

## **Before Starting the Project Application**

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 10/13/2021

**4. Applicant Identifier:**

**a. Federal Entity Identifier:**

**5. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Catholic Charities, Diocese of Joliet

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 36-2170817

|  |                                |           |                |  |
|--|--------------------------------|-----------|----------------|--|
|  | <b>c. Organizational DUNS:</b> | 165912106 | <b>PLUS 4:</b> |  |
|--|--------------------------------|-----------|----------------|--|

### d. Address

**Street 1:** 16555 Weber Road

**Street 2:**

**City:** Crest Hill

**County:** Will

**State:** Illinois

**Country:** United States

**Zip / Postal Code:** 60403

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Amy

**Middle Name:**

**Last Name:** Palumbo

**Suffix:** MSW

**Title:** Division Director of Community Services

**Organizational Affiliation:** Catholic Charities, Diocese of Joliet

**Telephone Number:** (815) 724-1104

**Extension:**  
**Fax Number:** (815) 723-3452  
**Email:** [apalumbo@cc-doj.org](mailto:apalumbo@cc-doj.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6500-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Illinois  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Horizons Expansion

**16. Congressional District(s):**

**16a. Applicant:** IL-014, IL-002, IL-016, IL-011, IL-006

**16b. Project:** IL-002  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2022

**b. End Date:** 06/30/2023

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:**

**Last Name:** Langdon

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (815) 723-3405  
**(Format: 123-456-7890)**

**Fax Number:** (815) 723-3452  
**(Format: 123-456-7890)**

**Email:** klangdon@cc-doj.org

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

**Date Signed:** 10/13/2021



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Catholic Charities, Diocese of Joliet  
**Prefix:** Ms.  
**First Name:** Kathleen  
**Middle Name:**  
**Last Name:** Langdon  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** Catholic Charities, Diocese of Joliet  
**Telephone Number:** (815) 723-3405  
**Extension:**  
**Email:** klangdon@cc-doj.org  
**City:** Crest Hill  
**County:** Will  
**State:** Illinois  
**Country:** United States  
**Zip/Postal Code:** 60403

**2. Employer ID Number (EIN):** 36-2170817

**3. HUD Program:** Continuum of Care Program

### 4. Amount of HUD Assistance Requested/Received

**4a. Total Amount Requested for this project: \$80,300.00**

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
 (For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)?** For further information, see 24 CFR Sec. 4.9. Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| na                                       | na                 | \$0.00                      | na                         |
| na                                       | na                 | \$0.00                      | na                         |
| na                                       | na                 | \$0.00                      | na                         |
| na                                       | na                 | \$0.00                      | na                         |
| na                                       | na                 | \$0.00                      | na                         |

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

Part III Interested Parties

You must disclose:

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

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|--|--|-----------------------|---|--|
| na   | na                                     | na                    | \$0.00                                      | 0%   |
| na   | na                                     | na                    | \$0.00                                      | 0%   |
| na   | na                                     | na                    | \$0.00                                      | 0%   |
| na   | na                                     | na                    | \$0.00                                      | 0%   |
| na   | na                                     | na                    | \$0.00                                      | 0%   |

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

Certification

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Kathleen Langdon, Executive Director

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

Date Signed: 10/13/2021

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Catholic Charities, Diocese of Joliet

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying**

X

**documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**



WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name**

**Last Name:** Langdon

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (815) 723-3405  
**(Format: 123-456-7890)**

**Fax Number:** (815) 723-3452  
**(Format: 123-456-7890)**

**Email:** klangdon@cc-doj.org

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

**Date Signed:** 10/13/2021

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

|   |
|---|
| X |
|---|

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

**Applicant's Organization:** Catholic Charities, Diocese of Joliet

**Name / Title of Authorized Official:** Kathleen Langdon, Executive Director

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

**Date Signed:** 10/13/2021

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** Catholic Charities, Diocese of Joliet

**Street 1:** 16555 Weber Road

**Street 2:**

**City:** Crest Hill

**County:** Will

**State:** Illinois

**Country:** United States

**Zip / Postal Code:** 60403

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

I certify that this information is true and complete.

