

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- 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 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning 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:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Buffalo Valley, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 58-1374964

<b>c. Organizational DUNS:</b>	830746236	PLUS 4	
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### d. Address

**Street 1:** 501 Park Avenue South

**Street 2:** PO Box 879

**City:** Hohenwald

**County:** Lewis

**State:** Tennessee

**Country:** United States

**Zip / Postal Code:** 38462

### 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:** Deborah

**Middle Name:** A

**Last Name:** Hillin

**Suffix:**

**Title:** President

**Organizational Affiliation:** Buffalo Valley, Inc.

**Telephone Number:** (615) 975-0196

**Extension:**

**Fax Number:** (931) 796-5124

**Email:** [DebbieHillin@buffalovalley.org](mailto:DebbieHillin@buffalovalley.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:** HNM Planning Grant 2018

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

**a. Applicant:** TN-007, TN-006, TN-005, TN-004  
**b. Project:** TN-007, TN-006, TN-005, TN-004  
(for multiple selections hold CTRL+Key)

**17. Proposed Project**

**a. Start Date:** 12/01/2018  
**b. End Date:** 11/30/2019

**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:** Mr.

**First Name:** Jerry

**Middle Name:** T

**Last Name:** Risner

**Suffix:**

**Title:** Ex. Dir.

**Telephone Number:** (931) 796-4256  
**(Format: 123-456-7890)**

**Fax Number:** (931) 796-5124  
**(Format: 123-456-7890)**

**Email:** jrisner@buffalovalley.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:** Buffalo Valley, Inc.

**Prefix:** Mr.

**First Name:** Jerry

**Middle Name:** T

**Last Name:** Risner

**Suffix:**

**Title:** Ex. Dir.

**Organizational Affiliation:** Buffalo Valley, Inc.

**Telephone Number:** (931) 796-4256

**Extension:**

**Email:** jrisner@buffalovalley.org

**City:** Hohenwald

**County:** Lewis

**State:** Tennessee

**Country:** United States

**Zip/Postal Code:** 38462

**2. Employer ID Number (EIN):** 58-1374964

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

**4. Amount of HUD Assistance Requested/Received:** \$53,494

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** HNM Planning Grant 2018 501 Park Avenue South Hohenwald 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.** Yes

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Buffalo Valley, Inc. 501 Park Ave S, Hohenwald, TN 38462	Homeless services for individuals and families	\$1,332,292.00	Transitional housing, PSH housing, and HMIS

**Part III Interested Parties**

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

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

**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:** Jerry Risner, Ex. Dir.

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

**Date Signed:** 08/15/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Buffalo Valley, Inc.

**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:** Mr.

**First Name:** Jerry

**Middle Name:** T

**Last Name:** Risner

**Suffix:**

**Title:** Ex. Dir.

**Telephone Number:** (931) 796-4256  
**(Format: 123-456-7890)**

**Fax Number:** (931) 796-5124  
**(Format: 123-456-7890)**

**Email:** jrisner@buffalovalley.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:** Buffalo Valley, Inc.

**Name / Title of Authorized Official:** Jerry Risner, Ex. Dir.

**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:** Buffalo Valley, Inc.  
**Street 1:** 501 Park Avenue South  
**Street 2:** PO Box 879  
**City:** Hohenwald  
**County:** Lewis  
**State:** Tennessee  
**Country:** United States  
**Zip / Postal Code:** 38462

