are religious or faith-based are

eligible, on the same basis as any other organization, to participate in the Continuum of Care program. Neither the Federal Government nor a State or local government receiving funds under the Continuum of Care program shall discriminate against an organization on the basis of the organization's religious character or affiliation. Recipients and subrecipients of program funds shall not, in providing program assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief.

(ii) *Beneficiaries.* In providing services supported in whole or in part with federal financial assistance, and in their outreach activities related to such services, program participants shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.

(2) *Separation of explicitly religious activities.* Recipients and subrecipients of Continuum of Care funds that engage in explicitly religious activities, including activities that involve overt religious content such as worship, religious instruction, or proselytization, must perform such activities and offer such services outside of programs that are supported with federal financial assistance separately, in time or location, from the programs or services funded under this part, and participation in any such explicitly religious activities must be voluntary for the program beneficiaries of the HUD-funded programs or services.

(3) *Religious identity.* A faith-based organization that is a recipient or subrecipient of Continuum of Care program funds is eligible to use such funds as provided under the regulations of this part without impairing its independence, autonomy, expression of religious beliefs, or religious character. Such organization will retain its independence from federal, State, and local government, and may continue to carry out its mission, including the definition, development, practice, and expression of its religious beliefs, provided that it does not use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law. Among other things, faith-based organizations may use space in their facilities to provide program-funded services, without removing or altering religious art, icons, scriptures, or other religious symbols. In addition, a Continuum of Care program-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

(4) *Alternative provider.* If a program participant or prospective program participant of the Continuum of Care program supported by HUD objects to the religious character of an organization that provides services under the program, that organization shall, within a reasonably prompt time after the objection, undertake reasonable efforts to identify and refer the program participant to an alternative provider to which the prospective program participant has no objection. Except for services provided by telephone, the Internet, or similar means, the referral must be to an alternate provider in reasonable geographic proximity to the organization making the referral. In making the referral, the organization shall comply with applicable privacy laws and regulations. Recipients and subrecipients shall document any objections from program participants and prospective program participants and any efforts to refer such participants to alternative providers in accordance with the requirements of § 578.103(a)(13). Recipients shall ensure that all subrecipient agreements make organizations receiving program funds aware of these requirements.

(5) *Structures.* Program funds may not be used for the acquisition, construction, or rehabilitation of structures to the extent that those structures are used for explicitly religious activities. Program funds may be used for the acquisition, construction, or rehabilitation of structures only to the extent that those structures are used for conducting eligible activities under this part. When a structure is used for both eligible and explicitly religious activities, program funds may not exceed the cost of those portions of the acquisition, new construction, or rehabilitation that are attributable to eligible activities in accordance with the cost accounting requirements applicable to the Continuum of Care program. Sanctuaries, chapels, or other rooms that a Continuum of Care program-funded religious congregation uses as its principal place of worship, however, are ineligible for Continuum of Care program-funded improvements. Disposition of real property after the term of the grant, or any change in the use of the property during the term of the grant, is subject to government wide regulations governing real property disposition (see 24 CFR parts 84 and 85).

(6) *Supplemental funds.* If a State or local government voluntarily contributes its own funds to supplement federally funded activities, the State or local government has the option to segregate the federal funds or commingle them. However, if the funds are commingled, this section applies to all of the commingled funds.

(c) *Restriction on combining funds.* In a single structure or housing unit, the following types of assistance may not be combined:

- (1) Leasing and acquisition, rehabilitation, or new construction;
- (2) Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
- (3) Short- or medium-term rental assistance and acquisition, rehabilitation, or new construction;
- (4) Rental assistance and leasing; or
- (5) Rental assistance and operating.

(d) *Program fees.* Recipients and subrecipients may not charge program participants program fees.

578.89 Limitation on use of grant funds to serve persons defined as homeless under other federal laws.

(a) *Application requirement.* Applicants that intend to serve unaccompanied youth and families with children and youth defined as homeless under other federal laws in paragraph (3) of the homeless definition in § 576.2 must demonstrate in their application, to HUD's satisfaction, that the use of grant funds to serve such persons is an equal or greater priority than serving persons defined as homeless under paragraphs (1), (2), and (4) of the definition of homeless in § 576.2. To demonstrate that it is of equal or greater priority, applicants must show that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth.

(b) *Limit.* No more than 10 percent of the funds awarded to recipients within a single Continuum of Care's geographic area may be used to serve such persons.

