

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:** 08/12/2018

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** TN0177

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: Robertson County

b. Employer/Taxpayer Identification Number (EIN/TIN): 62-6000810

| | | | | |
|--|--------------------------------|-----------|---------------|--|
| | c. Organizational DUNS: | 160015244 | PLUS 4 | |
|--|--------------------------------|-----------|---------------|--|

d. Address

Street 1: 523 S. Brown Street

Street 2:

City: Springfiled

County: Robertson

State: Tennessee

Country: United States

Zip / Postal Code: 37172

e. Organizational Unit (optional)

Department Name: Finance

Division Name:

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

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Sanders

Suffix:

Title: Director of Housing Services

Organizational Affiliation: Robertson County

Telephone Number: (615) 460-4440

Extension:
Fax Number: (615) 279-6718
Email: john.sanders@centerstone.org

1C. SF-424 Application Details

9. Type of Applicant: B. County Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-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: Robertson County S+C TN0177L4J031707

16. Congressional District(s):

a. Applicant: TN-006
(for multiple selections hold CTRL key)

b. Project: TN-006
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2018

b. End Date: 08/31/2019

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: Mrs.

First Name: Jody

Middle Name:

Last Name: Stewart

Suffix:

Title: Finance Director

Telephone Number: (615) 384-0202
(Format: 123-456-7890)

Fax Number: (615) 384-0200
(Format: 123-456-7890)

Email: jodyrcf@comcast.net

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

Date Signed: 08/12/2018

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: Robertson County

Prefix: Mrs.

First Name: Jody

Middle Name:

Last Name: Stewart

Suffix:

Title: Finance Director

Organizational Affiliation: Robertson County

Telephone Number: (615) 384-0202

Extension:

Email: jodyrcf@comcast.net

City: Springfiled

County: Robertson

State: Tennessee

Country: United States

Zip/Postal Code: 37172

2. Employer ID Number (EIN): 62-6000810

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$35,892.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Robertson County S+C TN0177L4J031707 523 S. Brown Street Springfiled 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: Jody Stewart, Finance 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: Robertson County

Program/Activity Receiving Federal Grant Funding: CoC Program

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

| | |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by: | |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the 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 --- (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: Mrs.

First Name: Jody

Middle Name

Last Name: Stewart

Suffix:

Title: Finance Director

Telephone Number: (615) 384-0202
(Format: 123-456-7890)

Fax Number: (615) 384-0200
(Format: 123-456-7890)

Email: jodyrcf@comcast.net

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

Date Signed: 08/12/2018

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:

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: Robertson County

Name / Title of Authorized Official: Jody Stewart, Finance Director

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

Date Signed: 08/12/2018

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: Robertson County
Street 1: 523 S. Brown Street
Street 2:
City: Springfiled
County: Robertson
State: Tennessee
Country: United States
Zip / Postal Code: 37172

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: Mrs.

First Name: Jody

Middle Name:

Last Name: Stewart

Suffix:

Title: Finance Director

Telephone Number: (615) 384-0202
(Format: 123-456-7890)

Fax Number: (615) 384-0200
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Email: jodyrcf@comcast.net

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

Date Signed: 08/12/2018

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?** Yes

- 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?** No

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 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: \$38,892

| Organization | Type | Type | Sub-Award Amount |
|--------------------------|------------------------------------|------------------------------------|------------------|
| Centerstone of Tennessee | M. Nonprofit with 501C3 IRS Status | M. Nonprofit with 501C3 IRS Status | \$38,892 |

2A. Project Subrecipients Detail

a. Organization Name: Centerstone of Tennessee

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

c. Employer or Tax Identification Number: 62-1674308

| | | | | |
|--|----------------------------------|-----------|---------------|--|
| | * d. Organizational DUNS: | 022838358 | PLUS 4 | |
|--|----------------------------------|-----------|---------------|--|

e. Physical Address

Street 1: 620 Gallatin Pike South

Street 2:

City: Madison

State: Tennessee

Zip Code: 37115

f. Congressional District(s): TN-006
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: \$38,892

j. Contact Person

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Sanders

Suffix:

Title: Director

E-mail Address: john.sanders@centerstone.org

Confirm E-mail Address: john.sanders@centerstone.org

Phone Number: 615-460-4440

Extension:

Fax Number:

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: TN0177

(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: Robertson County S+C TN0177L4J031707

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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 is a renewal of a S+C, Rental Assistance, project in Robertson County, TN. Robertson County Government is the grantee and Centerstone is the sponsor. The grant is for 4 chronically homeless individuals with mental health disability. Robertson County is rural and has minimal landlords that are willing to rent to our proposed population. There are limited services for the homeless and no emergency shelters in the county. Given the limited resources in the county, and landlords refusal to rent to this population, permissions have been granted to seek housing in surrounding counties as necessary in order to serve the population.