**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:** Mr.

**First Name:** Jerry

**Middle Name:** T

**Last Name:** Risner

**Suffix:**

**Title:** Ex. Dir.

**Telephone Number:** (931) 796-4256  
**(Format: 123-456-7890)**

**Fax Number:** (931) 796-5124  
**(Format: 123-456-7890)**

**Email:** jrisner@buffalovalley.org

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

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

## 2A. Project Detail

**1a. CoC Number and Name:** TN-503 - Central Tennessee CoC  
**1b. Collaborative Applicant Name:** Buffalo Valley, Inc.

**2. Project Name:** HNM Planning Grant 2018

**3. Component Type:** CoC Planning Project Application

## **2B. Project Description**

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

As the Collaborative Applicant & Lead Agency for TN 503 Central CoC, Buffalo Valley, Inc. will continue to enhance the coordinating & implementation of a housing & service system within the 19 rural counties service area that designs & meets the needs of the homeless individuals/families. Through the planning grant, we will continue with the engagement & assessment; housing & supportive services; and prevention strategies. The primary focus of this grant will be to continue the implementation, training, & monitoring of the Coordinated Entry process with MISI along with improving performance improvement measures & strategies. Coordinated Entry is still relatively new & requires a great deal of coordination among agency providers especially with the large staff turnover at the agencies. Designated staff will work with ESG & CoC projects, PIT/HIC, gaps analysis within the service area, evaluating ESG programs, as well as ensuring appropriate Exhibit 2's and the CoC Collaborative Application. With a significant amount of staff turnover, training is an on-going need for the CoC funded/non-funded agencies in proper identification/documentation of homeless individuals/families; in the HMIS; case management; Fair Housing laws; identifying youth; and obtaining outcomes. Currently, the TN-503 is covered under the State Consolidated Plan as well as 3 Cities and requires participation. TN-503 is also an active member agency of the TN Interagency Council on Homelessness and this grant will allow for a greater presence.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

Management is fully committed to full implementation in an effective & timely manner with proposed activities to begin within one month of grant agreement being executed. As Lead Agency, BVI will present at scheduled CoC meetings as well at requested meetings on homelessness about the gaps & analysis of homeless issues in rural 19 counties. There will be on-going communication with CoC members agencies in all areas but especially the newly established Coordinated Entry program so we can ensure that appropriate homeless individuals/families are placed in housing efficiently. We will continue to utilize training via webinars as well as face to face activities for Coordinated Entry and other planning activities. Quarterly reports will be provided to the CoC Steering Board as part of the monitoring process.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Funding will improve and maintain the CoC's ability to evaluate the outcome of the CoC and ESG projects by providing staff to monitor the HMIS data. This

monitoring includes not only on-going participation but also the quality of data, outcomes, & performance measures. Through this activity, TN - 503 CoC will be able to provide efficient and quality data to the Consolidated Plans as well as the Interagency Council on Homelessness. Individual agency monitoring can increase their outcomes rather than waiting until the actual APR.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

CoC funded and non-funded agencies will be encouraged to seek outside funding and/or adjust budgets to cover activities funded through the planning grant. BVI works with grantees in understanding their grants, expectations, and compliance requirements so they can develop & incorporate internal measures to support on-going activities.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Quarterly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? No

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
10 Year Plan	Develops/updates 10 Yr plan strategic goals taking into consideration the needs of the CoC needed to reduce homelessness. Study & implementation strategies to end homelessness while looking at successful models & consider practical local solutions with community stakeholders while promoting coordination between government and nonprofits to support efficient and accessible services. This information plans a critical role in the ranking & priority setting as it relates to achievement of its goals & objectives & ensures goals are made available for inclusion into the Con Plans	Semi-Annually	Formerly homeless, Veteran, CoC funded agencies, local governments, housing developers, school liaison, shelters
PIT, GAPs & Needs	To meet & address the issues related to the annual PIT, gap and needs & HIC; creates opportunities to engage & educate the community in collecting, analyzing & understanding information about homelessness; reviews, revises & finalizes the surveys format; sets the PIT date; coordinates with local communities to assist in the PIT & HIC surveys; makes recommendations to the Steering Board & other committees. Assist in the development of strategies to address the unmet needs of the CoC. This count is conducted annually for shelters & streets	Annually	Law Enforcement, shelters, social service, non-profits, housing developers, homeless, and local government
Priority & Ranking	An unbiased committee who do not represent programs seeking funding applies objective criteria based on HUD requirement & basic threshold requirements to ensure applicant is eligible to apply, has the capacity both financially & operational perspective, has no HUD findings, or other federal violations, has met match requirements & has positive performance activities. Ensures projects meet homeless needs of the CoC area. Complete the Project Review Sheet & scores each project, establishes priorities and ranks projects. Ensures compliance with call for projects, rankings, transparency with a web-site posting & notifies interested agencies of the status of their project proposals.	Annually	Housing developers, formerly homeless, PHA, school liaison, government representatives