(c) *Exception.* The 10 percent limitation does not apply to Continuums in which the rate of homelessness, as calculated in the most recent point-in-time count, is less than one-tenth of one percent of the total population.

578.91 Termination of assistance to program participants.

(a) *Termination of assistance.* The recipient or subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same individual or family.

(b) *Due process.* In terminating assistance to a program participant, the recipient or subrecipient must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- (1) Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- (2) Written notice to the program participant containing a clear statement of the reasons for termination;
- (3) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
- (4) Prompt written notice of the final decision to the program participant.

(c) *Hard-to-house populations.* Recipients and subrecipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

578.93 Fair Housing and Equal Opportunity.

(a) *Nondiscrimination and equal opportunity requirements.* The nondiscrimination and equal opportunity requirements set forth in 24 CFR 5.105(a) are applicable.

(b) *Housing for specific subpopulations.* Recipients and subrecipients may exclusively serve a particular homeless subpopulation in transitional or permanent housing if the housing addresses a need identified by the Continuum of Care for the geographic area and meets one of the following:

- (1) The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex;
- (2) The housing may be limited to a specific subpopulation, so long as admission does not discriminate against any protected class under federal nondiscrimination laws in 24 CFR 5.105 (

e.g., the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless persons and families).

(3) The housing may be limited to families with children.

(4) If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing.

(5) Sober housing may exclude persons who refuse to sign an occupancy agreement or lease that prohibits program participants from possessing, using, or being under the influence of illegal substances and/or alcohol on the premises.

(6) If the housing is assisted with funds under a federal program that is limited by federal statute or Executive Order to a specific subpopulation, the housing may be limited to that subpopulation (e.g., housing also assisted with funding from the Housing Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to persons with acquired immunodeficiency syndrome or related diseases).

(7) Recipients may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing (e.g., substance abuse addiction treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

(c) *Affirmatively furthering fair housing.* A recipient must implement its programs in a manner that affirmatively furthers fair housing, which means that the recipient must:

(1) Affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities;

(2) Where a recipient encounters a condition or action that impedes fair housing choice for current or prospective program participants, provide such information to the jurisdiction that provided the certification of consistency with the Consolidated Plan; and

(3) Provide program participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.

(d) *Accessibility and integrative housing and services for persons with disabilities.* Recipients and subrecipients must comply with the accessibility requirements of the Fair Housing Act (24 CFR part 100), Section 504 of the Rehabilitation Act of 1973 (24 CFR part 8), and Titles II and III of the Americans with Disabilities Act, as applicable (28 CFR parts 35 and 36). In accordance with the requirements of 24 CFR 8.4(d), recipients must ensure that their program's housing and supportive services are provided in the most integrated setting appropriate to the needs of persons with disabilities.

(e) *Prohibition against involuntary family separation.* The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.

578.95 Conflicts of interest.

(a) *Procurement.* For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).

(b) *Continuum of Care board members.* No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

(c) *Organizational conflict.* An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under § 578.49(b)(2) and § 578.51(g) and housing quality inspections of property under § 578.75(b) that the recipient, subrecipient, or related entity owns.

(d) *Other conflicts.* For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) *Exceptions.* Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) *Threshold requirements.* HUD will consider an exception only after the recipient has provided the following documentation:

(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the

conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

(B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

(ii) *Factors to be considered for exceptions.* In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(B) Whether an opportunity was provided for open competitive bidding or negotiation;

(C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

(D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

(E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

(F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

(G) Any other relevant considerations.

578.97 Program income.

(a) *Defined.* Program income is the income received by the recipient or subrecipient directly generated by a grant-supported activity.

(b) *Use.* Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.

(c) *Rent and occupancy charges.* Rents and occupancy charges collected from program participants are program income. In addition, rents and occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing.

578.99 Applicability of other federal requirements.

In addition to the requirements set forth in 24 CFR part 5, use of assistance provided under this part must comply with the following federal requirements:

(a) *Environmental review.* Activities under this part are subject to environmental review by HUD under 24 CFR part 50 as noted in § 578.31.

(b) *Section 6002 of the Solid Waste Disposal Act.* State agencies and agencies of a political subdivision of a state that are using assistance under this part for procurement, and any person contracting with such an agency with respect to work performed under an assisted contract, must comply with the requirements of Section 6003 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. In accordance with Section 6002, these agencies and persons must:

(1) Procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000;

(2) Procure solid waste management services in a manner that maximizes energy and resource recovery; and

(3) Must have established an affirmative procurement program for the procurement of recovered materials identified in the EPA guidelines.