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

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

| | | | |
|------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Chronic Homeless | <input checked="" type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input checked="" 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 Yes

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

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 | Subrecipient | As needed |
| Assistance with Moving Costs | Partner | As needed |
| Case Management | Subrecipient | Bi-weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Partner | As needed |
| Employment Assistance and Job Training | Partner | As needed |
| Food | Partner | As needed |
| Housing Search and Counseling Services | Subrecipient | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Subrecipient | Weekly |
| Mental Health Services | Subrecipient | Monthly |
| Outpatient Health Services | Partner | Annually |
| Outreach Services | Subrecipient | As needed |
| Substance Abuse Treatment Services | Subrecipient | As needed |
| Transportation | Partner | As needed |
| Utility Deposits | Subrecipient | 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. Yes

4B. Housing Type and Location

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

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

Total Units: 4

Total Beds: 4

Total Dedicated CH Beds: 4

| Housing Type | Housing Type (JOINT) | Units | Beds |
|----------------------|----------------------|-------|------|
| Clustered apartments | --- | 4 | 4 |

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

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

a. Units: 4

b. Beds: 4

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 4

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 620 Gallatin Pike South

Street 2:

City: Madison

State: Tennessee

ZIP Code: 37115

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

479147 Robertson 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 | 0 | 4 | 0 | 4 |

| 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 | 0 | 3 | | 3 |
| Adults ages 18-24 | 0 | 1 | | 1 |
| Accompanied Children under age 18 | 0 | | 0 | 0 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 0 | 4 | 0 | 4 |

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 Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-------------------------------|---------------------------|-------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | | | | | | | | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|----------------------|-------------------------------|---------------------------|-------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | 3 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 |
| Adults ages 18-24 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Total Persons | 4 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | Chronic Homeless Non-Veterans | Chronic Homeless Veterans | Non-Chronic Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-------------------------------------|-------------------------------|---------------------------|-------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Accompanied Children under age 18 | | | | | | | | | | |
| 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.

| | |
|------|---|
| 50% | Directly from the street or other locations not meant for human habitation. |
| 50% | Directly from emergency shelters. |
| 0% | Directly from safe havens. |
| 0% | Persons fleeing domestic violence. |
| 100% | Total of above percentages |

6A. Funding Request

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

6C. 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.

| Total Request for Grant Term: | | \$33,420 | |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | 4 | |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| N/A | TN - Nashville-Davidson--Murfreesboro... | 4 | \$33,420 |

Rental Assistance Budget Detail

Type of Rental Assistance: N/A

Metropolitan or non-metropolitan fair market rent area: TN - Nashville-Davidson--Murfreesboro--Franklin, TN HUD Metro FMR Area (4701599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | HUD Paid Rent (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---------------------------|---|-----------|---|---------------------------|
| SRO | 1 | x | \$525 | \$525 | x | | = | \$6,300 |
| 0 Bedroom | 1 | x | \$700 | \$700 | x | | = | \$8,400 |
| 1 Bedroom | 2 | x | \$780 | \$780 | x | | = | \$18,720 |
| 2 Bedrooms | | x | \$959 | \$959 | x | | = | \$0 |
| 3 Bedrooms | | x | \$1,274 | \$1,274 | x | | = | \$0 |
| 4 Bedrooms | | x | \$1,503 | \$1,503 | x | | = | \$0 |
| 5 Bedrooms | | x | \$1,728 | \$1,728 | x | | = | \$0 |
| 6 Bedrooms | | x | \$1,954 | \$1,954 | x | | = | \$0 |
| 7 Bedrooms | | x | \$2,179 | \$2,179 | x | | = | \$0 |
| 8 Bedrooms | | x | \$2,405 | \$2,405 | x | | = | \$0 |
| 9 Bedrooms | | x | \$2,630 | \$2,630 | x | | = | \$0 |
| Total Units and Annual Assistance Requested | 4 | | | | | | | \$33,420 |
| Grant Term | | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | | \$33,420 |

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for 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: | \$0 |
| Total Value of In-Kind Commitments: | \$8,973 |
| Total Value of All Commitments: | \$8,973 |

1. Does this project generate program income No
 as described in 24 CFR 578.97 that will be
 used as Match for this grant?