HMIS	<p>The role includes: the planning, decision-making, evolution &amp; facilitation for the continued implementation of the HMIS; monitors participation for the CoC &amp; ESG programs; makes recommended policies changes as needed; monitors reports at program &amp; client levels; determines requirements for standardized coordinated process; ensures protection compliance for individuals; ensures compliance with HUD HMIS regulations; accepts &amp; reviews software modification &amp; makes recommendation; and collaborates with HMIS Lead in the monitoring &amp; request for reports. Participated in Statewide homeless meetings including the Interagency Council, and National Data conferences focusing on data standards</p>	Quarterly	CoC agencies, shelters, ESG agencies, & local government

## 4A. 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:	\$14,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$14,000

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	TNDMHSA	07/01/2018	\$14,000



## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** TNDMHSA  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/01/2018
- 6. Value of Written Commitment:** \$14,000

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. Does this project propose to allocate funds according to an indirect cost rate?** Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award and no later than three months after the award.

Conditional award recipients will be asked to submit the proposal or approved rate during the e-snaps post-award process.

**a. Please complete the indirect cost rate schedule below:  
 (At least one row must be entered)**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
HUD	31.00%	\$6,082,671.00

**b. Has this rate been approved by your cognizant agency?** Yes

**c. Do you plan to use the 10% de minimis rate?** No

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

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	Training materials, training events, supplies, etc.	\$6,000
2. Project Evaluation	staff @ 15% FTE	\$10,500
3. Project Monitoring Activities	staff @ 20% FTE	\$11,000

<b>4. Participation in the Consolidated Plan</b>		\$0
<b>5. CoC Application Activities</b>	staff @ 30% FTE	\$16,217
<b>6. Determining Geographical Area to Be Served by the CoC</b>		\$0
<b>7. Developing a CoC System</b>	Coordinated Entry, materials, TA, supplies	\$2,707
<b>8. HUD Compliance Activities</b>	Monitoring of ESG & CoC projects	\$7,070
<b>Total Costs Requested</b>		\$53,494
<b>Cash Match</b>		\$14,000
<b>In-Kind Match</b>		\$0
<b>Total Match</b>		\$14,000
<b>Total Budget</b>		\$67,494

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	HNM Planning 2018...	08/07/2018
2. Other Attachment(s)	No	Indirect Cost Rate	08/07/2018

## **Attachment Details**

**Document Description:** HNM Planning 2018 Match

## **Attachment Details**

**Document Description:** Indirect Cost Rate

## 5B. 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Jerry Risner

**Date:** 08/10/2018

**Title:** Ex. Dir.

**Applicant Organization:** Buffalo Valley, Inc.

**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).**

X

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<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>	08/07/2018
<b>1E. SF-424 Compliance</b>	08/07/2018
<b>1F. SF-424 Declaration</b>	08/07/2018
<b>1G. HUD 2880</b>	08/07/2018
<b>1H. HUD 50070</b>	08/07/2018
<b>1I. Cert. Lobbying</b>	08/07/2018
<b>1J. SF-LLL</b>	08/07/2018
<b>2A. Project Detail</b>	08/07/2018

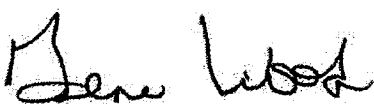


<b>2B. Description</b>	08/07/2018
<b>3A. Governance and Operations</b>	08/07/2018
<b>3B. Committees</b>	08/07/2018
<b>4A. Match</b>	08/07/2018
<b>4B. Funding Request</b>	08/07/2018
<b>5A. Attachment(s)</b>	08/07/2018
<b>5B. Certification</b>	08/07/2018