(c) *Transparency Act Reporting.* Section 872 of the Duncan Hunter Defense Appropriations Act of 2009, and additional requirements published by the Office of Management and Budget (OMB), requires recipients to report subawards made either as pass-through awards, subrecipient awards, or vendor awards in the Federal Government Web site www.fsrs.gov or its successor system. The reporting of award and subaward information is in accordance with the requirements of the Federal Financial Assistance Accountability and Transparency Act of 2006, as amended by section 6202 of Public Law 110-252 and in OMB Policy Guidance issued to the federal agencies on September 14, 2010 (75 FR 55669).

(d) *The Coastal Barrier Resources Act of 1982* (16 U.S.C. 3501 *et seq.*) may apply to proposals under this part, depending on the assistance requested.

(e) *Applicability of OMB Circulars.* The requirements of 24 CFR part 85—Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Federally Recognized Indian Tribal Governments and 2 CFR part 225—Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87)—apply to governmental recipients and subrecipients except where inconsistent with the provisions of this part. The requirements of 24 CFR part 84—Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; 2 CFR part 230—Cost Principles for Non-Profit Organizations (OMB Circular A-122); and 2 CFR part 220—Cost Principles for Education Institutions apply to the nonprofit recipients and subrecipients, except where inconsistent with the provisions of the McKinney-Vento Act or this part.

(f) *Lead-based paint.* The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations at 24 CFR part 35, subparts A, B, H, J, K, M, and R apply to activities under this program.

(g) *Audit.* Recipients and subrecipients must comply with the audit requirements of OMB Circular A-133, "Audits of States, Local Governments, and Non-profit Organizations."

(h) *Davis-Bacon Act.* The provisions of the Davis-Bacon Act do not apply to this program.

(i) *Section 3 of the Housing and Urban Development Act.* Recipients and subrecipients must, as applicable, comply with Section 3 of the Housing and Urban Development Act of 1968 and its implementing regulations at 24 CFR part 135, as applicable.

Subpart G - Grant Administration

578.101 Technical assistance.

(a) *Purpose.* The purpose of Continuum of Care technical assistance is to increase the effectiveness with which Continuums of Care, eligible applicants, recipients, subrecipients, and UFAs implement and administer their Continuum of Care planning process; improve their capacity to prepare applications; prevent the separation of families in projects funded under the Emergency Solutions Grants, Continuum of Care, and Rural Housing Stability Assistance programs; and adopt and provide best practices in housing and services for persons experiencing homelessness.

(b) *Defined.* Technical assistance means the transfer of skills and knowledge to entities that may need, but do not possess, such skills and knowledge. The assistance may include, but is not limited to, written information such as papers, manuals, guides, and brochures; person-to-person exchanges; web-based curriculums, training and Webinars, and their costs.

(c) *Set-aside.* HUD may set aside funds annually to provide technical assistance, either directly by HUD staff or indirectly through third-party providers.

(d) *Awards.* From time to time, as HUD determines the need, HUD may advertise and competitively select providers to deliver technical assistance. HUD may enter into contracts, grants, or cooperative agreements, when necessary, to implement the technical assistance. HUD may also enter into agreements with other federal agencies for awarding the technical assistance funds.

578.103 Recordkeeping requirements.

(a) *In general.* The recipient and its subrecipients must establish and maintain standard operating procedures for ensuring that Continuum of Care program funds are used in accordance with the requirements of this part and must establish and maintain sufficient records to enable HUD to determine whether the recipient and its subrecipients are meeting the requirements of this part, including:

(1) *Continuum of Care records.* Each collaborative applicant must keep the following documentation related to establishing and operating a Continuum of Care:

(i) Evidence that the Board selected by the Continuum of Care meets the requirements of § 578.5(b);

(ii) Evidence that the Continuum has been established and operated as set forth in subpart B of this part, including published agendas and meeting minutes, an approved Governance Charter that is reviewed and updated annually, a written process for selecting a board that is reviewed and updated at least once every 5 years, evidence required for designating a single HMIS for the Continuum, and monitoring reports of recipients and subrecipients;

(iii) Evidence that the Continuum has prepared the application for funds as set forth in § 578.9, including the designation of the eligible applicant to be the collaborative applicant.