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|---------|-------------------|--------------------|----------------------|
| Yes | In-Kind | Private | Centerstone of TN | 08/10/2018 | \$8,973 |

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

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

5. Date of Written Commitment: 08/10/2018

6. Value of Written Commitment: \$8,973

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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 | \$0 |
| 1b. Leased Structures | \$0 |
| 2. Rental Assistance | \$33,420 |
| 3. Supportive Services | \$0 |
| 4. Operating | \$0 |
| 5. HMIS | \$0 |
| 6. Sub-total Costs Requested | \$33,420 |
| 7. Admin (Up to 10%) | \$2,472 |
| 8. Total Assistance plus Admin Requested | \$35,892 |
| 9. Cash Match | \$0 |
| 10. In-Kind Match | \$8,973 |
| 11. Total Match | \$8,973 |
| 12. Total Budget | \$44,865 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Nonprofit | 08/11/2016 |
| 2) Other Attachmenbt | No | supporting docs 1 | 08/11/2016 |
| 3) Other Attachment | No | supporting docs 2 | 08/11/2016 |

Attachment Details

Document Description: Nonprofit

Attachment Details

Document Description: supporting docs 1

Attachment Details

Document Description: supporting docs 2

7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | MOU | 08/10/2018 |

Attachment Details

Document Description: MOU

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 Jody Stewart

Date: 08/12/2018

Title: Finance Director

Applicant Organization: Robertson County

PHA Number (For PHA Applicants Only):

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

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.

| | |
|---|-------------------------------------|
| Part 2 - Subrecipient Information | |
| 2A. Subrecipients | <input checked="" type="checkbox"/> |
| Part 3 - Project Information | |
| 3A. Project Detail | <input checked="" type="checkbox"/> |
| 3B. Description | <input type="checkbox"/> |
| 3C. Dedicated Plus | <input type="checkbox"/> |
| Part 4 - Housing Services and HMIS | |
| 4A. Services | <input type="checkbox"/> |
| 4B. Housing Type | <input type="checkbox"/> |
| Part 5 - Participants and Outreach Information | |
| 5A. Households | <input type="checkbox"/> |
| 5B. Subpopulations | <input type="checkbox"/> |
| 5C. Outreach | <input type="checkbox"/> |
| Part 6 - Budget Information | |
| 6A. Funding Request | <input checked="" type="checkbox"/> |
| 6C. Rental Assistance | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| 6D. Match | <input checked="" type="checkbox"/> |
| 6E. Summary Budget | <input checked="" type="checkbox"/> |
| Part 7 - Attachment(s) & Certification | |
| 7A. Attachment(s) | <input checked="" type="checkbox"/> |
| 7A. In-Kind Match MOU Attachment | <input 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):

In-Kind Match Revision and a change in available funding to match GIW

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 |
|------------------------------------|-------------------|
| 1A. SF-424 Application Type | 08/10/2018 |
| 1B. SF-424 Legal Applicant | No Input Required |

| | | |
|------------------------------------|---------|------------|
| Renewal Project Application FY2018 | Page 49 | 08/28/2018 |
|------------------------------------|---------|------------|

| | |
|---|-------------------|
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 08/12/2018 |
| 1E. SF-424 Compliance | 08/10/2018 |
| 1F. SF-424 Declaration | 08/10/2018 |
| 1G. HUD-2880 | 08/10/2018 |
| 1H. HUD-50070 | 08/10/2018 |
| 1I. Cert. Lobbying | 08/10/2018 |
| 1J. SF-LLL | 08/10/2018 |
| Recipient Performance | 08/10/2018 |
| Renewal Grant Consolidation | 08/10/2018 |
| 2A. Subrecipients | 08/11/2018 |
| 3A. Project Detail | 08/10/2018 |
| 3B. Description | 08/10/2018 |
| 3C. Dedicated Plus | 08/10/2018 |
| 4A. Services | 08/10/2018 |
| 4B. Housing Type | 08/10/2018 |
| 5A. Households | 08/10/2018 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 08/10/2018 |
| 6A. Funding Request | 08/10/2018 |
| 6C. Rental Assistance | 08/10/2018 |
| 6D. Match | 08/10/2018 |
| 6E. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/10/2018 |
| 7A. In-Kind Match MOU Attachment | 08/10/2018 |
| 7B. Certification | 08/10/2018 |
| Submission Without Changes | 08/11/2018 |