X



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:**

**Last Name:** Langdon

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (815) 723-3405  
**(Format: 123-456-7890)**

**Fax Number:** (815) 723-3452  
**(Format: 123-456-7890)**

**Email:** klangdon@cc-doj.org

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

**Date Signed:** 10/13/2021

# IK. SF-424B

## (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

**As the duly authorized representative of the applicant, I certify:**

**Authorized Representative for:** Catholic Charities, Diocese of Joliet

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:**

**Last Name:** Langdon

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 10/13/2021

## 1L. SF-424D

**Are you requesting CoC Program funds for construction costs in this application?** No

**No SF-424D is required. Select "Save and Next" to move to the next screen.**

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

| Organization                | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items |      |                  |

## **2B. Experience of Applicant, Subrecipient(s), and Other Partners**

### **1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

Catholic Charities, Diocese of Joliet, is a 501c(3) nonprofit social service organization providing human services in a seven county area. Catholic Charities, Diocese of Joliet has an enviable record of 30+ years of leadership experience on a multi-county level in the area of homelessness, housing and shelter programs. The agency is experienced in providing service needs such as outreach, case management, shelter, crisis response, supported community living, volunteer mentoring, counseling, and early childhood development. Catholic Charities has a demonstrated track record of working closely with other service providers in the county, especially for employment skills training, mental health treatment, psychiatric services, legal services, primary health care and substance abuse treatment services. Extensive involvement with service partners in all counties has created memoranda of understanding and service linkage agreements. All project staff have experience and expertise with HMIS System data entry and reporting. For housing needs, Catholic Charities has staff positions that have successfully implemented a database of cooperative landlords that notify them of openings and are willing to accept their clients. The agency is a leader in the Homeless Continuums of Care in Will, DuPage, and Central Illinois. The agency has provided homeless services since 1983. Catholic Charities has demonstrated successful implementation of 4 HUD funded housing projects with 70+ units in DuPage County since 2002, 1 project with 8 units in Kankakee County since 2003, and 2 projects with 27 beds in Will County since 2000. There have been no unresolved HUD monitoring or audit findings. Catholic Charities Homeless Programs in Will County have been operational since 1987. Catholic Charities currently acts as the lead agency in Will County for homeless services with Daybreak Emergency Services to prevent homelessness, Daybreak Shelter, and the Daybreak Rapid Rehousing and Permanent Supportive Housing programs. In Kankakee County, Catholic Charities has operated Homeless prevention, and Transitional Housing for the past 20 years. In DuPage County, Catholic Charities operates Emergency Services, Homeless Prevention, Rapid Rehousing, Transitional Housing and Permanent Housing programs as well as Hope House shelter in order to address the needs of low income, homeless and at risk individuals and families. Required matching funds have been secured for all federal grants using foundations, corporations, United Way and fundraising support. Catholic Charities has a demonstrated history of fiscal and operational responsibility. There have been no audit findings, investigations, or probation by any funding organization in the past 20 years. Catholic Charities receives an annual audit from an independent accounting firm. The FY20 single audit shows the schedule of federal funds received and an opinion that the agency met all compliance requirements for each of its federal programs.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

For over 30 years, Catholic Charities has successfully leveraged other federal funds such as local jurisdiction Community Development Block Grants; state and local Emergency Solutions Grants, state funds from IL Dept of Human Services, IL Dept on Aging, and the Federal Emergency Management Agency Emergency Food and Shelter Program funds. Local sources of funding include United Way, DuPage Human Services Grant Fund, DuPage Community Services, corporations and foundations. Other private sources are from fundraising, contributions, & special events. Federal funds include grants from U.S. Dept of Health and Human Services, U.S Dept of Veteran Affairs, and U.S. Dept of Agriculture. Catholic Charities has received U.S. Department of Housing and Urban Development Continuum of Care funds for housing projects since 1995 with appropriate match obtained from these other sources. All projects have been successfully renewed each year at the Continuum level. Federal and state government grants received totaled approximately \$15 million in FY 20. Voluntary funds from fundraising events, foundations, bequests and contributions totaled approximately \$3 million last fiscal year. The Diocese of Joliet makes an additional contribution of \$1.2 million which is not restricted.