## GRANT CONTRACT

(cost reimbursement grant contract with an individual, business, non-profit, or governmental entity of another state or country)

<b>Begin Date</b> July 1, 2018	<b>End Date</b> June 30, 2019	<b>Agency Tracking # 33901</b> No Longer Used	<b>Edison ID</b> 58922		
<b>Grantee Legal Entity Name</b> Buffalo Valley, Inc.			<b>Edison Vendor ID</b> 29155		
<b>Subrecipient or Contractor</b> <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Contractor		<b>CFDA # 93.959</b> Federal Block Grants for Prevention and Treatment of Substance Abuse			
		<b>Grantee's fiscal year end</b> June			
<b>Service Caption (one line only)</b> Medically Monitored Withdrawal Management (MMWM) Services					
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Grant Contract Amount</b>
2019		\$465,790.00			\$465,790.00
<b>TOTAL:</b>		<b>\$465,790.00</b>			<b>\$465,790.00</b>
<b>Ownership/Control</b>					
<input type="checkbox"/> Minority Business Enterprise (MBE): <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Woman Business Enterprise (WBE) <input type="checkbox"/> Service-Disabled Veteran Enterprise (SDVBE) <input type="checkbox"/> Disabled Owned Businesses (DSBE) <input type="checkbox"/> Small Business Enterprise (SBE): \$10,000,000.00 averaged over a three (3) year period or employs no more than ninety-nine (99) employees. <input type="checkbox"/> Government <input type="checkbox"/> Non-Minority/Disadvantaged <input type="checkbox"/> Other:					
<b>Grantee Selection Process Summary</b>					
<input checked="" type="checkbox"/> Competitive Selection		This Grant Contract is being entered into as a result of Federal Block Grants for Prevention and Treatment of Substance Abuse Award. The Grantee, mentioned in the Federal Grant Application upon which the Federal award was made, was selected based on its years and level of experience providing program services for programs of this nature.			
<input type="checkbox"/> Non-competitive Selection					
<b>Budget Officer Confirmation:</b> There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				<i>CPO USE - GR</i>	
					
<b>Speed Chart (optional)</b>		<b>Account Code (optional)</b>			

**NONPROFIT RATE AGREEMENT**

EIN: 58-1374964

DATE:09/01/2016

ORGANIZATION:

FILING REF.: The preceding agreement was dated 08/15/2013

Buffalo Valley, Inc.

501 Park Ave. South

PO Box 879

Hohenwald, TN 38462-0879

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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**SECTION I: INDIRECT COST RATES**

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RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2012	06/30/2014	31.00	All	All Programs
PROV.	07/01/2014	06/30/2016			Use same rates and conditions as those cited for fiscal year ending June 30, 2014.

\*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

ORGANIZATION: Buffalo Valley, Inc.

AGREEMENT DATE: 9/1/2016

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits include Worker's Compensation, FICA, Health Insurance, Pension Plan, and Unemployment Compensation.

The indirect cost pool consists of salaries and fringe benefits payable to the following employees of the organization.

Executive Director, Assistant Executive Director, Accounting Staff, and Administrative Secretary.

A proposal for fiscal year ending 06/30/2015 is due to HUD by 12/31/2015.

This Rate Agreement is issued in accordance with the Customer Service Agreement (CSA) between DHHS/CAS and HUD.

ORGANIZATION: Buffalo Valley, Inc.

AGREEMENT DATE: 9/1/2016

**SECTION III: GENERAL**

**A. LIMITATIONS:**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES:**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES:**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES:**

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Buffalo Valley, Inc.

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -A

Digitally signed by Darryl W. Mayes -A  
DN: cn=Darryl W. Mayes -A, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, o.9.2342.19200300.100.1.1=2000131669,  
cn=Darryl W. Mayes -A  
Date: 2016.09.06 10:01:49 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

9/1/2016

(DATE) 7273

HHS REPRESENTATIVE: Lucy Siow

Telephone: (301) 492-4855