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248325826
Jan. 16, 2009 LTR 4168C E0
62-1674308 000000 09 000
00013672
BODC: TE

CENTERSTONE OF TENNESSEE INC
PO BOX 40406
NASHVILLE TN 37204-0406



15132

Employer Identification Number: 62-1674308
Person to Contact: Ms. Fox
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 07, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in April 1997, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate 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)(iii).

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.

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

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

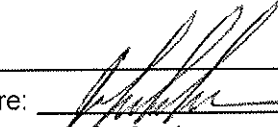
DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | |
|--|--|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input checked="" type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Robertson County Government Room 108 Courthouse Springfield, TN 37172 Congressional District, if known: | |
| 6. Federal Department/Agency: Department of Housing and Urban Development | 7. Federal Program Name/Description: Continuum of Care Homeless Assistance Competition CFDA Number, if applicable: <u>14.267</u> | |
| 8. Federal Action Number, if known: FR-6000-N-25 (funding opportunity number) | 9. Award Amount, if known: \$ 34,500 | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> Centerstone John Sanders 620 Gallatin Pike South Madison, TN 37115 | b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> <div style="text-align: center;">  _____ Signature: _____ Print Name: John Sanders Title: Director of Housing Services Telephone No.: 615-460-4440 Date: 8-11-16 </div> | |
| 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. | Federal Use Only: | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |



CENTERSTONE

MEMORANDUM OF UNDERSTANDING BETWEEN

CENTERSTONE AND HUD

FOR RENTAL ASSISTANCE GRANT TN0177L4J031505

August 11, 2016

Regarding the Robertson County Rental Assistance (formerly Shelter Plus Care) grant, Centerstone commits to matching the total grant, \$34,500, with no less than 25%, with In Kind contributions per 24 CFR 578.73 and 24 CFR 84.23. Centerstone agrees to provide service and/or work to secure this commitment/service match from Centerstone and other agencies. Centerstone's committed service match in terms of mental health treatment and case management is estimated to capture at least \$8625 of this, or \$2156.25 per recipient per year. Additional match will be secured for services such as medications, education, treatment, etc) that will capture at least \$1000 per year.

John Sanders
Director of Housing Services
Centerstone of TN

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

| | |
|--|---|
| 1. Applicant/Recipient Name, Address, and Phone (include area code): <i>Robertson County, Room 108 Courthouse Springfield, TN 37172</i> | 2. Social Security Number or Employer ID Number: <i>62-6000810</i> |
| 3. HUD Program Name: <i>Rental Assistance Program</i> | 4. Amount of HUD Assistance Requested/Received: <i>34,500</i> |
| 5. State the name and location (street address, City and State) of the project or activity: <i>Scattered Sites</i> | |

Part I Threshold Determinations

| | |
|--|--|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. |
|--|--|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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/State/Local Agency Name and Address | Type of Assistance | Amount Requested/Provided | Expected Uses of the Funds |
|--|--------------------|---------------------------|----------------------------|
| | | | |

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- 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
- 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 in Project/Activity | Financial Interest in Project/Activity (\$ and %) |
|--|--|---|---|
| | | | |

(Note: Use Additional pages if necessary.)

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
I certify that this information is true and complete.

| | |
|--|---------------------------------------|
| Signature: <i>[Handwritten Signature]</i> | Date: (mm/dd/yyyy) <i>08 09 16</i> |
|--|---------------------------------------|

**Equal Employment
Opportunity Certification**
Excerpt From 41 CFR §60-1.4(b)

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Department of Veterans Affairs
OMB Control No. 2502-0029
(exp. 9/30/2016)

The applicant hereby agrees that it will incorporate or cause to be incorporated into any contract for construction work, or modification thereof, as defined in the regulations of the Secretary of Labor at 41 CFR Chapter 60, which is paid for in whole or in part with funds obtained from the Federal Government or borrowed on the credit of the Federal Government pursuant to a grant, contract, loan insurance, or guarantee, or undertaken pursuant to any Federal program involving such grant, contract, loan, insurance, or guarantee, the following equal opportunity clause:

During the performance of this contract, the contractor agrees as follows:

- (1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin, such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
- (2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, or national origin.
- (3) The contractor will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- (4) The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations and relevant orders of the Secretary of Labor.
- (5) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- (6) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- (7) The contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance. Provided, however, that in the event a contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency the contractor may request the United States to enter into such litigation to protect the interests of the United States.