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

Catholic Charities, Diocese of Joliet (CC-DOJ) is the sole applicant with no subrecipients. The organization is headed by an Executive Director who supervises the Finance Director, the Community Services Division Director, and the Development and Communications Director. There is also an Aging and Disability Services Division Director, Early Childhood Services Division Director and the Counseling Director. The Executive Director holds an B.A. from Marquette University in Milwaukee with 10 years experience. Key staff positions are stable. Catholic Charities Homeless Programs in Will, DuPage and Kankakee Counties have been operational for over thirty years. All current operations and policies are in place. They operate under the direct supervision of the Division Director of Community Services – Amy Palumbo. She has a master’s degree in social work with 20 years experience of which 15 are at CC-DOJ. She supervises the 3 Community Services Program Directors. In Will County and DuPage County, each of these positions has a master’s degree and over ten years experience. In Kankakee, the Program Director has a Master’s degree in human services with over 10 years experience. Catholic Charities of the Diocese of Joliet (CC-DOJ) Fiscal Department ensures timely and accurate financial statements through fiscal policies, internal controls, and an automated accounting system. The Director of Finance and Administration is a Certified Public Accountant. There are 4 program accountants with either a CPA or accounting degree. CC-DOJ adheres to fiscal policies, which provide the greatest possible separation of duties. These policies are reviewed and approved by the Finance Committee and the Board of Directors. Agency records are maintained on an accrual basis and in accordance with Generally Accepted Accounting Principles. An annual independent audit is performed in accordance with Government Auditing Standards and includes compliance under OMB Circulars A-133, A-122, and A-110. Monthly financial statements are prepared and reviewed by management, the Finance Committee, and the Board of Directors, as are the audited financial statements. Catholic Charities, Diocese of Joliet maintains computerized accounting and payroll records for all



programs of the agency. This includes: cash receipts journal, cash disbursements journal, payroll journal, and general ledger. The computerized accounting software allows for the posting of each transaction to the relevant account number. Every funding source is assigned a project code, thus, staff are able to view the agency's financial pictures as a whole, by program, or by funding source within each program. The FY20 single audit shows the schedule of federal funds received and an opinion that Catholic Charities, Diocese of Joliet met all compliance requirements for each of its federal programs. The auditors did not identify any deficiencies in internal controls. The accounting procedures have been determined appropriate.

**4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** No

### 3A. Project Detail

**1. CoC Number and Name:** IL-512 - Bloomington/Central Illinois CoC

**2. CoC Collaborative Applicant Name:** PATH, Inc

**3. Project Name:** Horizons Expansion

**4. Project Status:** Standard

**5. Component Type:** Joint TH & PH-RRH

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

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

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

**9. Will this project include replacement reserves in the Operating budget?** No

### 3B. Project Description

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

This project is an expansion of the HORIZONS Joint TH-RRH project in order to meet the increasing need of homeless families with children in Kankakee County. Participants for the program are homeless families with minor children. These families lack any other resources to obtain housing on their own. The CoC Coordinated Entry list is utilized for entry into the project . This project will only expand the number of Rapid Rehousing units while keeping the Transitional Housing units at the original number. It will provide a minimum of 5 scattered site rent assistance units to move families into rapid rehousing tenant based rent assistance units . The rent assistance budget is built on 4 two bedroom and 1 three bedroom unit at fair market rent. The agency’s experience indicates that units can be obtained for under FMR rent and that the length of assistance will vary by household. The rent assistance units will be located in Kankakee County, IL. The total length of assistance that a program participant can receive is 24 months. This project is client-driven and the assistance tailored to the participants’ needs. A participant may choose to receive assistance through only one portion of the project, but they will have the option to receive the assistance through the other. Catholic Charities will not provide assistance beyond what is needed to help participants safely and stably exit homelessness. Catholic Charities will not dictate minimum stays in either portion of the project. The project will determine the least amount of assistance necessary to exit homelessness, which will vary by person. Horizons uses the Housing First model by providing low-barrier housing that does not have service participation requirements or preconditions to entry (such as sobriety, criminal record, domestic violence or a minimum income threshold). The focus is on working to quickly move persons into permanent housing. Clients are engaged to participate in case management services but it is not required. Support is provided to clients in their homes and also through linkage with community partners. The case managers assist families in gaining employment, improving education/job skills, increasing their income, learning parenting and budgeting skills, implementing savings plans, utilizing linkages mainstream benefits and community resources, referrals to mental health services and accessing medical, dental, credit and legal help. In the Rapid Rehousing portion of the program, activities will assist the participants to locate permanent housing units, provide rental payments and security deposits, housing navigation, case management, and continuing supportive services to maintain housing but all not to exceed a total of 24 months in both project components.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|--------------------|--|--|--|--|
|--------------------|--|--|--|--|

|   | A  | B | C | D |
|---|----|---|---|---|
| Begin hiring staff or expending funds   | 60 |   |   |   |
| Begin program participant enrollment  | 60 |   |   |   |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 75 |   |   |   |
| Leased or rental assistance units or structure, and supportive services near 100% capacity                  | 90 |   |   |   |
| Closing on purchase of land, structure(s), or execution of structure lease                                  |    |   |   |   |
| Start rehabilitation  |    |   |   |   |
| Complete rehabilitation   |    |   |   |   |
| Start new construction  |    |   |   |   |
| Complete new construction   |    |   |   |   |