(2) *Unified funding agency records.* UFAs that requested grant amendments from HUD, as set forth in § 578.105, must keep evidence that the grant amendment was approved by the Continuum. This evidence may include minutes of meetings at which the grant amendment was discussed and approved.

(3) *Homeless status.* Acceptable evidence of the homeless as status is set forth in 24 CFR 576.500(b).

(4) *At risk of homelessness status.* For those recipients and subrecipients that serve persons at risk of homelessness, the recipient or subrecipient must keep records that establish "at risk of homelessness" status of each individual or family who receives Continuum of Care homelessness prevention assistance. Acceptable evidence is found in 24 CFR 576.500(c).

(5) *Records of reasonable belief of imminent threat of harm.* For each program participant who moved to a different Continuum of Care due to imminent threat of further domestic violence, dating violence, sexual assault, or stalking under § 578.51(c)(3), each recipient or subrecipient of assistance under this part must retain:

(i) Documentation of the original incidence of domestic violence, dating violence, sexual assault, or stalking, only if the original violence is not already documented in the program participant's case file. This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; medical or dental records; court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household.

(ii) Documentation of the reasonable belief of imminent threat of further domestic violence, dating violence, or sexual assault or stalking, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; current restraining order; recent court order or other court records; law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.

(6) *Annual income.* For each program participant who receives housing assistance where rent or an occupancy charge is paid by the program participant, the recipient or subrecipient must keep the following documentation of annual income:

- (i) Income evaluation form specified by HUD and completed by the recipient or subrecipient; and
- (ii) Source documents (*e.g.*, most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation;
- (iii) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g.*, employer, government benefits administrator) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or
- (iv) To the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

(7) *Program participant records.* In addition to evidence of "homeless" status or "at-risk-of-homelessness" status, as applicable, the recipient or subrecipient must keep records for each program participant that document:

- (i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and
- (ii) Where applicable, compliance with the termination of assistance requirement in § 578.91.

(8) *Housing standards.* The recipient or subrecipient must retain documentation of compliance with the housing standards in § 578.75(b), including inspection reports.

(9) *Services provided.* The recipient or subrecipient must document the types of supportive services provided under the recipient's program and the amounts spent on those services. The recipient or subrecipient must keep record that these records were reviewed at least annually and that the service package offered to program participants was adjusted as necessary.

(10) *Match.* The recipient must keep records of the source and use of contributions made to satisfy the match requirement in § 578.73. The records must indicate the grant and fiscal year for which each matching contribution is counted. The records must show how the value placed on third party in-kind contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.

(11) *Conflicts of interest.* The recipient and its subrecipients must keep records to show compliance with the organizational conflict-of-interest requirements in § 578.95(c), the Continuum of Care board conflict-of-interest requirements in § 578.95(b), the other conflict requirements in § 578.95(d), a copy of the personal conflict-of-interest policy developed and implemented to comply with the requirements in § 578.95, and records supporting exceptions to the personal conflict-of-interest prohibitions.

(12) *Homeless participation.* The recipient or subrecipient must document its compliance with the homeless participation requirements under § 578.75(g).

(13) *Faith-based activities.* The recipient and its subrecipients must document their compliance with the faith-based activities requirements under § 578.87(b).

(14) *Affirmatively Furthering Fair Housing.* Recipients and subrecipients must maintain copies of their marketing, outreach, and other materials used to inform eligible persons of the program to document compliance with the requirements in § 578.93(c).

(15) *Other federal requirements.* The recipient and its subrecipients must document their compliance with the federal requirements in § 578.99, as applicable.

(16) *Subrecipients and contractors.* (i) The recipient must retain copies of all solicitations of and agreements with subrecipients, records of all payment requests by and dates of payments made to subrecipients, and documentation of all monitoring and sanctions of subrecipients, as applicable.

(ii) The recipient must retain documentation of monitoring subrecipients, including any monitoring findings and corrective actions required.

(iii) The recipient and its subrecipients must retain copies of all procurement contracts and documentation of compliance with the procurement requirements in 24 CFR 85.36 and 24 CFR part 84.

(17) *Other records specified by HUD.* The recipient and subrecipients must keep other records specified by HUD.