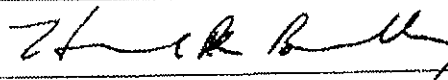
The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work:

Provided, That if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and Federally-assisted construction contracts pursuant to the Executive order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed

Firm Name and Address
Robertson County
Room 108 Courthouse
Springfield, TN 37172

By 
Title
Roberston County Mayor

Continuation of
a Drug-Free Workplace

and Urban Development

Applicant Name

Centerstone

Program/Activity Receiving Federal Grant Funding

Rental Assistance Robertson County

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.

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.

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.;

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;

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;

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;

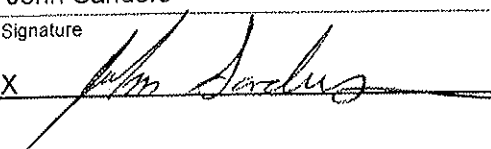
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

620 Gallatin Pike South, Madison TN 37115

Check here if there are workplaces on file that are not identified on the attached sheets.

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

| | |
|---|-------------------------------------|
| Name of Authorized Official John Sanders | Title Director, Housing Services |
| Signature  | Date 8/5/16 |

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Robertson County Government

Project Name: Shelter Plus Care

Location of the Project: Williamson, Trousdale, Sumner, Robertson, Montgomery, Dickson,
Hickman, Lewis, Wayne, Maury, Lawrence, Giles, Marshall,
Lincoln, Moore, Coffee, Bedford, Cheatham, Perry Counties

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: State of Tennessee

Certifying Official of the Jurisdiction Name: Bettie Teasley

Title: Director, Research & Planning, THDA

Signature: *Bettie Teasley*

Date: 8/9/16



CENTERSTONE

Clinical and Administrative Policies and Procedures

| | |
|---|-------------------|
| Section: Compliance | Policy: 04.030.AM |
| Title: Centerstone Code of Conduct Policy | |

Purpose: A Centerstone Code of Conduct has been developed to provide standards by which employees of Centerstone will conduct themselves in order to protect and promote organization-wide integrity.

Policy

Centerstone has a published ethical and professional Code of Conduct for employees. Each professional discipline will be held accountable for its individual code of ethics in addition to the Centerstone Code of Conduct.

Procedure

Compliance training, which includes the Centerstone Code of Conduct, will be provided as part of orientation for all new Centerstone staff. Additional compliance training, including the Code of Conduct, will be provided and required on an annual basis.

The Code of Conduct will be reviewed annually by the Compliance Officer and the Compliance Committee. Recommendations for revision will require approval by the CEO or the Board of Directors.

The most recent revision of the Code of Conduct which is contained in the Centerstone Corporate Compliance Program Manual will be published and is available to Centerstone staff on The Source.

Each Centerstone office will have this code available for persons served to review. Persons served will be informed of the Code of Conduct and how and where to review it during their intake.

Bary H. H.

Chief Operating Officer

September 9, 2013

Date

Centerstone Adult Residential Services Policies and Procedures

| | | |
|---|-------------------------------|------------------------------|
| Section 8 Independent/ Permanent Living | TOPIC Drug Free Workplace | Policy #2 |
| | | Page 3 |
| | Effective Date May 4, 2007 | Date of Review 10/15/2012 |

Purpose: This policy is to ensure compliance with the provision of the Drug-Free Workplace Act of 1988 (41 U.S.C. Sec. 701, et.seq.) and The Drug-Free Schools and Communities Act Amendments of 1989 (20 U.S.C. Sec.3171, et.seq.) to all employees of Adult Residential Services' Permanent Housing. Centerstone is committed to achieving a drug free workplace and will support those who voluntarily take steps to rid themselves of illicit drug use and alcohol abuse and rigorously enforce applicable laws and policies.