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

**(Select ALL that apply)**

|   |                          |                                |                          |
|---|--------------------------|--------------------------------|--------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence              | <input type="checkbox"/> |
| Veterans                                | <input type="checkbox"/> | Substance Abuse                | <input type="checkbox"/> |
| Youth (under 25)                        | <input type="checkbox"/> | Mental Illness                 | <input type="checkbox"/> |
| Families                                | <input type="checkbox"/> | HIV/AIDS                       | <input type="checkbox"/> |
|   |                          | Chronic Homeless               | <input type="checkbox"/> |
|   |                          | Other (Click 'Save' to update) | <input type="checkbox"/> |

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |

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

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

|   |                                     |
|---|-------------------------------------|
| Failure to participate in supportive services   | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan  | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income   | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above   | <input type="checkbox"/>            |

**5d. Will the project follow a "Housing First" approach?** Yes  
(Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

### 3C. Project Expansion Information

**1. Is this a “Project Expansion” of an eligible renewal project?** Yes

**Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.**

**1a. Eligible Renewal Grant PIN:** IL1648

**1b. Eligible Renewal Grant Project Name:** Horizons Joint TH-RRH

**2. Will this expansion project increase the number of program participants?** Yes

|            |  |    |
|------------|--|----|
| <b>2a.</b> | <b>Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application)</b> |    |
|            | Number of persons (From renewal application Screen 5A)                                     | 7  |
|            | Number of units (From renewal application Screen 4B)                                       | 24 |
|            | Number of beds (From renewal application Screen 4B)  | 7  |
| <b>2b.</b> | <b>New Requested Numbers to Add (from this “Stand-alone New” project application)</b>      |    |
|            | Number of additional persons (From this new application Screen 5A)                         | 11 |
|            | Number of additional units (From this new application Screen 4B)                           | 5  |
|            | Number of additional beds (From this new application Screen 4B)                            | 11 |

**3. Will this expansion project provide additional supportive services to program participants?** Yes

**3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes)**

|   |                          |
|---|--------------------------|
| Increase number of or expand supportive services provided | <input type="checkbox"/> |
| Increase frequency or intensity of supportive services    | <input type="checkbox"/> |

**4. Will this expansion project bring existing facilities up to government health or safety standards?** No

## **4A. Supportive Services for Participants**

### **1. Describe how program participants will be assisted to obtain and remain in permanent housing.**

This project will provide additional rapid rehousing units for a minimum of 5 homeless households with children in Kankakee County. Case management and support services offered will include mental and physical health care; health insurance; employment services/job training, and mainstream benefits. The move to rapid rehousing will focus on maintaining a stable source of income adequate to maintain rent and basic needs, successful budgeting, knowing what to look for in an apartment and what is required of a good tenant, and successfully linking up with support systems in the community and mainstream resources. Staff are reaching out to landlords, cultivating relationships, facilitating housing placements and communicating regularly with landlords to increase the likelihood of housing success. The Coordinator will help to resolve landlord/tenant conflict as well as provide the support needed to help at-risk households maintain permanent housing.

### **2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

1) Each program participant may develop a voluntary individualized personal services plan. Services can be provided to each person according to their need and desire. The plan will identify the services for each participant related to increasing household income and living independently. Catholic Charities created and actively maintains a listing of employment opportunities on the Diocesan Employment Resource Center (DERC) website serving as a forum in which employers post job opportunities and job seekers conduct their job search. This website connects those seeking employment with job opportunities, workshops and the supports necessary to become job ready. Catholic Charities has a demonstrated track record of working closely with other service providers in the county, especially for employment skills training and education advancement. Kankakee Workforce Development (Kankakee Community College) will provide assistance with obtaining a GED and test preparation for GED. Their Workforce Investment Act services include resume writing, interviewing skills, job search services, etc. The River Valley Metro assists with transportation bus passes for newly employed persons. Case managers also assist clients to access the Illinois Dept. of Child Support Enforcement that enforces child support orders and obtains benefits for parents. Income streams other than employment are also accessed for each participant.