(b) *Confidentiality.* In addition to meeting the specific confidentiality and security requirements for HMIS data, the recipient and its subrecipients must develop and implement written procedures to ensure:

(1) All records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance will be kept secure and confidential;

(2) The address or location of any family violence project assisted with Continuum of Care funds will not be made public, except with written authorization of the person responsible for the operation of the project; and

(3) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with State and local laws regarding privacy and obligations of confidentiality;

(c) *Period of record retention.* All records pertaining to Continuum of Care funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

(1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must

be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served; and

(2) Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by program participants.

(d) *Access to records.* (1) *Federal Government rights.* Notwithstanding the confidentiality procedures established under paragraph (b) of this section, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of the recipient and its subrecipients that are pertinent to the Continuum of Care grant, in order to make audits, examinations, excerpts, and transcripts. These rights of access are not limited to the required retention period, but last as long as the records are retained.

(2) *Public rights.* The recipient must provide citizens, public agencies, and other interested parties with reasonable access to records regarding any uses of Continuum of Care funds the recipient received during the preceding 5 years, consistent with State and local laws regarding privacy and obligations of confidentiality and confidentiality requirements in this part.

(e) *Reports.* In addition to the reporting requirements in 24 CFR parts 84 and 85, the recipient must collect and report data on its use of Continuum of Care funds in an Annual Performance Report (APR), as well as in any additional reports as and when required by HUD. Projects receiving grant funds only for acquisition, rehabilitation, or new construction must submit APRs for 15 years from the date of initial occupancy or the date of initial service provision, unless HUD provides an exception under § 578.81(e).

578.105 Grant and project changes.

(a) *For Unified Funding Agencies and Continuums having only one recipient.* (1) The recipient may not make any significant changes without prior HUD approval, evidenced by a grant amendment signed by HUD and the recipient. Significant grant changes include a change of recipient, a shift in a single year of more than 10 percent of the total amount awarded under the grant for one approved eligible activity category to another activity and a permanent change in the subpopulation served by any one project funded under the grant, as well as a permanent proposed reduction in the total number of units funded under the grant.

(2) Approval of substitution of the recipient is contingent on the new recipient meeting the capacity criteria in the NOFA under which the grant was awarded, or the most recent NOFA. Approval of shifting funds between activities and changing subpopulations is contingent on the change being necessary to better serve eligible persons within the geographic area and ensuring that the priorities established under the NOFA in which the grant was originally awarded, or the most recent NOFA, are met.

(b) *For Continuums having more than one recipient.* (1) The recipients or subrecipients may not make any significant changes to a project without prior HUD approval, evidenced by a grant amendment signed by HUD and the recipient. Significant changes include a change of recipient, a change of project site, additions or deletions in the types of eligible activities approved for a project, a shift of more than 10 percent from one approved eligible activity to another, a reduction in the number of units, and a change in the subpopulation served.

(2) Approval of substitution of the recipient is contingent on the new recipient meeting the capacity criteria in the NOFA under which the grant was awarded, or the most recent NOFA. Approval of shifting funds between activities and changing subpopulations is contingent on the change being necessary to better serve eligible persons within the geographic area and ensuring that the priorities established under the NOFA in which the grant was originally awarded, or the most recent NOFA, are met.

(c) *Documentation of changes not requiring a grant amendment.* Any other changes to an approved grant or project must be fully documented in the recipient's or subrecipient's records.

578.107 Sanctions.

(a) *Performance reviews.* (1) HUD will review the performance of each recipient in carrying out its responsibilities under this part, with or without prior notice to the recipient. In conducting performance reviews, HUD will rely primarily on information obtained from the records and reports from the recipient and subrecipients, as well as information from on-site monitoring, audit reports, and information generated from HUD's financial and reporting systems (e.g., LOCCS and e-snaps) and HMIS. Where applicable, HUD may also consider relevant information pertaining to the recipient's performance gained from other sources, including citizen comments, complaint determinations, and litigation.

(2) If HUD determines preliminarily that the recipient or one of its subrecipients has not complied with a program requirement, HUD will give the recipient notice of this determination and an opportunity to demonstrate, within the time prescribed by HUD and on the basis of substantial facts and data that the recipient has complied with the requirements. HUD may change the method of payment to require the recipient to submit documentation before payment and obtain HUD's prior approval each time the recipient draws down funds. To obtain prior approval, the recipient may be required to manually submit its payment requests and supporting documentation to HUD in order to show that the funds to be drawn down will be expended on eligible activities in accordance with all program requirements.

