

## 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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

# 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: TN0052

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

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

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Center of Hope

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 62-1375056

	<b>c. Organizational DUNS:</b>	957417173	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 2441 Park Plus Drive

**Street 2:** PO Box 1961

**City:** Columbia

**County:** Maury

**State:** Tennessee

**Country:** United States

**Zip / Postal Code:** 38401-4570

### 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:** Brooke

**Middle Name:**

**Last Name:** Osborn

**Suffix:**

**Title:** Associate Director of Operations

**Organizational Affiliation:** Center of Hope

**Telephone Number:** (931) 840-0916

**Applicant:** Center of Hope

957417173

**Project:** Center of Hope Against DV Transitional HousingTN0052L4J031710

164543

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**Extension:** 103

**Fax Number:** (931) 490-3678

**Email:** bosborn@centerofhopetn.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-6200-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): Tennessee  
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Center of Hope Against DV Transitional HousingTN0052L4J031710

### 16. Congressional District(s):

a. Applicant: TN-004  
(for multiple selections hold CTRL key)

b. Project: TN-004  
(for multiple selections hold CTRL key)

### 17. Proposed Project

a. Start Date: 04/01/2019

b. End Date: 03/31/2020

### 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: Cindy

Middle Name:

Last Name: Sims

Suffix:

Title: Executive Director

Telephone Number: (931) 840-0916  
(Format: 123-456-7890)

Fax Number: (931) 490-3678  
(Format: 123-456-7890)

Email: csims@centerofhopetn.org

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

Date Signed: 08/10/2018



# 1G. HUD 2880

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

### Applicant/Recipient Information

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

**Agency Legal Name:** Center of Hope

**Prefix:** Ms.

**First Name:** Cindy

**Middle Name:**

**Last Name:** Sims

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Center of Hope

**Telephone Number:** (931) 840-0916

**Extension:** 100

**Email:** csims@centerofhopetn.org

**City:** Columbia

**County:** Maury

**State:** Tennessee

**Country:** United States

**Zip/Postal Code:** 38401-4570

**2. Employer ID Number (EIN):** 62-1375056

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

**4. Amount of HUD Assistance Requested/Received:** \$70,486.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Center of Hope Against DV Transitional HousingTN0052L4J031710 2441 Park Plus Drive Columbia Tennessee

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.** No

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Cindy Sims, Executive Director

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

**Date Signed:** 08/10/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Center of Hope

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

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

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

### Sites for Work Performance.

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

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

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

X

**accurate.**

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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Cindy

**Middle Name**

**Last Name:** Sims

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (931) 840-0916  
**(Format: 123-456-7890)**

**Fax Number:** (931) 490-3678  
**(Format: 123-456-7890)**

**Email:** csims@centerofhopetn.org

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

**Date Signed:** 08/10/2018

## **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
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**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:** Center of Hope

**Name / Title of Authorized Official:** Cindy Sims, Executive Director

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

**Date Signed:** 08/10/2018

# 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:** Center of Hope  
**Street 1:** 2441 Park Plus Drive  
**Street 2:** PO Box 1961  
**City:** Columbia  
**County:** Maury  
**State:** Tennessee  
**Country:** United States  
**Zip / Postal Code:** 38401-4570

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

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Cindy

**Middle Name:**

**Last Name:** Sims

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (931) 840-0916  
**(Format: 123-456-7890)**

**Fax Number:** (931) 490-3678  
**(Format: 123-456-7890)**

**Email:** csims@centerofhopetn.org

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

**Date Signed:** 08/10/2018



## **Information About Submission without Changes**

**After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.**

**If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.**

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

**Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.**

A computer glitch would not allow us to upload the APR. An extension was approved.

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

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

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

**Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.**

We had \$354.58 of unused funds that was de-obligated.