2) Upon entry into the program, staff assists each participant to review mainstream benefits. If eligible, all participants will receive assistance to apply for SNAP food assistance, TANF and Medicaid. A SOAR trained case manager will complete an application for benefits on behalf of participants who are eligible for SSI/SSDI. Client benefits will be reviewed regularly throughout case

management to ensure that there are no interruptions with participants receiving benefits. If benefits lapse, participants will be assisted with reapplying as quickly as possible. 3) Each participant will be engaged to work toward achieving the maximum income possible. The specific activities needed to achieve this will be different for each participant. The desired long term outcome will be housing stability with income enough to pay rent, full time employment, and self-sufficiency. Appropriate units with reasonable rents and support services will maximize the ability to live independently. Professional counseling through Catholic Charities Counseling Services and community providers for more specialized needs such as substance abuse and mental health services will enhance stability. The CoC program funds requested in rent assistance and supportive services contributes to the goal of moving quickly from rapid rehousing to permanent stable housing.

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

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

**Identify whether the project will include the following activities:**

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

**5. Annual follow-ups with program participants to ensure mainstream benefits** Yes





**are received and renewed?**

**6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**List all CoC-funded and Non CoC-funded units and beds for this project**

|                     | TH                   | RRH   | Total |
|---------------------|----------------------|-------|-------|
| <b>Total Units:</b> | 0                    | 5     | 5     |
| <b>Total Beds:</b>  | 0                    | 11    | 11    |
| Housing Type        | Housing Type (JOINT) | Units | Beds  |
| ---                 | Scattered-site ap... | 5     | 11    |

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH RRH  
portion or the RRH portion of the project?

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

3. What is the funding source for these units CoC  
and beds?  
(If multiple sources, select "Mixed" from the  
dropdown menu)

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

2a. Units: 5

2b. Beds: 11

### 5. Address

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

**Street 1:** 990 E. Station

**Street 2:**

**City:** Kankakee

**State:** Illinois

**ZIP Code:** 60901

6. Select the geographic area(s) associated with the address. For new  
projects, select the area(s) expected to be covered.

**(for multiple selections hold CTRL key)**

179091 Kankakee County

## 5A. Project Participants - Households

**Households Table**

|                                     | Households with at Least One Adult and One Child            | Adult Households without Children            | Households with Only Children            | Total     |
|-------------------------------------|---|--|--|-----------|
| Number of Households                | 5   |  |  | 5         |
|                                     |   |  |  |           |
| Characteristics                     | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total     |
| Persons over age 24                 | 5   |  |  | 5         |
| Persons ages 18-24                  |   |  |  | 0         |
| Accompanied Children under age 18   | 6   |  |  | 6         |
| Unaccompanied Children under age 18 |   |  |  | 0         |
| <b>Total Persons</b>                | <b>11</b>   | <b>0</b>                                     | <b>0</b>                                 | <b>11</b> |

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

| Characteristics       | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24   |                   |             |                   |                         |          |                       |    |                     |                          | 5   |
| Persons ages 18-24    |                   |             |                   |                         |          |                       |    |                     |                          |   |
| Children under age 18 |                   |             |                   |                         |          |                       |    |                     |                          | 6   |
| <b>Total Persons</b>  | 0                 | 0           | 0                 | 0                       | 0        | 0                     | 0  | 0                   | 0                        | 11  |

**Click Save to automatically calculate totals**

### Persons in Households without Children

| Characteristics      | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24  |                   |             |                   |                         |          |                       |    |                     |                          |   |
| Persons ages 18-24   |                   |             |                   |                         |          |                       |    |                     |                          |   |
| <b>Total Persons</b> | 0                 | 0           | 0                 | 0                       | 0        | 0                     | 0  | 0                   | 0                        | 0   |

### Persons in Households with Only Children

| Characteristics                     | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18   |                   |             |                   |                         |          |                       |    |                     |                          |   |
| Unaccompanied Children under age 18 |                   |             |                   |                         |          |                       |    |                     |                          |   |
| <b>Total Persons</b>                | 0                 |             |                   |                         | 0        | 0                     | 0  | 0                   | 0                        | 0   |

**Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:**

Persons entering Joint TH-RRH do not require a disability.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2023?** Yes