(3) If the recipient fails to demonstrate to HUD's satisfaction that the activities were carried out in compliance with program requirements, HUD may take one or more of the remedial actions or sanctions specified in paragraph (b) of this section.

(b) *Remedial actions and sanctions.* Remedial actions and sanctions for a failure to meet a program requirement will be designed to prevent a continuation of the deficiency; to mitigate, to the extent possible, its adverse effects or consequences; and to prevent its recurrence.

(1) HUD may instruct the recipient to submit and comply with proposals for action to correct, mitigate, and prevent noncompliance with program requirements, including:

(i) Preparing and following a schedule of actions for carrying out activities and projects affected by the noncompliance, including schedules, timetables, and milestones necessary to implement the affected activities and projects;

(ii) Establishing and following a management plan that assigns responsibilities for carrying out the remedial actions;

(iii) Canceling or revising activities or projects likely to be affected by the noncompliance, before expending grant funds for them;

(iv) Reprogramming grant funds that have not yet been expended from affected activities or projects to other eligible activities or projects;

(v) Suspending disbursement of grant funds for some or all activities or projects;

(vi) Reducing or terminating the remaining grant of a subrecipient and either reallocating those funds to other subrecipients or returning funds to HUD; and

(vii) Making matching contributions before or as draws are made from the recipient's grant.

(2) HUD may change the method of payment to a reimbursement basis.

(3) HUD may suspend payments to the extent HUD determines necessary to preclude the further expenditure of funds for affected activities or projects.

(4) HUD may continue the grant with a substitute recipient of HUD's choosing.

(5) HUD may deny matching credit for all or part of the cost of the affected activities and require the recipient to make further matching contributions to make up for the contribution determined to be ineligible.

(6) HUD may require the recipient to reimburse the recipient's line of credit in an amount equal to the funds used for the affected activities.

(7) HUD may reduce or terminate the remaining grant of a recipient.

(8) HUD may condition a future grant.

(9) HUD may take other remedies that are legally available.

(c) *Recipient sanctions.* If the recipient determines that a subrecipient is not complying with a program requirement or its subrecipient agreement, the recipient must take one of the actions listed in paragraphs (a) and (b) of this section.

(d) *Deobligation.* HUD may deobligate funds for the following reasons:

(1) If the timeliness standards in § 578.85 are not met;

(2) If HUD determines that delays completing construction activities for a project will mean that the funds for other funded activities cannot reasonably be expected to be expended for eligible costs during the remaining term of the grant;

(3) If the actual total cost of acquisition, rehabilitation, or new construction for a project is less than the total cost agreed to in the grant agreement;

(4) If the actual annual leasing costs, operating costs, supportive services costs, rental assistance costs, or HMIS costs are less than the total cost agreed to in the grant agreement for a one-year period;

(5) Program participants have not moved into units within 3 months of the time that the units are available for occupancy; and

(6) The grant agreement may set forth in detail other circumstances under which funds may be deobligated and other sanctions may be imposed.

578.109 Closeout.

(a) *In general.* Grants will be closed out in accordance with the requirements of 24 CFR parts 84 and 85, and closeout procedures established by HUD.

(b) *Reports.* Applicants must submit all reports required by HUD no later than 90 days from the date of the end of the project's grant term.

(c) *Closeout agreement.* Any obligations remaining as of the date of the closeout must be covered by the terms of a closeout agreement. The agreement will be prepared by HUD in consultation with the recipient. The agreement must identify the grant being closed out, and include provisions with respect to the following:

(1) Identification of any closeout costs or contingent liabilities subject to payment with Continuum of Care program funds after the closeout agreement is signed;

(2) Identification of any unused grant funds to be deobligated by HUD;

(3) Identification of any program income on deposit in financial institutions at the time the closeout agreement is signed;

(4) Description of the recipient's responsibility after closeout for:

(i) Compliance with all program requirements in using program income on deposit at the time the closeout agreement is signed and in using any other remaining Continuum of Care program funds available for closeout costs and contingent liabilities;

(ii) Use of real property assisted with Continuum of Care program funds in accordance with the terms of commitment and principles;

(iii) Use of personal property purchased with Continuum of Care program funds; and

(iv) Compliance with requirements governing program income received subsequent to grant closeout.

(5) Other provisions appropriate to any special circumstances of the grant closeout, in modification of or in addition to the obligations in paragraphs (c)(1) through (4) of this section.