## Renewal Grant Consolidation Screen

**HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).**

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition?** No  
**If “No” click on “Next” or “Save & Next” below to move to the next screen.**

## 2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

### 3A. Project Detail

**1. Project Identification Number (PIN) of expiring grant:** TN0052

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

**2a. CoC Number and Name:** TN-503 - Central Tennessee CoC

**2b. CoC Collaborative Applicant Name:** Buffalo Valley, Inc.

**3. Project Name:** Center of Hope Against DV Transitional HousingTN0052L4J031710

**4. Project Status:** Standard

**5. Component Type:** TH

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

**7. Will this renewal project be part of a new application for a Renewal Expansion Grant?** No

### 3B. Project Description

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

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

This project provides support and transitional housing for women, men, and children impacted by domestic violence. This includes services to rebuild their lives and re-enter the community in an improved emotional, social, and financial state.

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

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

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

Other:

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing No**

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

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

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

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

**3d. Does the project follow a "Housing First" approach?** No

## 4A. Supportive Services for Participants

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

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

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

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

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

**2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**3. Do project participants have access to** Yes



**SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?**

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

## 4B. Housing Type and Location

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

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

Total Units: 4

Total Beds: 14

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	4	14

## 4B. Housing Type and Location Detail

1. **Housing Type:** Single family homes/townhouses/duplexes

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

a. **Units:** 4

b. **Beds:** 14

### 3. Address

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

**Street 1:** P.O. Box 1961

**Street 2:**

**City:** Columbia

**State:** Tennessee

**ZIP Code:** 38402

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

479119 Maury County

## 5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	15	10	0	25

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	12	9		21
Adults ages 18-24	5	1		6
Accompanied Children under age 18	21		0	21
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>38</b>	<b>10</b>	<b>0</b>	<b>48</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Adults over age 24							12			
Adults ages 18-24							5			
Children under age 18							21			
<b>Total Persons</b>	0	0	0	0	0	0	38	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Adults over age 24							9			
Adults ages 18-24							1			
<b>Total Persons</b>	0	0	0	0	0	0	10	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represe nted by listed subpopu lations
Accompanied Children under age 18										

**Applicant:** Center of Hope

957417173

**Project:** Center of Hope Against DV Transitional HousingTN0052L4J031710

164543

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

## 5C. Outreach for Participants

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

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
	Directly from safe havens.
100%	Persons fleeing domestic violence.
	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

## 6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

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



## 6B. Leased Units Budget

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

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

<b>Total Annual Assistance Requested:</b>		\$16,500	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$16,500	
<b>Total Units:</b>		4	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
TN - Maury County...	4	\$16,500	\$16,500

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

**Metropolitan or non-metropolitan** TN - Maury County, TN HUD Metro FMR Area  
**fair market rent area:** (4711999999)

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom	4	
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	4	\$16,500
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$16,500

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

## 6D. Sources of Match

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

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

### Summary for Match

Total Value of Cash Commitments:	\$13,497
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$13,497

**1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Yes

**1a. Briefly describe the source of the program income:**

Transitional Housing rent calculations are based on 30% of the clients adjusted monthly income or 10% of their monthly income, which ever is lower of the two totals.

**1b. Estimate the amount of program income that will be used as Match for this project:** \$5,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	General Contribut...	08/23/2017	\$13,497

## Sources of Match Detail

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** Cash

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** General Contributions  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 08/23/2017

**6. Value of Written Commitment:** \$13,497

## 6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$16,500
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$22,495
4. Operating	\$28,617
5. HMIS	\$0
6. Sub-total Costs Requested	\$67,612
7. Admin (Up to 10%)	\$2,874
8. Total Assistance plus Admin Requested	\$70,486
9. Cash Match	\$13,497
10. In-Kind Match	\$0
11. Total Match	\$13,497
12. Total Budget	\$83,983

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Determination...	10/14/2014
2) Other Attachmenbt	No	EEO, Ethics Polic...	08/11/2016
3) Other Attachment	No	Match	08/10/2018

## **Attachment Details**

**Document Description:** IRS Determination Letter

## **Attachment Details**

**Document Description:** EEO, Ethics Policy, Cost Plan Letter

## **Attachment Details**

**Document Description:** Match

## **7B. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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



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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**20-Year Operation Rule.**

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

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

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Cindy Sims

**Date:** 08/10/2018

**Title:** Executive Director

**Applicant Organization:** Center of Hope

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

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

# Submission Without Changes

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

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

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

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

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

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

We did not make changes. We selected Make Changes in error.