**1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.**

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

**3. Does this project propose to allocate funds according to an indirect cost rate?** No

**4. Select a grant term:** 1 Year

**\* 5. Select the costs for which funding is requested:**

|                     |                                     |
|---------------------|-------------------------------------|
| Leased Units        | <input type="checkbox"/>            |
| Leased Structures   | <input type="checkbox"/>            |
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating           | <input type="checkbox"/>            |
| HMIS                | <input type="checkbox"/>            |

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

## 6E. Rental Assistance Budget

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

| <b>Total Request for Grant Term:</b> |                                    |                       | \$60,624      |
|--------------------------------------|------------------------------------|-----------------------|---------------|
| <b>Total Units:</b>                  |                                    |                       | 5             |
| Type of Rental Assistance            | FMR Area                           | Total Units Requested | Total Request |
| TRA                                  | IL - Kankakee, IL MSA (1709199999) | 5                     | \$60,624      |



## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance: TRA**

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

**Metropolitan or non-metropolitan fair market rent area: IL - Kankakee, IL MSA (1709199999)**

| Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request (Applicant) |
|---------------|------------------------|----------------------|-----------|---------------------------|
|---------------|------------------------|----------------------|-----------|---------------------------|

|  |   |   |         |   |    |   |          |
|--|---|---|---------|---|----|---|----------|
| <b>SRO</b>   |   | x | \$480   | x | 12 | = | \$0      |
| <b>0 Bedroom</b>                                   |   | x | \$640   | x | 12 | = | \$0      |
| <b>1 Bedroom</b>                                   |   | x | \$717   | x | 12 | = | \$0      |
| <b>2 Bedrooms</b>                                  | 4 | x | \$945   | x | 12 | = | \$45,360 |
| <b>3 Bedrooms</b>                                  | 1 | x | \$1,272 | x | 12 | = | \$15,264 |
| <b>4 Bedrooms</b>                                  |   | x | \$1,396 | x | 12 | = | \$0      |
| <b>5 Bedrooms</b>                                  |   | x | \$1,605 | x | 12 | = | \$0      |
| <b>6 Bedrooms</b>                                  |   | x | \$1,815 | x | 12 | = | \$0      |
| <b>7 Bedrooms</b>                                  |   | x | \$2,024 | x | 12 | = | \$0      |
| <b>8 Bedrooms</b>                                  |   | x | \$2,234 | x | 12 | = | \$0      |
| <b>9 Bedrooms</b>                                  |   | x | \$2,443 | x | 12 | = | \$0      |
| <b>Total Units and Annual Assistance Requested</b> | 5 |   |         |   |    |   | \$60,624 |
| <b>Grant Term</b>                                  |   |   |         |   |    |   | 1 Year   |
| <b>Total Request for Grant Term</b>                |   |   |         |   |    |   | \$60,624 |

**Click the 'Save' button to automatically calculate totals.**



## 6F. Supportive Services Budget

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

| Eligible Costs                           | Quantity AND Description<br>(max 400 characters)                      | Annual Assistance<br>Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs           |   |                                |
| 2. Assistance with Moving Costs          |   |                                |
| 3. Case Management                       | .32 FTE Case Manager @ \$38,170 (salary/taxes/benefits) =<br>\$12,376 | \$12,376                       |
| 4. Child Care                            |   |                                |
| 5. Education Services                    |   |                                |
| 6. Employment Assistance                 |   |                                |
| 7. Food                                  |   |                                |
| 8. Housing/Counseling Services           |   |                                |
| 9. Legal Services                        |   |                                |
| 10. Life Skills                          |   |                                |
| 11. Mental Health Services               |   |                                |
| 12. Outpatient Health Services           |   |                                |
| 13. Outreach Services                    |   |                                |
| 14. Substance Abuse Treatment Services   |   |                                |
| 15. Transportation                       |   |                                |
| 16. Utility Deposits                     |   |                                |
| 17. Operating Costs                      |   |                                |
| <b>Total Annual Assistance Requested</b> |   | \$12,376                       |
| <b>Grant Term</b>                        |   | 1 Year                         |
| <b>Total Request for Grant Term</b>      |   | \$12,376                       |

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

|                                      |          |
|--------------------------------------|----------|
| Total Amount of Cash Commitments:    | \$20,075 |
| Total Amount of In-Kind Commitments: | \$0      |
| Total Amount of All Commitments:     | \$20,075 |

