

Before Starting the Project Application

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

Things to Remember

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: TN0265

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: Buffalo Valley, Inc.

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

	c. Organizational DUNS:	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

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 HMIS TN0265L4J031701

16. Congressional District(s):

a. Applicant: TN-007, TN-006, TN-005, TN-004
(for multiple selections hold CTRL key)

b. Project: TN-007, TN-006, TN-005, TN-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 03/29/2019

b. End Date: 03/28/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: 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: \$157,500.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HNM HMIS TN0265L4J031701 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: 08/07/2018

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

Sites for Work Performance.

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

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

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

X

accurate.

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

Authorized Representative

Prefix: 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

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.

X

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

Information About Submission without Changes

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

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

Recipient Performance

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

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

The start date was March 28, 2017 and no APR is due at the time of this submission.

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

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: TN0265

(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: HNM HMIS TN0265L4J031701

4. Project Status: Standard

5. Component Type: HMIS

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.

The project will track the homeless in the rural 19 counties of TN-503 through a HMIS software designed to serve as a database to store client-level information on the characteristics and service needs of the homeless in our area. The database will confidentially aggregate data. The HNM HMIS will serve as a web-based centralized database where homeless agencies in our area will enter, manage, share, and report information about unduplicated counts of clients served at the local level including tracing services used by our homeless while ensuring services are directed at the needs of the homeless. In addition to reporting to local communities, this project will report to the AHAR, APR, Point-in-time, HIC, etc. Agencies in our CoC include but are not limited to: ESG, HP, RRH, SHP, S+C projects and other homeless programs. Through the HMIS, we will be able to assess the outcomes of the services being delivered that are enabling homeless individuals/families to become more self-sufficient and then reporting the characteristics of the homeless in our area and the effectiveness of federal efforts to address homelessness. These services are a required component of the HUD CoC and BVI, as the lead agency, and all partnering agencies count on this as a means to gather and report data.

2. Does your project have a specific population focus? No

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?** Yes

- 8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)** Yes
 - a. How long does it take to remove access rights to former HMIS users?** Within 24 hours

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? No

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

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
HUD	31%	6082671.0

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


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

4. Renewal Grant Term: 1 Year

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

HMIS

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:	\$40,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$40,000

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	\$40,000

Sources of Match Detail

- 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:** \$40,000

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	\$0
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$150,000
6. Sub-total Costs Requested	\$150,000
7. Admin (Up to 10%)	\$7,500
8. Total Assistance plus Admin Requested	\$157,500
9. Cash Match	\$40,000
10. In-Kind Match	\$0
11. Total Match	\$40,000
12. Total Budget	\$197,500

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	08/16/2017
3) Other Attachment	No	HNM HMIS Match	08/07/2018

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description: HNM HMIS Match

7B. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official 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).

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 type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<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"/>
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):

Part 4 was updated and Match was updated and attached.

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	08/07/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/07/2018
1E. SF-424 Compliance	07/25/2018
1F. SF-424 Declaration	08/07/2018
1G. HUD-2880	08/07/2018
1H. HUD-50070	08/07/2018

Renewal Project Application FY2018	Page 37	08/28/2018
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1I. Cert. Lobbying	08/07/2018
1J. SF-LLL	08/07/2018
Recipient Performance	07/25/2018
Renewal Grant Consolidation	08/07/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/07/2018
3B. Description	07/25/2018
4A. HMIS Standards	08/07/2018
6A. Funding Request	07/25/2018
6D. Match	08/07/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/07/2018
7B. Certification	08/07/2018
Submission Without Changes	08/07/2018

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.

SECTION I: INDIRECT COST RATES

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

SECTION II: SPECIAL REMARKS

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=U.S. Govt, ou=HHS, ou=PSC,
ou=People, o=2342.19200300.100.1.1=2000131669,
c=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



**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
VENDOR AUTHORIZATION FORM**

AUTHORIZATION PERIOD

Begin: July 1, 2018

End: June 30, 2019

STATE INFORMATION

Program: Supervised Probation Offender Treatment (SPOT)
Program Contact: Ellen Abbott, Director of Criminal Justice Services, Division of Substance Abuse Services
Program Code: 320294
Edison Delegation ID 58041
CFDA # N/A

VENDOR INFORMATION

Vendor: Buffalo Valley, Inc
Communications sent to the following address: 415 S. Park St, Hohenwald, TN 38462
Remit address-if different from above:
Phone: 931-796-4256 **Authorization Email:** debbiehillin@buffalovalley.org
Edison Vendor ID: 0000029155

AUTHORIZATION/REIMBURSEMENT DETAIL

Service Authorized	Units Authorized	Unit Cost	Amount Authorized
See Terms and Conditions – Exhibit 1			
TOTAL AMOUNT AUTHORIZED :			\$75,000.00

Additional pricing terms attached: YES NO

Vendor Authorization Terms & Conditions attached: YES NO

This instrument only amends the reimbursement detail of previously executed Terms & Conditions: YES

AUTHORIZATION & ACCEPTANCE

Vendor Acceptance: (signature with printed name, title, date)

Jerry T. Risner
JERRY T. RISNER C.E.O.
 Date: 6/4/2018

State Authorization: (signature with printed name, title, date)

Taryn Sloss
Taryn Sloss, Assistant Commissioner
 Date: 6/4/18

Name, Title

Date

Date