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

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	08/09/2018
<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>	08/10/2018
Renewal Project Application FY2018	Page 45 08/28/2018

<b>1E. SF-424 Compliance</b>	08/09/2018
<b>1F. SF-424 Declaration</b>	08/10/2018
<b>1G. HUD-2880</b>	08/10/2018
<b>1H. HUD-50070</b>	08/10/2018
<b>1I. Cert. Lobbying</b>	08/10/2018
<b>1J. SF-LLL</b>	08/10/2018
<b>Recipient Performance</b>	08/10/2018
<b>Renewal Grant Consolidation</b>	08/10/2018
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	08/10/2018
<b>3B. Description</b>	08/09/2018
<b>4A. Services</b>	08/09/2018
<b>4B. Housing Type</b>	08/09/2018
<b>5A. Households</b>	08/09/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/09/2018
<b>6A. Funding Request</b>	08/09/2018
<b>6B. Leased Units</b>	08/09/2018
<b>6D. Match</b>	08/09/2018
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/10/2018
<b>7B. Certification</b>	08/10/2018
<b>Submission Without Changes</b>	08/10/2018



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 0223343108  
Aug. 16, 2013 LTR 4168C 0  
62-1375056 000000 00

00028226

BODC: TE

CENTER OF HOPE  
PO BOX 1961  
COLUMBIA TN 38402-1961



014299

Employer Identification Number: 62-1375056  
Person to Contact: F WALKER  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 07, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in October 1989.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

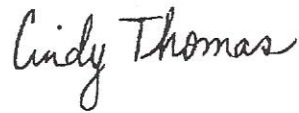
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0223343108  
Aug. 16, 2013 LTR 4168C 0  
62-1375056 000000 00  
00028227

CENTER OF HOPE  
PO BOX 1961  
COLUMBIA TN 38402-1961

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

Sincerely yours,

A handwritten signature in cursive script that reads "Cindy Thomas".

Cindy Thomas  
Manager, EO Determinations



# CODE OF CONDUCT

## **PURPOSE:**

To safeguard the well-being of participants, staff, board members, and volunteers and to empower participants and their children.

The Code of Conduct contains the principles governing the conduct of all officers, employees and authorized staff and the business affairs associated with the work conducted by those officers, employees and staff.

## **PROCEDURE:**

**We recognize that we are accountable to others for the quality of care and service we offer. We are accountable to those who use the service, to our colleagues, and to the community. We recognize that we have an obligation to those we serve and we will act in good faith to uphold these standards. We recognize that to act in "bad faith" or to fail to act as described in this policy may jeopardize those we serve, our co-workers, and our agency.**

**Should the code not adequately answer questions of conduct, a supervisor should be consulted.**

1. All staff owe a duty of loyalty to Center of Hope. Their duty of loyalty requires actions in the interest of Center of Hope rather than in a personal interest or some other person or organization's interest. Conflicts of interest that are detrimental to Center of Hope should be avoided. Should a conflict of interest arise, the conflict should be disclosed immediately.
2. This Code of Conduct prohibits real and apparent conflicts of interest that may arise among officers, employees, or staff. No employees, officers or staff shall participate in the selection, award or administration of contracts supported by Federal or State funds if a real or apparent conflict of interest would be involved.
3. Confidentiality. The confidentiality of the participant will be maintained at all times except in those instances required by law (child abuse/neglect, subpoena) or because the person is a danger to themselves or others.  
A participant may only be discussed with someone outside of Center of Hope after written permission has been given. A participant may only be discussed on an "as needed" basis and **may not be discussed with another participant in any form.**  
At the written request of a participant, a copy of all records maintained by the agency may be obtained by the participant.
4. All staff will act within the boundaries of their duties and training. They may not act beyond the boundaries of their duties or misrepresent themselves and their training to any participant.
5. All staff are expected to be at work, performing work, during their regularly scheduled hours. If a deviation from the schedule is necessary, for any reason, the staff member or volunteer must notify their supervisor. A no call, no show will be subject to a written warning. Any employee who is absent from work without having notified an immediate supervisor of the absence, and receiving approval for such absence, or the reason for it will be considered as having resigned after the third consecutive day of absence.