Policy:

1. The unlawful possession, use, distribution, sale or manufacture of illicit drugs and alcohol on property owned or controlled by Centerstone or as a part of any activity of Centerstone is strictly prohibited. All employees are subject to applicable Federal, State and local laws related to this matter. Additionally, any violation of this policy will result in disciplinary action as set forth in the Human Resources Policies. Employees are allowed to bring prescription medications or over the counter medication to work so long as they keep these safe and secure to prevent possibility of other staff or consumers taking these medications.

2. Legal Sanctions – Various federal, state, and local statutes make it unlawful to possess, use, distribute, sell or manufacture controlled substances. The penalty imposed depends upon various factors, including the types and amount of controlled substance involved, the number of prior offenses, if any, whether death or serious bodily injury resulted from the use of such substance and whether any others crimes were committed in connection with the use of the controlled substance.

Possible maximum penalties for a first time violation of federal criminal drug laws include imprisonment for any period of time up to a term of life imprisonment, substantial fines, supervised release, or any combination of the above. These sanctions are doubled when the offense involves either: 1) distribution or possession at or near a school or college campus or 2) distribution to person less than 21 years of age. Repeat offenders may be punished to a greater extent as provided by statute. Further, a civil penalty of up to \$10,000

may be assessed for simple possession of "personal use amounts: of certain specified substance under federal law (21 U.S.C. Sec.801 et.seq.).

Under the law, the offense of possession or casual exchange of an illicit drug is punishable as a Class A misdemeanor. If there is an exchange between a minor and an adult at least two years the minor's senior and the adult knew that the person was a minor, the offense is classified as a felony as provided in T.C.A. Sec. 39-17-417-18.

It is unlawful for any person under the age of 21 to buy, possess, transport (unless in the course of his or her employment) or consume alcoholic beverages, wine or beer (T.C.A. sec. 1-3-113). Further, it is an offense to provide alcoholic beverages to any person under the age of 21, including purchasing alcoholic beverages for or at the request of a person less than 21 years of age (T.C.A. Sec. 39-17-310, 57-3-412). Such offenses are classified as misdemeanors punishable by prison sentences of less than a year and fines ranging from \$50 to \$2500.

3. Centerstone Sanctions – Centerstone will impose appropriate sanction(s), consistent with local, state and federal law, on any employee who fails to comply with the terms of this policy.

As a condition of employment, each employee, including intern employees, must abide by the terms of this policy. Possible disciplinary sanctions for failure to comply with this policy may include one or more of the following: termination, suspension mandatory participation in and satisfactory completion of drug/alcohol abuse program or rehabilitation program, recommendation for professional counseling, referral for prosecution, letter of warning, and/or probation.

In addition, each employee must notify his or her supervisor of any criminal drug statute conviction for a violation involving the workplace no later than five days after such conviction. A conviction includes a finding of guilt, a plea of nolo contendere, or imposition of a sentence by any federal or state judicial body. In the event any such conviction involves an employee working on a federal contract or grant, Centerstone will contact the granting or contracting federal agency within ten days of receiving notice of a conviction. Failure to notify of conviction will result in immediate dismissal.

Centerstone Adult Residential Services will notify the State in writing, within ten calendar days after receiving notice from an employee or otherwise receiving actual notice of a 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.

4. Drug Testing – Centerstone reserves the right to ask any employee to voluntarily take a drug test. This request will be made in the event there have been any accusations made or in the event a supervisor or director has any suspicions of drug use. The results will be confidential. In the event the employee tests positive for drug use, their employment status will be reviewed by the Vice President for Human Resources, the (Senior Vice President, the Executive Vice President and the President.

5. Health Risks Associated with the Use of Illicit Drugs and the Abuse of Alcohol – Many health risks are associated with the use of illicit drugs and the abuse of alcohol, including organic damage; impairment of physiological processes and mental functioning; and physical and psychological dependence. Such use during pregnancy may cause spontaneous abortion, various birth defects of fetal alcohol syndrome. In addition, the illicit use of drugs can increase the risks of contracting hepatitis, AIDS, and other infections. If used excessively, alcohol or drugs taken singly or in certain combination may cause death.

6. Available Drug and Alcohol Counseling, Treatment and Rehabilitation Programs – Centerstone urges employees engaged in the illicit use of drugs and/or the abuse of alcohol to seek professional advice and treatment. The Centerstone health insurance plan for employees and their dependents and many other health insurance plans provide coverage for substance abuse treatment.