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

| Type | Source  | Name of Source       | Amount of Commitments |
|------|---------|----------------------|-----------------------|
| Cash | Private | Catholic Charitie... | \$20,075              |

## Sources of Match Detail

**1. Type of Match commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Catholic Charities, DOJ  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$20,075

## 6J. Summary Budget

**The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.**

| Eligible Costs                                  | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|---|---|------------------------|---|
| <b>1a. Acquisition</b>                          |   |                        | \$0   |
| <b>1b. Rehabilitation</b>                       |   |                        | \$0   |
| <b>1c. New Construction</b>                     |   |                        | \$0   |
| <b>2a. Leased Units</b>                         | \$0                                     | 1 Year                 | \$0   |
| <b>2b. Leased Structures</b>                    | \$0                                     | 1 Year                 | \$0   |
| <b>3. Rental Assistance</b>                     | \$60,624                                | 1 Year                 | \$60,624  |
| <b>4. Supportive Services</b>                   | \$12,376                                | 1 Year                 | \$12,376  |
| <b>5. Operating</b>                             | \$0                                     | 1 Year                 | \$0   |
| <b>6. HMIS</b>                                  | \$0                                     | 1 Year                 | \$0   |
| <b>7. Sub-total Costs Requested</b>             |   |                        | \$73,000  |
| <b>8. Admin (Up to 10%)</b>                     |   |                        | \$7,300   |
| <b>9. Total Assistance Plus Admin Requested</b> |   |                        | \$80,300  |
| <b>10. Cash Match</b>                           |   |                        | \$20,075  |
| <b>11. In-Kind Match</b>                        |   |                        | \$0   |
| <b>12. Total Match</b>                          |   |                        | \$20,075  |
| <b>13. Total Budget</b>                         |   |                        | \$100,375   |

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

| Document Type                           | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No        |                      |               |
| 2) Other Attachment(s)                  | No        |                      |               |
| 3) Other Attachment(s)                  | No        |                      |               |

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Kathleen Langdon

**Date:** 10/13/2021

**Title:** Executive Director

**Applicant Organization:** Catholic Charities, Diocese of Joliet

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

|   |
|---|
| X |
|---|

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

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

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

| Page                               | Last Updated       |
|------------------------------------|--------------------|
| <b>1A. SF-424 Application Type</b> | No Input Required  |
| New Project Application FY2021     | Page 52 10/27/2021 |

|   |                   |
|---|-------------------|
| <b>1B. SF-424 Legal Applicant</b>           | No Input Required |
| <b>1C. SF-424 Application Details</b>       | No Input Required |
| <b>1D. SF-424 Congressional District(s)</b> | 10/12/2021        |
| <b>1E. SF-424 Compliance</b>                | 10/12/2021        |
| <b>1F. SF-424 Declaration</b>               | 10/12/2021        |
| <b>1G. HUD 2880</b>                         | 10/12/2021        |
| <b>1H. HUD 50070</b>                        | 10/12/2021        |
| <b>1I. Cert. Lobbying</b>                   | 10/12/2021        |
| <b>1J. SF-LLL</b>                           | 10/12/2021        |
| <b>IK. SF-424B</b>                          | 10/12/2021        |
| <b>1L. SF-424D</b>                          | 10/12/2021        |
| <b>2A. Subrecipients</b>                    | No Input Required |
| <b>2B. Experience</b>                       | 10/13/2021        |
| <b>3A. Project Detail</b>                   | 10/12/2021        |
| <b>3B. Description</b>                      | 10/12/2021        |
| <b>3C. Expansion</b>                        | 10/12/2021        |
| <b>4A. Services</b>                         | 10/12/2021        |
| <b>4B. Housing Type</b>                     | 10/13/2021        |
| <b>5A. Households</b>                       | 10/12/2021        |
| <b>5B. Subpopulations</b>                   | 10/12/2021        |
| <b>6A. Funding Request</b>                  | 10/12/2021        |
| <b>6E. Rental Assistance</b>                | 10/12/2021        |
| <b>6F. Supp Srvcs Budget</b>                | 10/12/2021        |
| <b>6I. Match</b>                            | 10/12/2021        |
| <b>6J. Summary Budget</b>                   | No Input Required |
| <b>7A. Attachment(s)</b>                    | No Input Required |
| <b>7D. Certification</b>                    | 10/12/2021        |