6. All staff will be respectful of beliefs and culture of participants at all times and treat them with consideration. Ethnic, religious, racial or sexual slurs, profanities, or obscenities are not permitted at any time.
7. Corporal punishment is completely banned in this program. Abusive behavior, including verbal abuse, shall never be used with any participant for any reason.
8. All staff will not abuse the power differences inherent in the relationships with the program participants. Staff will interact with participants as supporters and active listeners; informing participants of options and alternatives. **They will NOT advise participants as to what to do, direct participants or give them "opinions" as to course of action. Nor will they discuss their own personal issues with participants.**
9. Interactions with participants will take place at the facility, relevant agency locations, and public places appropriate to the completion of their job duties. Participants will not be met at their homes unless this action is necessary to the performance of job responsibilities and only if the abuser is not residing or present in the home. **Staff will NOT take participants to their homes for any reason. Personal phone numbers of staff will NOT be given to any participants under any circumstances.**
10. Staff will not establish friendships or intimate relationships with participants. This includes relationships of a personal nature through any type of technology, media, or social networking.
11. Staff will not give or receive personal favors from participants; they will not lend, borrow, or accept money from participants. Any money received by Center of Hope staff during any Center of Hope presentation or events will be given to the Center of Hope program. This code of conduct prohibits the solicitation and acceptance of gifts or gratuities by officers, employees, or staff for their personal benefit.
12. Contact with an abuser will not be initiated or maintained. Referral(s) will be made should an abuser make contact.
13. No alcoholic beverages or illegal drugs are to be used on the premises or to be used during work hours. Under no circumstances will staff be allowed to work under the influence of alcohol, illegal drugs, or while abusing or mis-using legal drugs.
14. Donations, purchases, and equipment are to be used for the program. Staff may access donations to be given to program participants.
15. Discussion about co-workers/volunteers/board members/interns is to remain positive in nature. However, should disagreements occur, it is expected that conflicts and differences of opinion are dealt with directly and immediately with the persons involved. Should this not be effective, all must follow the problem-solving procedure (page #36-37) as outlined in the Center of Hope Policy and Procedures manual. Any disagreements with the participants should be handled directly and immediately and participants should be informed of the grievance procedure available to them. (Participant Grievance Procedure page #38-39)
16. It is expected that each person to whom the Code of Conduct applies, all employees, volunteers, interns, board members, officers and staff, will conduct the business and affairs of the organization in a manner consistent with this statement or principles set forth herein. Failure to abide by this code of conduct will lead to disciplinary action. Discipline may include, at the discretion of the Executive Director, Associate Director, Supervisor and the Board of

Directors or their designee: verbal reprimand, self-assessment, written reprimand, suspension with pay, suspension without pay, and termination.

17. Nothing in this code of conduct is intended nor shall be construed as providing additional employment or contract rights to employees or other persons. This Code of Conduct can be modified, amended or altered without prior notice at the discretion of the Executive Director or the Board of Directors.

18. This Code of Conduct will be included in the organizational policies and procedures and will be available to all employees, volunteers, interns, board member, officers, and staff during their tenure with the organization.

**“Participant” is defined as person participating in any aspect of the services provided through the Center of Hope program. If three months and/or three consecutive no call/ no shows has elapsed since a participant has contacted the program for service provision, they may no longer be considered a participant. Based on safety, a letter may be mailed to participant informing them of case closure.**

I am aware that any breach of this code could result in disciplinary action or removal from Center of Hope duties.

## **EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of the Center of Hope Board of Directors to provide equal employment opportunity for all applicants and employees. The Center of Hope does not unlawfully discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, ancestry, age, disability, medical condition, family-care status, veteran status, or marital status.

This nondiscrimination policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, and social and recreational programs. It is the responsibility of every employee to conscientiously follow this policy. Any employee having any questions regarding this policy should discuss them with the Director.

# AGENCY NON-DISCRIMINATION / TITLE VI COMPLAINT PROCESS POLICY

## **PURPOSE:**

To ensure no person shall, on the ground of race, color, religion, national origin, age, sex, sexual preference, marital status, or disability and will not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.

## **PROCEDURE:**

Center of Hope will assure non-discrimination in regard to race, color, religion, national origin, age, sex, sexual preference, marital status or disability in the recruitment and selection of staff in placement or assignments, as well as, participants or potential participants of any Center of Hope program. Where possible, staff should be selected to reflect the racial and ethnic composition of the community served by the agency. Pursuant to the Center of Hope Language Access Policy, we shall work to ensure meaningful language access for all recipients of services. The federal law also requires that an agency providing services to someone who may not be able to speak English provide language services. Language services relates to national origin.

### What to do if there is a concern that there is a Title VI violation?

Complaints must be written and signed and be filed within 180 calendar days of the discriminatory act.

Complaints must be submitted to the Executive Director.

Complaint should include: name, address, phone number, and other identifying information if needed.

Name of the person/department/agency who discriminated against you.

How, why, and when you believed you were discriminated against.

Complaint will be addressed in 60 calendar days.

All records of a Title VI complaint will be maintained by the Executive Director.

The Executive Director, or her designee, will notify all necessary entities, outside of the Center of Hope, about such complaints within forty-five (45) days of the filing of the complaint and/or notification of a formal complaint.



**STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF CRIMINAL JUSTICE PROGRAMS  
WILLIAM R. SNODGRASS TENNESSEE TOWER  
312 ROSA L PARKS AVENUE, SUITE 1800  
NASHVILLE, TENNESSEE 37243-1102**

LARRY B. MARTIN  
COMMISSIONER

January 7, 2015

Melanie Goldsmith, Board President  
Center of Hope  
P.O. Box 1961  
Columbia, TN 38402-1961

RE: Cost Allocation Plan

Dear Ms. Goldsmith:

The Office of Criminal Justice Programs is pleased to notify you that after a review of the cost allocation plan submitted to the Office of Business and Finance by Center of Hope for fiscal year 2014-2015, the plan has been approved. A copy of the approved cost allocation plan is attached for your files. If you have any questions, please contact your Program Manager, Justine Bass, at 615-253-1983 or [Justine.Bass@tn.gov](mailto:Justine.Bass@tn.gov).

Sincerely,

William Scollon, Director

cc: Traci Cook, Director  
Brooke Osborn, Associate Director of Operations  
Justine Bass, OCJP Program Manager  
Jim Hamdorff, OBF Accounting Manager



P.O. Box 1961 ~ Columbia, Tennessee 38402-1961  
931-840-0916 - Office  
931-381-8580 - 24 hour Crisis, Information & Referral Line  
<http://centerofhopetn.org>

August 10, 2018

Upon the condition of HUD approving our grant it is our understanding that Center of Hope is required to provide twenty-five (25) percent cash match of the total grant, excluding leasing costs, to be eligible for supportive, operational and admin funds from HUD.

Center of Hope has applied for \$70,486.00 total (total \$47,606 when excluding leasing cost) in grant funds from HUD which requires Center of Hope to provide cash match funds in the amount of \$13,497.

Our cash match funding source is provided by general contributions and rent charges collected from program participants; we received \$43,621 of general contributions and \$5,218 of rental charges during the 2017-18FY. All match funds will only be used for the costs of eligible activities under HUD guidelines.

A handwritten signature in blue ink that reads "Cindy Sims". The signature is written in a cursive, flowing style.

---

Cindy Sims, Center of Hope Executive Director

*"If we don't believe violence can end, then it won't" – Eve Ensler*  
Do you believe?